| LTR     INTE OF NOMBER     IMBODYTYD     COMMERCAL GREERAL LUBBLITY     Y     Y     PRA5854213-06     IU1/2018     IU1/2019     EACH OCCURRENCE     \$ 5,000,000       B     X     COMMERCAL GREERAL LUBBLITY     Y     Y     PRA5854213-06     IU1/2018     IU1/2019     EACH OCCURRENCE     \$ 5,000,000       B     X     PORTONIC     X     FACH OCCURRENCE     \$ 5,000,000     GENERAL AGREGATE LIMIT APPLIES PER.     \$ 5,000,000       B     X     PORTONIC     X     PALOT AMURAN     \$ 5,000,000     GENERAL AGREGATE LIMIT APPLIES PER.     \$ 5,000,000       B     AUTOROMONE LUBBLITY     Y     Y     PRA5854213-06     IU1/2018     IU1/2019     GOADING AS ADD NUNCY \$ 5,000,000       B     AUTOROMONE LUBBLITY     Y     Y     PRA5854213-06     IU1/2018     IU1/2019     GOADING AS XXXXXX       B     AUTOROMONE LUBBLITY     SCHEDLED     AUTOS ONLY     X     XXXXXXXX     BOOLT NULWY (Prancol S XXXXXXXX       BOOLT NULWY (Prancol S XXXXXXXX     MITOS ONLY     AUTOS ONLY     X     XXXXXXXX     PRA5854213-06     IU1/2018     IU1/2019     SAXXXXXXX       C     X     MARCELLAD     XXXXXXXX     RATONO ON THIS CICLUP     XXXXXXXXX     RATONO ON THIS CICLUP     XXXXXXXXX       C     X     MARCELLAD  | ACORD <sup>®</sup> C   |                               |       |             |                                |         |  |                            |                         |          |         |  |
|---|--|-------------------------------|-------|-------------|--------------------------------|---------|--|----------------------------|-------------------------|----------|---------|--|
| If SUBROGATION IS MAYED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate loader in lise of such endorsements).         PROUGER Lackton Companies 1         ************************************   | CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |                               |       |             |                                |         |  |                            |                         |          |         |  |
| Handback Lake UNIT A strangent Constrained Constraine | If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on   |                               |       |             |                                |         |  |                            |                         |          |         |  |
| 444 W. 470. Steel, Suite 900     Kimas, C. M. 064112-1906     Image: An organization of the state of                                   |  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| CONTRACTORY DE CONTRACTORY DE LA CONTRACT DE LE CONTRACT DE L     | 444 W. 47th Street, Suite 900<br>Kansas City MO 64112-1906   |                               |       |             |                                |         | PHONE         FAX           (A/C, No, Ext):         (A/C, No): |                            |                         |          |         |  |
| Newsey         EXPERSES SERVICES, NC.         Services         Services<  | (816) 960-9000   |                               |       |             |                                |         |  |                            |                         |          |         |  |
| 1352730     DBX: VERSS SERVICES, INC.     DBX: VERVESS MALEY INC.     26247       1352730     DBX: VERVESS MEND LES, INC.     DBX: VERVESS MEND LES, INC.     26247       1352730     DBX: VERVESS MEND LES, INC.     DBX: VERVESS MEND LES, INC.     26247       1352730     DBX: VERVESS MEND LES, INC.     DBX: VERVESS MEND LES, INC.     26247       1352730     DBX: VERVESS MEND LES, INC.     DBX: VERVESS MEND LES, INC.     26247       1352730     DBX: VERVESS MEND LES, INC.     DBX: VERVESS MEND LES, INC.     26247       1352730     DBX: VERVESS MEND LES, INC.     DBX: VERVESS MEND LES, INC.     26247       1352730     DBX: VERVESS MEND LES, INC.     DBX: VERVESS MEND LES, INC.     26247       1352730     DBX: VERVESS MEND LES, INC.     MEND LESS MEND LE   |  |                               |       |             |                                |         | 1 · · · · · · · · · · · · · · · · · · ·                        |                            |                         |          |         |  |
| 9701 BOARDWALK BOULEYARD     Images E:       BURGED:     Images E:       BURGED:     Images E:       BURGED:     COVERAGES EXPOSED       COVERAGES EXPOSED     CERTIFICATE NUMBER:     14579473       THIS IS TO CERTIFY THAT THE FOLCES OF INSURANCE LISTS DE REDUKINACE END AVAILE BEEN ISSUED TO THE INSURED NAMED AROVE FOR THE FOLCEY PROD<br>INSURT TO AN BE SUED ON INV. PERSINT THE INSURANCE AFFORDED AVAILES DESCRIPTION CLAMS.     XXXXXXX       BI     COLOMERCIAL GENERAL LUBITY     Y     Y     PRASS4213-06     101/2018     101/2019     Standording S  | 1252720 EXPRESS SERVICES, INC.   |                               |       |             |                                |         | ÷ *  |                            |                         |          |         |  |
| OKLAHOMA CITY, OK 73162         Insurer F.           COVERAGES         EXPSEDI         CERTIFICATE NUMBER:         14570475           TINIS BT OCENTRY THAT THE OUCLES OF RESULTES (INFORMACE LISTS BESID NUMBER)         EXPSEDI         EXPSEDI         EXPSEDI           COVERAGES         EXPSEDI         CERTIFICATE NUMBER:         14570475         REVISION NUMBER:         XXXXXX           INIS BT OCENTRY THAT THE OUCLES OF NUMBER         CERTIFICATE NUMBER:         14570475         Revision NUME PERIAD         XXXXXX           CERTIFICATE NUMBER:         CONCENTRY THAT THE OUCLES OF NUMBER         EVALUATION OF NUMER THE SUBJECT TO ALL THE TERMS.         SUBJECT TO ALL THE TERMS.           CONCENCIAL GENERAL LUBUITY         Y         PRASS4213-06         101/2018         101/2019         EVALUATION SUBJECT TO ALL THE TERMS.           B         CONMERCIAL GENERAL LUBUITY         Y         PRASS4213-06         101/2018         101/2019         EVALUATION SUBJECT TO ALL THE TERMS.           C         STAFFING SERVICE         F         PRASS4213-06         101/2018         101/2019         EVALUATION SUBJECT TO ALL THE TERMS.           C         MURRED CALL         SUBJECT         Y         PRASS4213-06         101/2018         101/2019         EVALUATION SUBJECT TO ALL THE TERMS.           C         MURRED CALL         SUBJECT <t< td=""><td></td><td></td><td></td><td></td><td>ESSIONALS</td><td colspan="5"></td><td>20247</td></t<>   |  |                               |       |             | ESSIONALS                      |         |  |                            |                         |          | 20247   |  |
| COVERAGES         EXPENDI         CENTRICATE NUMBER:         14579475         REVISION NUMBER:         XXXXXXX           THIS IS TO CERTIFICATE POLICIES OF INSURANCE LISTS TO THE INSURE TO ALL THE TERMS.           B         Image:   |  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| THS TO CERTRY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE APROACH ANY BOLINGTON TO MARED ABOVE FOR THE FOLICY PERIOD MIRE REPERTOR TO MARE ANY BOLINGTON TO MARED ABOVE FOR THE FOLICY TO MARE THE INSURANCE AFRORDED BY THE POLICIES DESCRIBED FOLIAMS.         INDICATED. NOTWHISTANDING SUPERVISE. LIMITS SHOWN MAY HAVE BEEN INCERCIDED ADVANCE ABOVE FOR THE FOLICY PERIOD CAMAS.       INTER STOCKARD ADVANCE ABOVE FOR THE FOLICY OF MARE THE TERMS.         INDICATED. NAME CONDITIONS OF SUCH FOLICIES. LIMITS SHOWN MAY HAVE BEEN REPUCED BY FARE FOLICIES DESCRIBED FOLICIES DE CANCELLED BEFORE THE ADUDOR THE FOLICI  |  |                               |       | INSURER F : |                                |         |  |                            |                         |          |         |  |
| INDICATE_NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS         EXELUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.         INVENTION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.         INVENTION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.         INVENTION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.         INVENTION OF AUX MARK MARK       INVENTION OF SUCH POLICIES.         INVENTION OF AUX MARK MARK       INVENTION OF AUX MARK MARK MARK MARK MARK MARK MARK MARK   | COVE   | RAGES EXPSE01 CER             | TIFIC | CATE        | ENUMBER: 1457947               | 5       |  |                            | <b>REVISION NUMBER:</b> | XX       | XXXXX   |  |
| B       X       COMMERCIAL GENERAL LUBLITY       Y       Y       PRA5854213-06       10/1/2018       10/1/2019       EACH OCCUMENCE TO ENTITY       S       5       5       0.000.000         K       STATTING SERVICE  | INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,                                  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| B       X       COMMERCIAL GENERAL LUBLITY       Y       Y       PRA5854213-06       10/1/2018       10/1/2019       EACH OCCUMENCE TO ENTITY       S       5       5       0.000.000         K       STATTING SERVICE  | INSR<br>LTR  | TYPE OF INSURANCE             |       |             | POLICY NUMBER                  |         | POLICY EFF<br>(MM/DD/YYYY)                                     | POLICY EXP<br>(MM/DD/YYYY) | LIN                     | птя      |         |  |
| X       STAFFING SERVICE       MED EXP (Any one person       \$ 10,000         GEVL AGGREGATE LAMIT APPLIES PER:       GENERAL AGREGATE       \$ 5,000,000         GEVL AGGREGATE LAMIT APPLIES PER:       GENERAL AGREGATE       \$ 5,000,000         GEVL AGGREGATE LAMIT APPLIES PER:       Y       Y       PRASS54213-06       10/1/2018       10/1/2019       \$ 10,000,000         B       AUTOMOBILE LAMITY       Y       Y       PRASS54213-06       10/1/2018       10/1/2019       \$ 10,000,000         B       AUTOMOBILE LAMITY       Y       Y       PRASS54213-06       10/1/2018       10/1/2019       \$ 10,000,000         B       AUTOMOBILE LAMITY       Y       Y       PRASS54213-06       10/1/2018       10/1/2019       \$ 20,000,000         C       X       MINDE ONLY       AUTOS ONLY       AUTOS ONLY       \$ 20,000,000       \$ 20,000,000         C       X       MINDE ONLY       Y       Y       UMB5498877-06       10/1/2018       10/1/2019       \$ 20,000,000         A NO CRESS COMPRISATIONS       CLANG-MADE       Y       Y       UMB5498877-06       10/1/2018       10/1/2019       \$ 20,000,000         A NO CRESS COMPRISATIONS       CLANG-MADE       Y       Y       N N       Y       S EE ATTACHED POLICY </td <td></td> <td></td> <td></td> <td></td> <td>PRA5854213-06</td> <td></td> <td></td> <td></td> <td>DAMAGE TO RENTED</td> <td></td> <td>,</td>  |  |                               |       |             | PRA5854213-06                  |         |  |                            | DAMAGE TO RENTED        |          | ,       |  |
| GENL AGGREGATE LIMIT APPLIES PER:       GENERAL AGGREGATE       \$ 5,000,000         OTHER:       B       AUTOMOBILE LIABILITY       Y       Y       PRA5854213-06       10/1/2018       10/1/2019       COMBINED SINGLE LIMIT       \$ 1,000,000         B       AUTOMOBILE LIABILITY       Y       Y       PRA5854213-06       10/1/2018       10/1/2019       COMBINED SINGLE LIMIT       \$ 1,000,000         B       AUTOMOBILE LIABILITY       X       DECENDRILD       SXXXXXXXX       BOOLT NULLY (Pracodent) & XXXXXXX         Reference       S.MCHEURITY       Y       Y       UMB5498877-06       10/1/2018       10/1/2019       EACH OCCURRENCE       \$ 20,000,000         A       WORRERS COMPENSATIONS       CLAIMS MADE       Y       V       UMB5498877-06       10/1/2018       10/1/2019       A GGREGATE       \$ 20,000,000         A       WORRERS COMPENSATIONS       CLAIMS MADE       Y       Y       SEE ATTACHED POLICY #'S       10/1/2018       10/1/2019       X       STATING NUL #       \$ XXXXXXX         B       CRIMEFIDELITY       N       N       PRA5854213-06       10/1/2018       10/1/2019       X       STATING NUL #       1,000,000         EL       EL       EL       EL       EL       EL       EL <td< td=""><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1 2 -</td><td></td></td<>   | X  |                               |       |             |                                |         |  |                            |                         | 1 2 -    |         |  |
| Image: Contract in the standard                               |  |                               |       |             |                                |         |  |                            | PERSONAL & ADV INJURY   | \$ 5,0   | 00,000  |  |
| B       AUTOMOGRE LIABILITY       Y       Y       PRA5854213-06       10/1/2018       10/1/2019       Comments       \$ 1,000,000         B       AUTOMOGRE LIABILITY       Y       Y       PRA5854213-06       10/1/2018       10/1/2019       Comments       \$ 1,000,000         B       AUTOMOGRE LIABILITY       Y       Y       PRA5854213-06       10/1/2018       10/1/2019       EDOLLY HURP: (Per peochem)       \$ XXXXXXX         C       X       AUTOS ONLY       X       AUTOS ONLY       X       XXXXXXXX       PROFEMENTS       \$ 000LY HURP: (Per accident)       \$ XXXXXXX         C       X       Excess Liab       CLAIMS-ANDE       Y       Y       UMB5498877-06       10/1/2018       10/1/2019       EACH OCCURRENCE       \$ 20,000,000         A       PROFENETORY S       CLAIMS-ANDE       Y       Y       SEE ATTACHED POLICY #'S       10/1/2018       10/1/2019       EACH OCCURRENCE       \$ 20,000,000         A       MORENET SATER SERVECUTIVE       N       N       N       N       SEE ATTACHED POLICY #'S       10/1/2018       10/1/2019       EL EACH ACCIDENT       \$ 1,000,000         EL       EACH ACCIDENT       N       N       N       N       RASS54213-06       10/1/2018       10/1/2019       <  |  |                               |       |             |                                |         |  |                            | GENERAL AGGREGATE       |          | )       |  |
| B       AVAY AUTO       Y       Y       Y       PALAS 3/215:00       10/1/2018       10/1/2019       IE a aoddem0       \$ 1,000,000         C       AVA AUTO       SCHEDULED       AVTOS ONLY       AVTOS ONLY       AVTOS ONLY       SCHEDULED       SXXXXXXX         POOR SOUL       AVTOS ONLY       AVTOS ONLY       AVTOS ONLY       AVTOS ONLY       SCHEDULED         QUART SOUL       AVTOS ONLY       AVTOS ONLY       AVTOS ONLY       Y       Y       UMB5498877-06       10/1/2018       10/1/2019       EACH OCCURRENCE       \$ 20,000,000         DED       RETENTION S       CLAMMS-MADE       Y       Y       VUMB5498877-06       10/1/2018       10/1/2019       EACH OCCURRENCE       \$ 20,000,000         A MORE SCARENES COMPENSATION       V/N       N       Y       SEE ATTACHED POLICY #'S       10/1/2018       10/1/2019       EL EACH ACCIDENT       \$ XXXXXXX         VORRENE EXCLUDEDY       N       N       PRAS854213-06       10/1/2018       10/1/2019       EL EACH ACCIDENT       \$ 1,000,000         EL DISEASE - FOUCY UNADEST EVENUES       N       N       N       PRAS854213-06       10/1/2018       10/1/2019       CRIME/FIDELITY: 5,000,000 AGG         B       CRIME/FIDELITY       N       N       N   | X  |                               |       |             |                                |         |  |                            |                         | \$       |         |  |
| C       X       AUTOS       SCHEDULED       AUTOS       BODILY INJURY (Per acodem) \$ XXXXXXX         BODILY INJURY (Per acodem) \$ XXXXXXX       BODILY INJURY (Per acodem) \$ XXXXXXX         PROPERTY DARAGE       \$ XXXXXXX  | B AL   |                               | Y     | Y           | PRA5854213-06                  |         | 10/1/2018  | 10/1/2019                  | (Ea accident)           |          |         |  |
| X       AUTOS ONLY       Y       Y       UMB5498877-06       10/1/2018       10/1/2019       EACH OCCURRENCE       \$ 20,000,000         C       X       EXCESS LIAB       X       OCCUR       Y       Y       UMB5498877-06       10/1/2018       10/1/2019       EACH OCCURRENCE       \$ 20,000,000         Deb       RETENTIONS       CLAIMS-MADE       Y       Y       SEE ATTACHED POLICY #'S       10/1/2018       10/1/2019       X       EACH OCCURRENCE       \$ 20,000,000         More Represented to the control of the   |  | OWNED SCHEDULED               |       |             |                                |         |  |                            | ,                       |          |         |  |
| AUGS ORT       AUGS ORT       AUGS ORT       Image: Constraint of the second   | x  | HIRED V NON-OWNED             |       |             |                                |         |  |                            | PROPERTY DAMAGE         | ·        |         |  |
| Certificate Holder       N       N       PRASS4213-06       10/1/2018       10/1/2019       Reference       \$ 20,000,000         All instance       Claims-made       Vertice       Statute  |  |                               |       |             |                                |         |  |                            | (Per accident)          |          |         |  |
| Image: Control is a control in the                                | C X  | UMBRELLA LIAB X OCCUR         | Y     | Y           | UMB5498877-06                  |         | 10/1/2018  | 10/1/2019                  | EACH OCCURRENCE         | \$ 20,   | 000,000 |  |
| A       MORKERS COMPENSATION<br>AND EMPORTER LADROYTERS LIABULTY<br>AN PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICE/RMERGER EXCLUDED?       Y       Y       SEE ATTACHED POLICY #'S       10/1/2018       10/1/2019       X       SERATUTE       ETH-<br>EL EACH ACCIDENT         MAND EMPORTETOR/PARTNER/EXECUTIVE<br>OFFICE/RMERGER EXCLUDED?       N       N/A       Y       SEE ATTACHED POLICY #'S       10/1/2018       10/1/2019       X       SERATUTE       ETH-<br>EL EACH ACCIDENT       EL DISEASE - EA EMPLOYCE \$ 1,000,000         B       CRIME/FIDELITY       N       N       N       PRA5854213-06       10/1/2018       10/1/2019       CRIME/FIDELITY: \$ 5,000,000 AGG         E&COVERAGE       N       N       N       PRA5854213-06       10/1/2018       10/1/2019       CRIME/FIDELITY: \$ 5,000,000 AGG         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required.       ALL INSURANCE CARRIES SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED.         **PLEASE SEE ATTACHED**         CANCELLATION       See Attachment         ALL INSURANCE CABUSE COUNCL, INC.<br>ATTN: WESLEY HARRISON<br>1205 MYRTLE AVENUE<br>EUREKA CA 95501         AUTHORIZED REPRESENTATIVE         AUTHORIZED REPRESENTATIVE   | X  | EXCESS LIAB CLAIMS-MADE       |       |             |                                |         |  |                            | AGGREGATE               | \$ 20,   | 000,000 |  |
| AM Carr Corporation and and the procent of the second o                               |  |                               |       |             |                                |         |  |                            |                         | \$ XX    | XXXXX   |  |
| Aiv PROPRIETORPARTNER/EXECUTIVE       N       N/A       E.L. EACH ACCIDENT       \$ 1,000,000         EL. DISEASE - EA EMPLOYEE       \$ 1,000,000       EL. DISEASE - POLOYLINE       \$ 1,000,000         B       CRIME/FIDELITY       N       N       PRA5854213-06       10/1/2018       10/1/2019       CRIME/FIDELITY: \$ 0,000,000         B       CRIME/FIDELITY       N       N       PRA5854213-06       10/1/2018       10/1/2019       CRIME/FIDELITY: \$ 0,000,000         COVERAGE       N       N       PRA5854213-06       10/1/2018       10/1/2019       CRIME/FIDELITY: \$ 0,000,000         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED.         ***PLEASE SEE ATTACHED**       CANCELLATION       See Attachment         14579475       NORTH COAST SUBSTANCE ABUSE COUNCL, INC. ATTN: WESLEY HARRISON 1205 MYRTLE AVENUE EUREKA CA 95501       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACORDANCE WITH THE POLICY PROVISIONS.         AUTHORIZED REPRESENTATIVE       AUTHORIZED REPRESENTATIVE       Authorized REPRESENTATIVE  | A AN   | ID EMPLOYERS' LIABILITY Y / N |       | Y           | SEE ATTACHED POLICY            | '#'S    | 10/1/2018  | 10/1/2019                  |                         |          |         |  |
| If yes, describe under<br>DESCRIPTION OF OPERATIONS below       N       N       PRA5854213-06       10/1/2018       E.L. DISEASE - POLICY LIMIT       \$ 1,000,000         B       CRIME/FIDELITY<br>STAFFING E&O<br>COVERAGE       N       N       PRA5854213-06       10/1/2018       10/1/2019       CRIME/FIDELITY: 5,000,000       Staffing E&O<br>E&O OCC/AGG: 5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED.         **PLEASE SEE ATTACHED**       CANCELLATION       See Attachment         14579475       NORTH COAST SUBSTANCE ABUSE COUNCL, INC.<br>ATTN: WESLEY HARRISON<br>1205 MYRTLE AVENUE<br>EUREKA CA 95501       Should Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.         AUTHORIZED REPRESENTATIVE       AUTHORIZED REPRESENTATIVE  | OF   | FICER/MEMBER EXCLUDED? N      | N / A |             |                                |         |  |                            |                         |          |         |  |
| B       CRIME/FIDELITY<br>STAFFING E&O<br>COVERAGE       N       N       PRA5854213-06       10/1/2018       10/1/2019       CRIME/FIDELITY: 5,000,000 AGG<br>E&O OCC/AGG: 5,000,000         DESCRIPTION OF OPERATIONS / DECATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED.         **PLEASE SEE ATTACHED**       CANCELLATION       See Attachment         14579475       NORTH COAST SUBSTANCE ABUSE COUNCL, INC.<br>ATTN: WESLEY HARRISON<br>1205 MYRTLE AVENUE<br>EUREKA CA 95501       Should ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.         AUTHORIZED REPRESENTATIVE       Authorized Representative   | Ìfv  | es, describe under            |       |             |                                |         |  |                            |                         |          |         |  |
| COVERAGE       DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED.         **PLEASE SEE ATTACHED**         CERTIFICATE HOLDER       CANCELLATION         14579475         NORTH COAST SUBSTANCE ABUSE COUNCL, INC. ATTN: WESLEY HARRISON         1205 MYRTLE AVENUE         EUREKA CA 95501         AUTHORIZED REPRESENTATIVE         AUTHORIZED REPRESENTATIVE  | B Cl   | RIME/FIDELITY                 | N     | N           | PRA5854213-06                  |         | 10/1/2018  | 10/1/2019                  | CRIME/FIDELITY: 5,00    | 0,000 AG |         |  |
| ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED. **PLEASE SEE ATTACHED**  CERTIFICATE HOLDER CANCELLATION See Attachment  14579475 NORTH COAST SUBSTANCE ABUSE COUNCL, INC. ATTN: WESLEY HARRISON 1205 MYRTLE AVENUE EUREKA CA 95501  AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE   |  |                               |       |             |                                |         |  |                            | E&O OCC/AGG: 5,000,     | 000      |         |  |
| ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED. **PLEASE SEE ATTACHED**  CERTIFICATE HOLDER CANCELLATION See Attachment  14579475 NORTH COAST SUBSTANCE ABUSE COUNCL, INC. ATTN: WESLEY HARRISON 1205 MYRTLE AVENUE EUREKA CA 95501  AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE   | DESCR  |                               | Fe /* | COPP        | 101 Additional Pomerka Sabedul | la mart | a attached if m  | e snaco is roqui-          |                         |          |         |  |
| CERTIFICATE HOLDER       CANCELLATION       See Attachment         14579475       NORTH COAST SUBSTANCE ABUSE COUNCL, INC.<br>ATTN: WESLEY HARRISON<br>1205 MYRTLE AVENUE<br>EUREKA CA 95501       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.         AUTHORIZED REPRESENTATIVE       AUTHORIZED REPRESENTATIVE   | ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED.  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| 14579475         NORTH COAST SUBSTANCE ABUSE COUNCL, INC.         ATTN: WESLEY HARRISON         1205 MYRTLE AVENUE         EUREKA CA 95501             Authorized representative  | **PLEASE SEE ATTACHED**  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| 14579475         NORTH COAST SUBSTANCE ABUSE COUNCL, INC.         ATTN: WESLEY HARRISON         1205 MYRTLE AVENUE         EUREKA CA 95501             Authorized representative  |  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| 14579475         NORTH COAST SUBSTANCE ABUSE COUNCL, INC.         ATTN: WESLEY HARRISON         1205 MYRTLE AVENUE         EUREKA CA 95501             Authorized representative  |  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| 14579475         NORTH COAST SUBSTANCE ABUSE COUNCL, INC.         ATTN: WESLEY HARRISON         1205 MYRTLE AVENUE         EUREKA CA 95501    Authorized representative          Authorized Representative  |  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| 14579475         NORTH COAST SUBSTANCE ABUSE COUNCL, INC.         ATTN: WESLEY HARRISON         1205 MYRTLE AVENUE         EUREKA CA 95501    Authorized representative          Authorized Representative  |  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| NORTH COAST SUBSTANCE ABUSE COUNCL, INC.<br>ATTN: WESLEY HARRISON<br>1205 MYRTLE AVENUE<br>EUREKA CA 95501<br>AUTHORIZED REPRESENTATIVE<br>AUTHORIZED REPRESENTATIVE  |  |                               |       |             |                                | CANC    | ELLATION   | See Atta                   | chment                  |          |         |  |
| EUREKA CA 95501   | NORTH COAST SUBSTANCE ABUSE COUNCL, INC.<br>ATTN: WESLEY HARRISON  |                               |       |             |                                |         | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN       |                            |                         |          |         |  |
| Josh M Agnello  |  |                               |       |             |                                |         |  |                            |                         |          |         |  |
| John M Agnella  |  |                               |       | AUTHO       | AUTIONIZED REPRESENTATIVE      |         |  |                            |                         |          |         |  |
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LOCATION: 2859 - EUREKA CA / TYPE OF COMPANY: DRUG AND ALCOHOL NON PROFIT / JOB DESCRIPTION: VARIOUS ADMINISTRATIVE POSITIONS INCLUDING BOOKKEEPER, ADMINISTRATIVE ASSISTANT AND NIGHT SHIFT STAFF. NORTH COAST SUBSTANCE ABUSE COUNCL, INC. IS LISTED AS AN ADDITIONAL INSURED AS RESPECTS TO WORK PERFORMED BY TEMPORARY ASSOCIATES, AS PER WRITTEN CONTRACT AND/OR STAFFING AGREEMENT, EXCEPT FOR NEGLIGENCE OR WILLFUL MISCONDUCT OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC.. ADDITIONAL INSURED DOES NOT APPLY TO WC, E&O OR FIDELITY. ALL POLICIES SHALL CONTAIN A WAIVER OF SUBROGATION IN FAVOR OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC. EXCEPT FOR LIABILITY ARISING OUT OF NEGLIGENCE OR WILLFUL MISCONDUCT OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC., AS PER WRITTEN CONTRACT AND/OR STAFFING AGREEMENT. Express Services, Inc. Workers Compensation Policy Schedule: Policy periods: 10/1/18-19

#### American Home Assurance Company

Policy No. WC031467910 NAIC# 19380 States Covered: CA

# Illinois National Insurance Co.

Policy No. WC031467911 NAIC# 23817 States Covered: MA, ND, WI, WY

### **New Hampshire Insurance Company**

Policy No. WC031467912 NAIC# 23841 States Covered: AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, ME, MI, MN, MO, MS, MT, NE, NM, NV, NY, OK, OR, RI, SC, SD, TN, TX, WV

### **New Hampshire Insurance Company**

Policy No. WC031467913 NAIC# 23841 States Covered: AK, AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT

## Illinois National Insurance Co.

Policy No. WC031467914 NAIC# 23817 States Covered: FL

## National Union Fire Insurance Company of Pittsburgh, PA

Policy No. XWC 5565562 NAIC# 19445 States Covered: OH

## National Union Fire Insurance Company of Pittsburgh, PA

Policy No. XWC5565563 NAIC# 19445 States Covered: WA