

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/29/2020

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 this certificate does not confer rights to	o the	terms and conditions of the	policy, certain po	olicies may r	equire an endorsement	A sta	tement on	
	DDUCER			CONTACT Willis Towers Watson Certificate Center					
	lis (Bermuda) Ltd.		P	PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378					
	lesley House, 2nd Floor Pitts Bay Road		TÉ	(A/C, No. EXI):  E-MAIL ADDRESS: certificates@willis.com					
	broke, HM08 BMU			INSURER(S) AFFORDING COVERAGE				NAIC#	
				INSURERA: American Unity Group Limited				C0929	
INSI	URED			A CANADA CONTRACTOR CO					
St.	Joseph Hospital of Eureka			INSURER B:					
	5 E. Rezanof Drive			INSURER C:					
KOd	11dk, Ak 93615			INSURER D:					
				INSURER E :					
				NSURER F :		DEVICION NUMBER.			
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES		TE NUMBER: W16573817	DEEN ICCUED TO		REVISION NUMBER:	E POLI	CV PERIOD	
IN C	MIS TO CERTIFY HAT THE POLICIES  NOTWITHSTANDING ANY RECEPTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH F	QUIREN	MENT, TERM OR CONDITION OF N. THE INSURANCE AFFORDED	F ANY CONTRACT BY THE POLICIE	OR OTHER I	OCUMENT WITH RESPEC	CT TO V	VHICH THIS	
INSR		NSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
-111	X COMMERCIAL GENERAL LIABILITY	WY	TOURS I NOMBER	(MM/OD/TTTT)		EACH OCCURRENCE	\$	3,000,000	
	X CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
A	OCOUR COOLIN					MED EXP (Any one person)	\$		
		Y	1-14601-00-20	06/01/2020	06/01/2021	PERSONAL & ADV INJURY	\$		
	051111 10000001111 11117 1000 1150 0500		POR PERSON FLORE A			GENERAL AGGREGATE	\$	5,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$		
	X POLICY JECT LOC					PRODUCTS - COMPTOP AGG	\$		
	OTHER:	-				COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY					(Ea accident) BODILY INJURY (Per person)	\$		
	ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$		
							\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DED RETENTION\$					DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		
A	Hospital Professional Liability		1-14601-00-20	06/01/2020	06/01/2021	Each Claim:	\$3,000	,000	
						Aggregate:	\$5,000	,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  If this Certificate of Insurance is for Professional and / or General Liability insurance this provides evidence of coverage for 1) employees while acting within the scope and during the course of their employment with Providence St. Joseph Health and /or 2) contracted parties for their acts, errors or omissions in rendering or failing to render Medical Services outlined by such contract with a Providence St. Joseph Health entity including the Insured identified on this certificate.									
CE	RTIFICATE HOLDER			CANCELLATION					
			RECEIVED	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Co	ounty of Numboldt		JUN 1 5 2020						
Attn: Risk Management 825 5th Street, Room 131 RISK MANAGEMENT				AUTHORIZED REPRESENTATIVE					
E.C	ureka, CA 95501			© 1988-2016 ACORD CORPORATION All rights reserved.					

AGENCY CUSTOMER ID:	
1.00.#:	



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

GENCY Millis (Bermuda) Ltd.		NAMED INSURED St. Joseph Hospital of Eureka				
OLICY NUMBER		1915 E. Rezanof Drive Kodiak, AK 99615				
ARRIER	NAIC CODE					
ee Page 1	See Page 1	EFFECTIVE DATE: See Page 1				

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Division/Location: Contracts Management/Ann Schuler

The General Liability policy includes a Cross Liability clause

It is agreed that Humboldt County, its officers, officials, employees and volunteers are included as Additional

Insureds as respects to General Liability where required by written contract.

ACORD 101 (2008/01)

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SR ID: 19650047

BATCH: 1693972

CERT: W16573817