

ASPANNINGER

THEBETT-01

DATE (MM/DD/YYYY) 4/2/2021

2,000,000

2,000,000

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.

If	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain p	policies may	•		
Geoi P.O.	oucer rge Petersen Insurance Agency, Inc. Box 3539 a Rosa, CA 95402				CONTAI NAME: PHONE (A/C, No E-MAIL ADDRE	ст <sub>o, Ext):</sub> (707) 4 <sub>SS:</sub> info@gp	142-2971 ins.com	FA)	X (C, No):(707	) 442-7281
	·							RDING COVERAGE		NAIC #
					INSURE	R A : Nonpro	fits' Insura	ance Alliance of C	California	11384
INSU	RED				INSURE	RB:State C	ompensatio	on Insurance Fur	nd	35076
	The Betty Kwan Chinn Home	eless	Fou	ndation	INSURE	R C:				
	P O Box 736				INSURE	RD:				
	Eureka, CA 95502				INSURE	RE:				
					INSURE	RF:				
CO	/ERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBE	ER:	
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIED ICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH F ED HEREIN IS SUBJ	RESPECT T	O WHICH THIS
INSR 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	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		2020-35255-NPO		9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurren	nce) \$	500,000
								MED EXP (Any one person	.	20,000
								PERSONAL & ADV INJU	JRY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	E \$	2,000,000
	POLICY PRO- X LOC							PRODUCTS - COMP/OP		2,000,000
	OTHER:							LIQUOR LIABILT	\$	1,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	MIT \$	1,000,000
	X ANY AUTO			2020-35255-NPO		9/19/2020	9/19/2021	BODILY INJURY (Per pe	erson) \$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per ac	ccident) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		1	1					I	1	

B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

9248047-21

92480

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 133 7th Street, Eureka, CA

2020-35255-UMB

Catholic Charities of the Diocese of Santa Rosa is named Additional Insured with respect General Liability regarding the above mentioned leased premises per NIAC-E67 08 17, attached.

CERTIFICATE HOLDER	CANCELLATION
Catholic Charities of the Diocese of Santa Rosa 987 Airway Court Santa Rosa. CA 95403	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Santa Nosa, CA 33403	AUTHORIZED REPRESENTATIVE
	(M. P

X

**UMBRELLA LIAB** 

**EXCESS LIAB** 

DED

X

RETENTION \$

OCCUR

**CLAIMS-MADE** 

**EACH OCCURRENCE** 

AGGREGATE

9/19/2021

9/19/2020



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Designation Of Premises (Part Leased To You):

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

Any person or organization acting as a manager or lessor of a premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy.

Additional Premium: Included

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 arising out of the ownership, maintenance or use of that part of the premises leased to you, and 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, subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Any offense which constitutes "personal and advertising injury" which is committed after you cease to be a tenant in that premises; or
- 3. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. 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 insured, 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
- 2. 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.

NIAC-E67 08 17 Page 1 of 1



THEBETT-01

### CERTIFICATE OF LIABILITY INSURANCE

**ASPANNINGER** 

DATE (MM/DD/YYYY) 4/2/2021

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 contificate holder is an ADDITIONAL INSURED, the notice/lies) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUBROGATION IS WAIVED, subjective conferrights to	t to	the	terms and conditions of the	he poli	icy, certain p	oolicies may			
PROD	UCER				CONTAC NAME:	T				
	ge Petersen Insurance Agency, Inc. Box 3539			I -		, Ext): (707) 4	42-2971	FAX (A/C	C, No): (707)	142-7281
	a Rosa, CA 95402				E-MAIL ADDRES	<sub>ss:</sub> info@gp	ins.com			
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
				ı	INSURE	RA: Nonpro	fits' Insura	nce Alliance of C	California	11384
INSU	RED			ب_	INSURE	RB: State Co	ompensatio	on Insurance Fun	nd	35076
	The Betty Kwan Chinn Home	less	Fou	ndation	INSURE	RC:				
	P O Box 736			ب_	INSURE	RD:				
	Eureka, CA 95502			ب_	INSURE	RE:				
					INSURE	RF:				
CO	/ERAGES CERT	ΓIFIC	ATE	NUMBER:				REVISION NUMBE	ER:	
INI CE	IIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH F	QUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AI	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WITH R	RESPECT TO	WHICH THIS
NSR 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	\$	1,000,000
	CLAIMS-MADE X OCCUR			2020-35255-NPO		9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	500,000
								MED EXP (Any one perso	·	20,000
								PERSONAL & ADV INJUI	RY \$	1,000,000
Ī	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
Ī	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000
	OTHER:							LIQUOR LIABILTY		1,000,000
Α	AUTOMOBII E I IABII ITY							COMBINED SINGLE LIM	IIT &	1,000,000

2020-35255-NPO 9/19/2020 ANY AUTO 9/19/2021 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 2,000,000 Χ X **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** 9/19/2021 2,000,000 2020-35255-UMB 9/19/2020 **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 9248047-21 3/27/2021 3/27/2022 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Loan No. HS-44717 Proof of Coverage

CERTIFICATE HOLDER	CANCELLATION

City of Eureka c/o AmeriNat 8121 East Florence Avenue Downey, CA 90240

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.





**ASPANNINGER** 

DATE (MM/DD/YYYY) 4/2/2021

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 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	CONTACT NAME:	
George Petersen Insurance Agency, Inc. P.O. Box 3539	PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 4	142-7281
Santa Rosa, CA 95402	E-MAIL ADDRESS: info@gpins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nonprofits' Insurance Alliance of California	11384
INSURED	INSURER B : State Compensation Insurance Fund	35076
The Betty Kwan Chinn Homeless Foundation	INSURER C:	
2420 15th Street	INSURER D:	
Eureka, CA 95501	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	 POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			,	, , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	2020-35255-NPO	9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
							MED EXP (Any one person)	\$	20,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:					LIQUOR LIABILTY	\$	1,000,000
Α	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ	ANY AUTO		2020-35255-NPO	9/19/2020	9/19/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		NOTES ONE!					, , , , , , , , , , , , , , , , , , , ,	\$	
Α	Х	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE		2020-35255-UMB	9/19/2020	9/19/2021	AGGREGATE	\$	2,000,000
		DED RETENTION \$						\$	
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH-ER	<u> </u>	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N		9248047-21	3/27/2021	3/27/2022	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Mar	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		2						*	
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Work performed by the Named Insured on behalf of the Certificate Holder

The County of Humboldt, is officers, officials, employers and volunteers are named Additional Insured with respect to General Liability per NIAC-E61 02 19, including Primary Wording. All forms and/or endorsements attached.

CERTIFICATE HOLDER	CANCELLATION

**County of Humboldt DHHS Financial Services Division** Attn: CalFresh Billing Coordinator 507 F Street, CG Unit 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.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Person or Organization:		

**SCHEDULE** 

#### A. Section II – WHO IS AN INSURED is amended to include:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - a. Your negligent acts or omissions; or
  - b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. 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.

#### B. Section III – LIMITS OF INSURANCE is amended to include:

- **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

#### 4. Other Insurance

#### a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c**. below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

#### b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
  - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



**ASPANNINGER** 

THEBETT-01

DATE (MM/DD/YYYY) 4/2/2021

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.

		BROGATION IS WAIVED, subject trificate does not confer rights to							require an endorsement	. A st	atement on
PROD	UCE	ER .				CONTA NAME:	СТ				
		Petersen Insurance Agency, Inc. x 3539				PHONE (A/C, No	o, Ext): (707) 4	142-2971	FAX (A/C, No): <b>(</b> 7	707) 4	142-7281
		osa, CA 95402					<sub>ss:</sub> info@gp		, , , , ,		
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Nonpro	fits' Insura	nce Alliance of Califor	rnia	11384
INSUR	ED					INSURE	R в : State C	ompensatio	on Insurance Fund		35076
		The Betty Kwan Chinn Home	eless	Fou	ndation	INSURE	R C :				
		P O Box 736				INSURER D:					
		Eureka, CA 95502				INSURE	RE:				
						INSURE	RF:				
COV	ΈF	RAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R									
CE	RT	IFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFORD	DED B	THE POLIC	IES DESCRIB	ED HEREIN IS SUBJECT TO		
	CL	USIONS AND CONDITIONS OF SUCH				BEEN I					
NSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(111111)	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		2020-35255-NPO	9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	20,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						LIQUOR LIABILTY	\$	1,000,000
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			2020-35255-NPO	9/19/2020	9/19/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE			2020-35255-UMB	9/19/2020	9/19/2021	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		9248047-21	3/27/2021	3/27/2022	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	II, 7, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

The County of Humboldt, its agents, officers, officials, employees and volunteers are named Additional Insured with respect General Liability per NIAC-E61 02 19, including Primary Wording. General Liability Cancellation Wording applies per NIAC-E64 10 12. Workers Compensation Cancellation Wording applies per 2065. All forms and/or endorsements attached.

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt Attn: Risk Management 825 Fifth Street, 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



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Person or Organization:		

**SCHEDULE** 

#### A. Section II – WHO IS AN INSURED is amended to include:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - a. Your negligent acts or omissions; or
  - b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. 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.

#### B. Section III – LIMITS OF INSURANCE is amended to include:

- **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

#### 4. Other Insurance

#### a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c**. below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

#### b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
  - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# AMENDED NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization

City of Eureka County of Humboldt

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.

## ENDORSEMENT AGREEMENT CERTIFICATE HOLDERS' NOTICE

Policy #9099012-18

RENEWAL NA

PAGE 1

STATE
COMPENSATION
IN SURANCE
FUND

HOME OFFICE SAN FRANCISCO

**EFFECTIVE** May 9, 2018 at 12:01 A.M.

ALL EFFECTIVE DATES ARE AT 12:01 AM PACIFIC STANDARD TIME OR THE TIME INDICATED AT PACIFIC STANDARD TIME

THE BETTY KWAN CHINN HOMELESS FOU

PO BOX 736 EUREKA, CA 95502

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING, IT IS AGREED THAT THIS POLICY SHALL NOT BE CANCELLED UNTIL,

30 DAYS

AFTER WRITTEN NOTICE OF SUCH CANCELLATION HAS BEEN PLACED IN THE MAIL BY STATE FUND TO CURRENT HOLDERS OF CERTIFICATE OF WORKERS' COMPENSATION INSURANCE.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

PRESIDENT AND CEO

AUTHORIZED REPRESENTATIVE SCIF FORM 10217 (REV.7-2014)

2065



ASPANNINGER

THEBETT-01

DATE (MM/DD/YYYY) 4/2/2021

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).

	SUBROGATION IS WAIVED, subjecting subjections in Subjectificate does not confer rights to subject the subject in the subject i						require an endorsemen	t. As	tatement on
PRO	DDUCER				CONTACT NAME:	<u> </u>			
	orge Petersen Insurance Agency, Inc.				PHONE (A/C, No, Ext): (707)	442-2971	FAX (A/C, No):	707)	442-7281
	. Box 3539 ita Rosa, CA 95402				E-MAIL ADDRESS: info@gp	ins.com	\ (A/O, NO).\	,	
							RDING COVERAGE		NAIC #
						• •	ance Alliance of Califo	rnia	11384
INSL	JRED						on Insurance Fund		35076
	The Betty Kwan Chinn Hom	مامده	. Fau	ındation	INSURER C:	omponeut.	on mouranto r and		
	P.O. Box 736	eiess	FOU	inuation	INSURER D :				
	Eureka, CA 95502				INSURER E :				
					INSURER F:				
$\sim$	VERAGES CEF	TIFI	^ A TI	E NUMBER:	INCORER 1		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICI				HAVE BEEN ISSUED	TO THE INSUI		HE PC	OLICY PERIOD
١N	NDICATED. NOTWITHSTANDING ANY F	REQU	REM	ENT, TERM OR CONDITIO	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TC	O WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							O ALL	THE TERMS,
NSR		ADDL	SUBF		POLICY EFF	POLICY EXP	LIMIT		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		\$	1,000,000
	CLAIMS-MADE X OCCUR	X		2020-35255-NPO	9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		500,000
	ez ilile ilizabet	^		2020-33233-N1 O	3/13/2020	3/13/2021		\$	20,000
							MED EXP (Any one person)	\$	1,000,000
							PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT X LOC						GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG LIQUOR LIABILTY	\$	1,000,000
Α	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO			2020-35255-NPO	9/19/2020	9/19/2021	(Ea accident)	\$	
	OWNED AUTOS ONLY AUTOS			2020 00200 NI O	0/10/2020	371372021	BODILY INJURY (Per person)	·	
	HIRED NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE			2020-35255-UMB	9/19/2020	9/19/2021	AGGREGATE	\$	2,000,000
	DED RETENTION\$						AOGREGATE	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-	Ψ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			9248047-21	3/27/2021	3/27/2022	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
	BECOMI TION OF OF ENAMIONS BEIOW						E.E. DIOLAGE T OLIGIT LIWIT	Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	le, may be attached if mo	re space is requi	red)		
e: k	cription of operations / Locations / Vehice eased building at 205 7th street, Eureka	CA S	95501	l th respect to Comprel Light	liter man NIAC ECT 00		, n Driman, Wardina		
ne	certificate holder is named Additional	nsure	ea wi	th respect to General Liabi	iity per NIAC-Eo7 Ud	5 17, including	g Primary wording		
CF	RTIFICATE HOLDER				CANCELLATION				
<u>,</u>					J. III CELETION				
							ESCRIBED POLICIES BE CA		
	Littlefield and Powell				THE EXPIRATIO ACCORDANCE W		IEREOF, NOTICE WILL I CY PROVISIONS.	3E DI	ELIVERED IN
	PO Box 261								
	Bayside CA 95524								-

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Designation Of Premises (Part Leased To You):

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

Any person or organization acting as a manager or lessor of a premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy.

Additional Premium: Included

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 arising out of the ownership, maintenance or use of that part of the premises leased to you, and 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, subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Any offense which constitutes "personal and advertising injury" which is committed after you cease to be a tenant in that premises; or
- 3. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. 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 insured, 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
- 2. 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.

NIAC-E67 08 17 Page 1 of 1



ASPANNINGER

THEBETT-01

DATE (MM/DD/YYYY) 4/2/2021

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).

tŀ	nis certificate does not confer rights	to the	certi	ficate holder in lieu of su							
	DUCER				CONTA NAME: PHONE				FAX		
	orge Petersen Insurance Agency, Inc. . Box 3539				(A/C, No	o, Ext): (/U/) 4	142-2971		(A/C, No):	(707)	442-7281
San	ta Rosa, CA 95402				ADDRE	<sub>ss:</sub> info@gp	ins.com				
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	RA: Nonpro	fits' Insura	ance Alliance o	of Califo	rnia	11384
INSU	JRED				INSURE	RB: State C	ompensati	on Insurance I	und		35076
	The Betty Kwan Chinn Hon	eless	Fou	ndation	INSURE	RC:					
	P O Box 736				INSURE	RD:					
	Eureka, CA 95502				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CEI	RTIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	IREME TAIN, CIES	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WIT BED HEREIN IS SU	H RESPE	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		2020-35255-NPO		9/19/2020	9/19/2021	DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$	500,000
								MED EXP (Any one	person)	\$	20,000
								PERSONAL & ADV I	NJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000
	POLICY PRO- JECT X LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:							LIQUOR LIABI		\$	1,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	X ANY AUTO			2020-35255-NPO		9/19/2020	9/19/2021	BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
	AUTOS ONLT							(i ci dooldoni)		\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	`E	\$	2,000,000
	EXCESS LIAB CLAIMS-MADI	<b>=</b>		2020-35255-UMB		9/19/2020	9/19/2021	AGGREGATE	<i>,</i>	\$	2,000,000
	DED RETENTION \$							AGGREGATE		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			9248047-21		3/27/2021	3/27/2022	E.L. EACH ACCIDEN		\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA E			1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL			1,000,000
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POL	ICY LIMIT	Ф	, ,
DEC	COURTION OF ORERATIONS / LOCATIONS / VEHIC	N FC (	A CODD	A04 Additional Damanta Cabada							
RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIO 77 W. 2nd Street, Eureka, CA 95501										
Mer	cer-Fraser Company is named Addition	al Ins	ured	with respect to General Li	ability p	per NIAC-E61	02 19, attach	ned.			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Mercer-Fraser Company P.O. Box 1006				THE	EXPIRATIO	N DATE TH	ESCRIBED POLICE HEREOF, NOTICE CY PROVISIONS.			

Eureka, CA 95502



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Person or Organization:		

**SCHEDULE** 

#### A. Section II – WHO IS AN INSURED is amended to include:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - a. Your negligent acts or omissions; or
  - b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. 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.

#### B. Section III – LIMITS OF INSURANCE is amended to include:

- **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

#### 4. Other Insurance

#### a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c**. below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

#### b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
  - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



**ASPANNINGER** 

THEBETT-01

DATE (MM/DD/YYYY) 4/2/2021

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.

tl	SUBROGATION IS WAIVED, subject is certificate does not confer rights to DUCER				ich end	orsement(s).		require an endorsemen		.atement on
Ged	orge Petersen Insurance Agency, Inc.				CONTAC NAME: PHONE	, Ext): (707) 4	42-2971	FAX	707)	442-7281
	. Box 3539 ta Rosa, CA 95402				E-MAIL ADDRES	ss: info@gpi	ins.com	(A/O, NO). \		
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: Nonpro	fits' Insura	ance Alliance of Califo	rnia	11384
INSU	JRED				INSURE	R в : State Co	ompensation	on Insurance Fund		35076
	The Betty Kwan Chinn Home	eless	Fou	ndation	INSURE					
	2420 15th Street Eureka, CA 95501				INSURE					
	ŕ				INSURE					
CO	VERAGES CER	TIFIC	·ΔTF	NUMBER:	INSURE	KF:		REVISION NUMBER:		
T IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OF EQUIF PERT POLIC	F INS REME ΓΑΙΝ, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY F	O THE INSUF CT OR OTHER ES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		2020-35255-NPO		9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000 20,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							LIQUOR LIABILTY	\$	1,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			2020-35255-NPO		9/19/2020	9/19/2021	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_									\$	2 000 000
Α	X UMBRELLA LIAB X OCCUR			2020-35255-UMB		9/19/2020	9/19/2021	EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE			2020-33233-0 WIB		3/13/2020	3/13/2021	AGGREGATE	\$	2,000,000
В	DED   RETENTION \$   WORKERS COMPENSATION   AND EMPLOYERS' LIABILITY   WANTED							X PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			9248047-21		3/27/2021	3/27/2022	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	•	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
									•	
RE: The	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Open House City of Eureka, is officers, officials, empuding Primary Wording. All forms and/o	ployer	rs an	d volunteers are named A				·	C-E61 (	12 19,
CE	RTIFICATE HOLDER				CANC	ELLATION				
	The City of Eureka 531 K Street Eureka, CA 95501				THE	EXPIRATION	I DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.		
					AUTHO	RIZED REPRESEI	NTATIVE			



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Person or Organization:		

**SCHEDULE** 

#### A. Section II – WHO IS AN INSURED is amended to include:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - a. Your negligent acts or omissions; or
  - b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. 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.

#### B. Section III – LIMITS OF INSURANCE is amended to include:

- **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

#### 4. Other Insurance

#### a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c**. below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

#### b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
  - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



**ASPANNINGER** 

THEBETT-01

DATE (MM/DD/YYYY) 4/2/2021

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.

INSURER A : Nonprofits' Insurance Alliance of California 1330  The Betty Kwan Chinn Homeless Foundation P O Box 736 Eureka, CA 95502  EUReka, CA 95502  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER DAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT T. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXTLE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WITH SEPECT TO WI	George P.O. Bo	Petersen Insurance Agency, Inc.				CONTACT	·				
Santa Rosa, CA 95402    ACK, No., Ext): LIVIY 1442-231   (ACK, No., Ext):	P.O. Bo	i etersen maaranee Agency, me.					440.0074	FAX	(707)	440.7004	
INSURER S. STATE COMPRISED TO THE INSURER S. STATE COMPRISED TO THE INSURED STATE CONTROL STATE OF STA	Santa F					(A/C, No, Ext): (/U/	442-2971	(A/C, No):	(707)	442-7281	
INSURER A : Nonprofits' Insurance Alliance of California 1133 INSURER B : State Compensation Insurance Fund 350  The Betty Kwan Chinn Homeless Foundation P O Box 736 Eureka, CA 95502  The Betty Kwan Chinn Homeless Foundation P O Box 736 Eureka, CA 95502  INSURER D : INS		Rosa, CA 95402				ADDRESS: Into@g	pins.com			1	
INSURER B : State Compensation Insurance Fund 350'  The Betty Kwan Chinn Homeless Foundation P O Box 736 Eureka, CA 95502    INSURER D :							•			NAIC #	
The Betty Kwan Chinn Homeless Foundation P O Box 736 Eureka, CA 95502    INSURER D :						-			ornia	11384	
P O Box 736 Eureka, CA 95502    INSURER E :	INSURED					INSURER B : State	Compensation	on Insurance Fund		35076	
Eureka, CA 95502    SUBRER E :		•	eless	Fou	ndation	INSURER C:					
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHITH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT.  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF INSURANCE  A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  TYPE OF INSURANCE  ADJUSTED TO ALL THE TEXT.  A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X  2020-35255-NPO  9/19/2020  9/19/2020  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  9/19/2021  AUTONOBILE LIABILITY  X ANY AUTO  OTHER:  A UMBRELLA LIAB X OCCUR  EXCESS LIAB X OCCUR  AUTONOBILE CLAIMS-MADE  DED RETENTION'S  B WORKERS COMPENSATION AND PACKAGE OF ALL MISSON OF ALL MAND PACKAGE OF ALL MISSON OF ALL MAND PACKAGE OF ALL MAND PACKAGE OF ALL MAND PACKAGE OF ALL MAND PACKAGE OF ALL MAY PROPRIETOR PARTNER EXECUTIVE (Per accident) S PROPERTY PAMAGE TO RETORD S PACKAGE TO PACKAGE TO PACKAGE TO THE POLICY PROPERTY PAMAGE TO RETORD S PACKAGE TO PACKAGE TO PACKAGE TO THE POLICY PROPERTY PAMAGE TO RETORD S PACKAGE TO PACKAGE TO THE POLICY PROPERTY PAMAGE TO RETORD S PACKAGE TO THE POLICY PROPERTY PAMAGE TO RETORD S PACKAGE TO THE POLICY PROPERTY P						INSURER D :					
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED.  A											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSI TYPE OF INSURANCE ADVINUITY  A COMMERCIAL GENERAL LIABILITY  CEACH OCCURRENCE SOME MINDOLYYYY AND CLAIMS-MADE AUTOS ONLY A	001/5					INSURER F:					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    Note							. TO THE INCH		TUE DO		_
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    Note											
INST	CERT	TIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFORD	DED BY THE POL	CIES DESCRIB	SED HEREIN IS SUBJECT			
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X  2020-35255-NPO  9/19/2020  9/19/2020  9/19/2021  EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) S  MED EXP (Any one person) S  PERSONAL & ADV INJURY S  GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRO X LOC OTHER:  A AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTO			ADDL	SUBR							
CLAIMS-MADE X OCCUR  COTHER:  A AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY	LTR		INSD	WVD	POLICY NUMBER	(MM/DD/YYY	(MM/DD/YYYY)			1,000,0	າດເ
MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PROT X LOC OTHER:  A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED RETENTION \$  B WORKERS COMPENSATION AND EMPLOYERS LIABILITY  X WORKERS COMPENSATION AND EMPLOYERS LIABILITY  AND PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER SEXCLUDED? (Mandatory in NH) If yes, describe under	^  ^				2020 25255 NDO	0/40/000	0/40/2024		1	500,0	
PERSONAL & ADV INJURY \$  GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRO X LOC OTHER:  A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	$\vdash$	CLAIMS-MADE A OCCUR	X		2020-35255-NPO	9/19/2020	9/19/2021	, , , , , , , , , , , , , , , , , , , ,		20,0	
GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO X LOC  OTHER:  A AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY  HIRED AUTOS ONLY  BODILY INJURY (Per person) \$  SEACH OCCURRENCE \$  AGGREGATE \$  AGGREGA	-									1,000,0	
POLICY PRODUCTS - COMP/OP AGG \$  AUTOMOBILE LIABILITY \$  X ANY AUTO ONLY AUTOS ONLY AUTO	$\vdash$	J								2,000,0	
OTHER:  A AUTOMOBILE LIABILITY  X ANY AUTOS ONLY AUTOS	GE								1	2,000,0	
A AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  HIRED  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  BODILY INJURY (Per person) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  S  AX UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  BWORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  N/A  (Mandatory in NH)  If yes, describe under										1,000,0	
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (La accident) \$  BODILY INJURY (Per person)	Α							COMBINED SINGLE LIMIT	T T	1,000,0	
OWNED AUTOS ONLY AUTOS  HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  AUTOS ONLY NON-OWNED S  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE \$  \$  AGGREGATE \$  AGGREGATE \$  AGGREGATE \$  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under	1				2020-35255-NPO	0/10/2020	0/10/2021	, ,	Ť	-,,,,,	_
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY S  A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  B WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under					2020-33233-NFO	9/19/2020	9/19/2021				
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								PROPERTY DAMAGE			
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		AUTOS ONLY AUTOS ONLY						(Per accident)			_
EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under	AX	LIMBRELLA LIAB X OCCUR						EACH OCCUPRENCE		2,000,0	000
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		<del>                                     </del>			2020-35255-UMB	9/19/2020	9/19/2021		Ť	2,000,0	000
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under  9248047-21  3/27/2021  3/27/2022  X PER OTH-ER  E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$								AGGREGATE	Ť	<u> </u>	_
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under	B wo							X PER OTH-	Ψ		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under	ANY	Y PROPRIETOR/PARTNER/EXECUTIVE			9248047-21	3/27/202	3/27/2022		\$	1,000,0	000
If yes, describe under	OFF (Ma	FICER/MEMBER EXCLUDED?	N/A						T	1,000,0	000
DESCRIPTION OF OPERATIONS below FILDISEASE - POLICY LIMIT   \$	If ye	es, describe under								1,000,0	000
	120,							The second secon	Ť		
	DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC N 003-121-018 - Washington Street	LES (	CORE	101, Additional Remarks Schedul	e, may be attached if n	ore space is requi	red)			-
DÉSCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$	If ye	es, describe under SCRIPTION OF OPERATIONS below								_	1,000,0

ACORD 25 (2016/03)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Person or Organization:		

**SCHEDULE** 

#### A. Section II – WHO IS AN INSURED is amended to include:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - a. Your negligent acts or omissions; or
  - b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. 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.

#### B. Section III – LIMITS OF INSURANCE is amended to include:

- **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

#### 4. Other Insurance

#### a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c**. below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

#### b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
  - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



**ASPANNINGER** 

THEBETT-01

DATE (MM/DD/YYYY) 4/2/2021

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	nis certificate does not confer rights to DUCER				CONTACT NAME:				
Geo	orge Petersen Insurance Agency, Inc. . Box 3539				PHONE (A/C, No, Ext): (707)	442-2971	FAX (A/C, No):	(707)	442-7281
	. вох 3539 ita Rosa, CA 95402				E-MAIL ADDRESS: info@gr	pins.com	, (, -,		
					IN	ISURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURER A : Nonpre	ofits' Insura	nce Alliance of Califo	rnia	11384
INSU	JRED				INSURER B : State C	Compensation	on Insurance Fund		35076
	The Betty Kwan Chinn Hom	eless	Fou	ndation	INSURER C :	<u>-</u>			
	2420 15th Street				INSURER D :				
	Eureka, CA 95501				INSURER E :				
					INSURER F:				
СО	VERAGES CEF	RTIFIC	CATE	E NUMBER:			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F PERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	IREM TAIN CIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	ACT OR OTHER CIES DESCRIB ' PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		2020-35255-NPO	9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
							MED EXP (Any one person)	\$	20,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						LIQUOR LIABILTY	\$	1,000,000
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			2020-35255-NPO	9/19/2020	9/19/2021	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
_								\$	2 000 000
Α	X UMBRELLA LIAB X OCCUR			2020 25255 LIMB	0/40/0000	0/40/2024	EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE			2020-35255-UMB	9/19/2020	9/19/2021	AGGREGATE	\$	2,000,000
В	DED RETENTION \$						▼ PER OTH-	\$	
Ь	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			9248047-21	3/27/2021	3/27/2022	↑ STATUTE   ÊR		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9240047-21	3/2//2021	3/2//2022	E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 205 7th street, Eureka CA 95501	CLES (	ACORI	D 101, Additional Remarks Schedu	le, may be attached if mo	ore space is requir	ed)		
	City of Eureka, is officers, officials, emuding Primary Wording. 30 day notice							C-E61 (	02 19,
men	during Primary Wording. 30 day notice	oi cai	icena	ition per form NAIC-E64 10	12. All forms and/o	or endorsemen	ns anacheu.		
CE	RTIFICATE HOLDER				CANCELLATION	<u> </u>			
UE	KIII IOATE HOLDER				CANCELLATION	1			
					SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
	The City of Eureka				THE EXPIRATION ACCORDANCE W		EREOF, NOTICE WILL	BE DE	LIVERED IN
	531 K Street				ACCOMPANCE W	1 OLIC			

Eureka, CA 95501



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Person or Organization:		

**SCHEDULE** 

#### A. Section II – WHO IS AN INSURED is amended to include:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - a. Your negligent acts or omissions; or
  - b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. 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.

#### B. Section III – LIMITS OF INSURANCE is amended to include:

- **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

#### 4. Other Insurance

#### a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c**. below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

#### b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
  - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# AMENDED NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization

City of Eureka County of Humboldt

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.