

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/04/2019

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							equire an endorsement	. A st	atement on	
PRODUCER						CONTACT NAME:					
Marsh USA Inc.						PHONE FAX					
1301 5th Avenue, Suite 1900 Seattle, WA 98101					(A/C, No, Ext): (A/C, No): E-MAÎL ADDRESS:						
Attn: Jennifer Caudebec - 206-214-3156					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
CN118985706-00000-922-19-21						INSURER A : Safety National Casualty Corp.				15105	
INSURED					INSURER B:						
Providence St. Joseph Health St. Joseph Hospital of Eureka					INSURER C:						
1801 Lind Ave SW #9016					INSURER D:						
Renton, WA 98057-9016					INSURER E :						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						SEA-003556651-06 REVISION NUMBER: 2					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	NSR LTR TYPE OF INSURANCE		ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
۸	DED RETENTION\$			SP4059664		01/01/2019	01/01/2021	v DED OTH	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			SIR: \$2,000,000		01/01/2019	01/01/2021	X PER STATUTE OTH-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		3IR. \$2,000,000				E.L. EACH ACCIDENT	\$	2,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		2,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Division/Location: Contracts Management/Ann Schuler											
Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions.											
CERTIFICATE HOLDER						CANCELLATION					
County of Humboldt Attn: Risk Management 825 5th Street, Room 131 Eureka, CA 95501						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE of Marsh USA Inc.					
,						Jean Aguirre George Aguirre					