

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2019

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

| PRODUCER License # 0603247 George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa, CA 95402 | | CONTACT NAME: | | | |
|--|---------------------|---|----------------|-------|--|
| | | PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) | | | |
| | | E-MAIL ADDRESS: info@gpins.com | | | |
| | | INSURER(S) AFFORDING COVERAGE | | | |
| | | INSURER A: Nonprofits' Insurance Alliance of California | | 11384 | |
| INSURED Humboldt Recovery Center | | INSURER B: | | | |
| | | INSURER C : | | | |
| P. O. Box 6310 | 04 0000 | INSURER D: | | | |
| Eureka, CA 95501-0000 | | INSURER E: | | | |
| | | INSURER F: | | | |
| COVERAGES | CERTIFICATE NUMBER: | RE | VISION 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,

| NSR | | TYPE OF INSUR | RANCE | | ADDL SUBRINSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
|-----|--|--|-------------------------|----------|-------------------------|--------------------|---|-------------------------------------|---|-----------------------------------|-----------|
| A | X | COMMERCIAL GENERAL LIABILITY | | | | | 111111111111111111111111111111111111111 | EACH OCCURRENCE | s | 1,000,000 | |
| | | CLAIMS-MADE | CLAIMS-MADE X OCCUR | | Х | 2019-07595-NPO | 8/15/2019 | 8/15/2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | 500,00 |
| | X | X Social Service Profe GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER: | | | | | | MED EXP (Any one person) | \$ | 20,00 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,00 | |
| | GEN | | | | | | | GENERAL AGGREGATE | \$ | 2,000,00 | |
| | Х | | | | | | PRODUCTS - COMP/OP AGG | S | 2,000,000 | | |
| | | | | | | | | | LIQUOR LIABILIT | S | 1,000,000 |
| A | AUT | AUTOMOBILE LIABILITY | | | 2019-07595-NPO | 8/15/2019 | 8/15/2020 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED X | SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | s | | |
| | X | HIRED X | NON-OWNED AUTOS ONLY | | NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | | \$ | |
| Α | X | UMBRELLA LIAB | X OCCUR | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | EXCESS LIAB | CLA | IMS-MADE | | 2019-07595-UMB-NPO | 8/15/2019 | 8/15/2020 | AGGREGATE | \$ | |
| | DED X RETENTIONS 10,000 | | | | | | Aggregate | \$ | 1,000,000 | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED 2 | | | | | | | PER OTH- STATUTE ER | | | |
| | | | | N / A | | | | E.L. EACH ACCIDENT | \$ | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | | |
| Α | Professional | | | | 2019-07595-NPO | 8/15/2019 | 8/15/2020 | Social Service | | 1,000,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Referrals

County of Humboldt is named as an Additional Insured in respects to General Liability per NAIC-E25.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| County of Humboldt Attn: Risk Mgt 825 5th St room 131 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Eureka, CA 95501 | AUTHORIZED REPRESENTATIVE |