

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2019

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ement o	on	
PRODUCER						CONTACT Jacqueline Byrne					
Matsen Insurance Brokers, Inc.						PHONE (707) 444-9292 FAX (A/C, No): (707) 444-9529					
3101 Concorde Drive, Suite B						E-MAIL jackie@matsen.com ADDRESS:					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
McKinleyville CA 95519						INSURER A: State Compensation Insurance Fund					
INSURED						INSURER B:					
Humboldt Senior Resource Center, Inc.						INSURER C:					
1910 California Street						INSURER D:					
					INSURER E :						
	Eureka	CA 95501			INSURER F:						
				NUMBER: CL196240815	TETTOTOT TO MEDITAL						
IN	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUIRED OF MAY PERFORM THE POLICIES OF TH	IREMEI	NT, TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	R DOCUMENT \	WITH RESPECT TO WHICH T	HIS		
	ERTIFICATE MAY BE ISSUED OR MAY PERT. (CLUSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL THE TERMS	,		
INSR ADDL SUBR						POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
LTR	COMMERCIAL GENERAL LIABILITY		WVD	TOLIOT NOMBER		(WIW/DD/TTTT)	(IVIIVI/DUTTTT)	EACH OCCURRENCE	\$		
								DAMAGE TO RENTED			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	-		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR								-		
	EVOCESCIAN							EACH OCCURRENCE	\$		
	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N	1				04/01/2019	04/01/2020	PER STATUTE OTH-	1.00	20.000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9051429-2019				E.L. EACH ACCIDENT	4 00	00,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	4 00	00,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CE	RTIFICATE HOLDER				CANC	CANCELLATION					
County of Humboldt Department of Health Human Services, Social Service						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
929 Koster Street						AUTHORIZED REPRESENTATIVE					
Eureka CA 95501						I.O. OR O					
	1		Week Dard								