

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/05/2019

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.

PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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). CONTACT Stan Smith 707-269-4368 California Meridian Insurance PHONE (A/C, No, Ext): 707-269-4368
E-MAIL ADDRESS: FAX (A/C, No): 707-269-4360 509 J St., Ste 3 Eureka, CA 95501 Stan Smith INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Non Profits Insurance 10023 INSURED Humboldt Senior Resource Cente 1910 California Street INSURER B Eureka, CA 95501 INSURER C: INSURER D: INSURER E : INSURER F: COVERAGES CERTIFICATE NUMBER REVISION NUMBER 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. ADDL SUBR POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE | X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) 2019-07490 X 06/05/2019 | 06/05/2020 500,000 20,000 MED EXP (Any one person) Prof \$3/1 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 3,000,000 GENERAL AGGREGATE POLICY PRO-JECT 3,000,000 PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 ANY AUTO 2019-07490 06/05/2019 | 06/05/2020 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS **BODILY INJURY (Per accident)** X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYER E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) County of Humboldt, its officers, officials, employees and volunteers are named as addtional insureds as respects grant funding agreement per attached CG2026 0413 CERTIFICATE HOLDER CANCELLATION COUNTYO SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE County of Humboldt THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Dept of Health & Human Service 507 F St Eureka, CA 95501 AUTHORIZED REPRESENTATIVE Stan Smith

ACORD 25 (2016/03)

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SUBRU	ANT: If the certificate holder DGATION IS WAIVED, subject ficate does not confer rights to	t to the te	erms and conditions of the	ne noli	v certain n	oliciae may	IAL INSURED provision require an endorseme	ons or l	be endorsed. statement on	
this certificate does not confer rights to the certificate holder in lieu of s PRODUCER 707-269-4368					CONTACT Stan Smith					
California Meridian Insurance 509 J St., Ste 3 Eureka, CA 95501 Stan Smith					PHONE 707 260 4269 FAX 707 260 4260					
					(A/C, No, Ext): 707-209-4360 (A/C, No): 707-209-4360 E-MAIL ADDRESS:					
						NIDED(0) ASSO				
					INSURER(S) AFFORDING COVERAGE INSURER A: Non Profits Insurance				10023	
INSURED Humboldt Senior Resource Cente 1910 California Street Eureka, CA 95501					INSURER B:					
					INSURER C:					
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COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:			
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	RS COMPENSATION PLOYERS' LIABILITY Y/N						PER OTH	-		
ANY PRO	PRIETOR/PARTNER/EXECUTIVE //MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
If yes de	scribo undos						E.L. DISEASE - EA EMPLOYI	EE \$		
DESCRIP	PTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	T S		
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DESCRIPTION	05.00									
Umbrella i	of operations / Locations / VEHICL s following form of general	LES (ACORE	0 101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)			
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					CANCELLATION					
County of Humbally					SHOULD ANY OF THE ABOVE BROOM					
County of Humboldt Dept of Health & Human Service				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.	J. 01				
507 F St Eureka, CA 95501										
				AUTHORIZED REPRESENTATIVE Stan Smith						
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