

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER						CONTACT NAME:				
Automatic Data Processing Insurance Agency, Inc 1 ADP Boulevard Roseland, NJ 07068					(A/C, No	PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL				
					ADDRE	ADDRESS:				
					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: Travelers Property Casualty Company of Am 25674					
Traditions Psychology Group Inc.					INSURER B:					
1580 First St						INSURER C:				
	Napa, CA 94559					INSURER D:				
						INSURER E:				
COVERAGES CERTIFICATE NUMBER:						INSURER F :				
	IS IS TO CERTIFY THAT THE POLICIES				VF BFF	N ISSUED TO			ICY PERIOD	
INE CE	OICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPECT TO	WHICH THIS	
NSR	TYPE OF INSURANCE	ADDL	SUBR		DELIVIO	POLICY EFF (MM/DD/YYYY)		LIMITS		
LTR	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE \$		
F	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
t	CLAIMS-MADE OCCUR							MED EXP (Any one person) \$		
t								PERSONAL & ADV INJURY \$		
f								GENERAL AGGREGATE \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$		
Ī	POLICY PRO- JECT LOC							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							\$ WC STATU- OTH-		
_	AND EMPLOYERS' LIABILITY Y/N					0/4/0040		↑ TORY LIMITS ER	4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		IJUB2C27579418		9/1/2018	9/1/2019	E.L. EACH ACCIDENT \$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000,000 1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (Attach	ACORD 101, Additional Remarks	Schedul	e, if more space	is required)			
Waiv	er of Subrogation is included in fav	or of	the	certificate holder						
CERTIFICATE HOLDER					CANC	CANCELLATION				
County of Humboldt Mental Health Branch						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
720 Wood Street Eureka, CA 95501-4482					AUTHORIZED REPRESENTATIVE					