

CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

Accredited with Excellence from the California Association of Joint Powers Authorities

CERTIFICATE OF COVERAGE

Certificate Holder and Additional Covered Party:

County of Humboldt and its agents, officers, officials, employees and volunteers. Attn: Risk Management 825 Fifth St., Room 131 Eureka, CA 95501

This certifies that the coverage Described herein has been issued to: City of Eureka

Description of Activity: Professional service agreement between County of Humboldt and City of Eureka for Homeless Emergency Aid Program (HEAP). Per Agreement for County funding of City personnel utilized for homeless services.

Date(s) of Activity: 07-01-2019 to 06-30-2021

Location of Activity: various locations Eureka, CA 95501

Entity Providing Coverage	Excess Coverage	Certificate Expiration Date
California Joint Powers Risk Management Authority	\$1,250,000 excess of \$ 750,000	July 01, 2021

The following coverage is in effect and is provided through participation in a risk sharing joint powers authority: general liability and automobile liability pooled self-insurance, as defined in the Memorandum of Coverage on file with the entity and which will be made available upon request.

The coverage being provided is limited to the activity and the time period indicated herein and is subject to all the terms, conditions and exclusions of the Memorandum of Coverage of the California Joint Powers Risk Management Authority.

Pursuant to Section II, subsection 8, relating to the definition of a covered party, the certificate holder named herein is only an additional covered party for covered claims arising out of the activity described herein and is subject to the limits stated herein.

Coverage is in effect at this time and will not be cancelled, limited or allowed to expire at a date other than that indicated herein except upon 30 days written notice to the certificate holder.

02-26-2021 Date

Authorized Signature

Certificate Number: FORM140681

Tony Giles, CPCU, ARM-P, General Manager Name and Title (Print or type)

Form C