

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2020

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 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).

Geo P.C	DDUCER orge Petersen Insurance Agency, Inc. b. Box 3539 tta Rosa, CA 95402	J tile	Cert	micate holder in field of St	CONTACT NAME: PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No, Ext): (707) 442-7281				
Sainta Rosa, CA 95402					E-MAIL ADDRESS: info@gpins.com				
							RDING COVERAGE		NAIC#
INS	URED				INSURER A : Arch Insurance Company				
					INSURER B : Midwest Insurance Company				
	Boys and Girls Club of the R 3117 Prospect Ave	edw	oods	5	INSURER C:				
	Eureka, CA 95503				INSURER D :				and the second second
The state of the s					INSURER E :				
_					INSURER F:				
	VERAGES CER	TIFIC	CATE	E NUMBER:	REVISION NUMBER:				
C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN, CIES.	THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	DED BY THE POLICE BEEN REDUCED BY	CTOROTHE	R DOCUMENT WITH RESPEC	E POLI CT TO V ALL TI	CY PERIOD VHICH THIS HE TERMS,
LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE S		1,000,000
	CLAIMS-MADE X OCCUR	X		AAPKG0051902	8/1/2020	8/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		1,000,000
	X Professional Liabili						MED EXP (Any one person)		25,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY S		1,000,000
							Name and the Control of the Control		3,000,000
	X POLICY PRO-								3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ SEXUAL OR PHYSI		1,000,000
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT		1,000,000
	X ANY AUTO			AAAUT0051902	8/1/2020	8/1/2021	(Ea accident) \$ BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS ONLY					0/1/2021			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
A	UMBRELLA LIAB X OCCUR				8/1/2020	8/1/2021	\$		2,000,000
	X EXCESS LIAB CLAIMS-MADE			AAFXS0051902			EACH OCCURRENCE \$		2,000,000
	DED RETENTION\$						AGGREGATE \$		2,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A			7/1/2020	7/1/2021	X PER OTH-		
			X	WCMPRO5169135			The second secon		1,000,000
	(Mandatory in NH)		30000				E.L. EACH ACCIDENT \$		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$		1,000,000
							E.L. DISEASE - POLICY LIMIT \$		1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Work Performed by the Named Insured of County of Humboldt Department of Healt eneral Liability per 00 GL0295 00 11 17. V	ın ar	וח או	Iman Servicee-Social Servi	coc Pronch is nows	-l A -l -l'		ontract	in respects
CERTIFICATE HOLDER					CANCELLATION				
County of Humboldt Department of Health and Human Services Social Services Branch 929 Koster St Eureka, CA 95501					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE				
ACC	ORD 25 (2016/03)								