



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/23/2019

CMEES1

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.

PRO		License # 060	132/17	<del>,                                      </del>			mode notes in hou of ou	t the policy, certain policies may require an endorsement. A statement on uch endorsement(s).					
PRODUCER License # 0603247 George Petersen Insurance Agency, Inc.								CONTACT NAME: PHONE (707) 440 0074 FAX (707) 440 7004					
		c 3539	ince.	Agency, inc.				(A/C, No, Ext): (707) 442-7281					
San	ta Ro	osa, CA 95402						ADDRESS	<sub>s:</sub> info@gp	ins.com			1
									INSURER(S) AFFORDING COVERAGE				NAIC#
								INSURER A: Nonprofits' Insurance Alliance of California 11384					11384
Humboldt Recovery Center P.O. Box 6310									INSURER B:				
									INSURER C:				
									D:				
Eureka, CA 95502-6310								INSURER					
<u></u>	/ED	AGES		CEB	TIEI	~ A TE	NUMBER:	REVISION NUMBER:					
			тцлт				SURANCE LISTED BELOW F	JAVE DEI	EN ICCLIED	TO THE INICIAL		HE DO	LICY BERIOD
							ENT, TERM OR CONDITION						
C	ERTI	FICATE MAY BE	ISSI	JED OR MAY	PER	TAIN,	THE INSURANCE AFFORE	DED BY	THE POLIC	IES DESCRIE	BED HEREIN IS SUBJECT T		
E)	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN    ADDL SUBR  POLICIES												
LTR_		TYPE OF INSURANCE				WVD	POLICY NUMBER		MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		4 000 006
Α	Х	COMMERCIAL GEN		7							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR  X Social Service Profe			Х		2019-07595-NPO		8/15/2019	8/15/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	X										MED EXP (Any one person)	\$	20,000
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC										PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:									LIQUOR LIABILIT	\$	1,000,000	
Α	AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT	\$	1,000,000
	ANY AUTO						2019-07595-NPO		8/15/2019	8/15/2020	(Ea accident)		
	OWNED AUTOS ONLY X SCHEDULED AUTOS					2019-07393-NI O		BODILY INJURY (Per person)			\$		
	х										BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	_	HIRED AUTOS ONLY	<b>^</b> Ä	ON-OWNED UTOS ONLY							(Per accident)	\$	
Α	v			1								\$	1,000,000
Α	Х	UMBRELLA LIAB	X	-			2040 07505 LIMB NDO		0/45/2040	9/4 E /2020	EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB		CLAIMS-MADE			2019-07595-UMB-NPO		8/15/2019	8/15/2020	AGGREGATE	\$	4 000 000
	DED X RETENTION \$ 10,000										Aggregate \$		1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY										PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				N/A						E.L. EACH ACCIDENT	\$	
											E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT	\$	
Α	Pro	fessional					2019-07595-NPO		8/15/2019	8/15/2020	Social Service		1,000,000
	I				1	1		1			1		

ACORD 25 (2016/03)

Attn: Risk Management 825 5th St room 131 Eureka, CA 95501

**AUTHORIZED REPRESENTATIVE** 

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

## Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations;
  - In connection with your premises owned by or rented to you.

### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.