

## 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.

REPRESENTATIVE OR PRODUCER, AN	URA ND T	HE C	DOES NOT CONSTITU CERTIFICATE HOLDER.	TE A C	CONTRACT	BETWEEN	THE ISSUING IN	SURER	(S), Al	JTHORIZED	
ORTANT: If the certificate holder in SUBROGATION IS WAIVED, subject this certificate does not confer rights to	s an	ADI	DITIONAL INSURED, the	ha nalia	ne compain w		NAL INSURED pr require an endo	rovision rsemen	s or b	e endorsed.	
PRODUCER	J tile	70	7-269-4368	CONTAC	orsement(s	). nith					
California Meridian Insurance 509 J St., Ste 3					CONTACT Stan Smith  NAME: PHONE (A/C, No, Ext): 707-269-4368  FAX (A/C, No, Ext): 707-269-4360						
Eureka, CA 95501	PHONE (A/C, No, Ext): 707-269-4368 FAX (A/C, No): 707-269-4360 E-MAIL ADDRESS:										
Stan Smith	ADDRESS:										
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Non Profits Insurance 10023										
INSURED Humboldt Senior Resource Cente 1910 California Street Eureka, CA 95501					INSURER A: INOTI PROTIES INSURANCE						
					INSURER B:						
					INSURER C:						
	INSURER D:										
	INSURER E:										
COVEDAGES		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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
LTR TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	e		
COMMERCIAL GENERAL LIABILITY					minippi ( 1.1.1)	(אַדְאַזוֹעעוווווווווווווווווווווווווווווווווו	EACH OCCUPERTION		s		
CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur				
									\$		
							MED EXP (Any one pe		\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV IN		\$		
POLICY PRO- JECT LOC							GENERAL AGGREGA		\$		
OTHER:							PRODUCTS - COMP/	OP AGG	\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE I	IMIT	\$		
ANYAUTO					5.		(Ea accident)	\$			
OWNED SCHEDULED AUTOS							BODILY INJURY (Per	person)	\$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY				1			BODILY INJURY (Per	accident)	\$		
AUTOS ONLY			(a)				PROPERTY DAMAGE (Per accident)	-	\$		
A X UMBRELLA LIAB X OCCUR									\$		
EXCESS LIAB CLAIMS-MADE			2019-07490-UMB-NPO	1	06/05/2019	06/05/2020	EACH OCCURRENCE		\$	1,000,000	
DED X RETENTIONS 10000					00/03/2019	00/05/2020	AGGREGATE		\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							. 1555		\$		
							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA						E.L. EACH ACCIDENT	_	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EN	APLOYEE	\$		
SESSIM HONOL OF EXAMINAS BEIOW							E.L. DISEASE - POLICE	YLIMIT	\$		
								1			
DESCRIPTION OF OPERATIONS (1.004 TOWN)											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Umbrella is following form of general	S (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	d)				
one is following form of general	nab	ility	and auto							1	
										1	
										1	
										J	
CERTIFICATE HOLDER				CANCE	ELLATION						
COUNTYO											
County of Humboldt					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
Dept of Health & Human Service					EXPIRATION	DATE THE	REOF, NOTICE 'PROVISIONS.	WILL B	E DEL	IVERED IN	
507 F St					TO THE WILL	THE POUC					
Eureka, CA 95501					AUTHORIZED REPRESENTATIVE A A A A A						
					Stan Smith						
	17 F CLOSING										