

**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 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.

	UBROGATION IS WAIVED, subject certificate does not confer rights to							require an endorsement.	A statement on	
PRODU	CER				CONTACT NAME:					
	e Petersen Insurance Agency, Inc.				PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 442-7281					
	ox 3539 Rosa, CA 95402				E-MAIL ADDRESS: info@gpins.com					
						INS	SURER(S) AFFOR	RDING COVERAGE	NAIC #	
				INSURE	R A : Nonpro	fits' Insura	ance Alliance of Californ	ia 11384		
INSURED					INSURE	R в : State C	ompensatio	on Insurance Fund	35076	
The Betty Kwan Chinn Homeless Foundation					INSURE					
P O Box 736					INSURE					
Eureka, CA 95502					INSURE					
					INSURE	RF:				
COVE	RAGES CERT	ΓIFIC	ATE	NUMBER:				REVISION NUMBER:		
	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE									
CER	TIFICATE MAY BE ISSUED OR MAY I	PER1	ΓΑΙΝ,	THE INSURANCE AFFORD	DED BY	THE POLIC	IES DESCRIB			
NSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A )	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
	CLAIMS-MADE X OCCUR	Χ		2020-35255-NPO		9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	500,000	

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				(11111)	,,	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	VIL 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
	Х	ANY AUTO			2020-35255-NPO	9/19/2020	9/19/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						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-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		9248047-21	3/27/2021	3/27/2022	E.L. EACH ACCIDENT	\$	1,000,000
	(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

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

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.
Gaina Rosa, GA 33403	AUTHORIZED REPRESENTATIVE
	W. B



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

**ASPANNINGER** 

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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, subjectificate does not confer rights to	t to	the	terms and conditions of the	e policy, certain	policies may	-		
	DUCER				ONTACT AME:				
Geo	rge Petersen Insurance Agency, Inc. Box 3539				HONE /C, No, Ext): (707)	142-2971	FAX (A/C, N	<sub>o):</sub> (707)	442-7281
	ta Rosa, CA 95402				MAIL Info@gp				
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
				IN	SURER A : Nonpro	fits' Insura	nce Alliance of Cal	ifornia	11384
INSU	RED			IN	SURER B : State C	ompensation	on Insurance Fund		35076
	The Betty Kwan Chinn Home	less	Fou	ndation	SURER C:				
	P O Box 736			IN	SURER D :				
Eureka, CA 95502				IN	INSURER E :				
				IN	SURER F:				
CO	VERAGES CERT	TIFIC	CATE	NUMBER:			REVISION NUMBER:		
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION ( THE INSURANCE AFFORDER	OF ANY CONTRA D BY THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES	PECT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LII	MITS	
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 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- X LOC						PRODUCTS - COMP/OP AG	G \$	2,000,000
			1	I .	1	1			

1,000,000 LIQUOR LIABILTY OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ Х ANY AUTO 9/19/2020 9/19/2021 2020-35255-NPO 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 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.

**AUTHORIZED REPRESENTATIVE** 





**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 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 su	cn 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) 442-7281						
Santa Rosa, CA 95402	E-MAIL ADDRESS: info@gpins.com						
	INSURER(S) AFFORDING COVERAGE						
	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:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW!	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO	LICY 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 EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			, <i>,</i>	,,	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	I'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
	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 NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		76.56 6.12.					,	\$	
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	KERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH-		
	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
1									
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.

**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.



THEBETT-01

**ASPANNINGER** 

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

#### CERTIFICATE OF LIABILITY INSURANCE

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/(ice) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUBROGATION IS WAIVED, subje s certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PROD	UCER				CONTA NAME:	СТ				
	ge Petersen Insurance Agency, Inc. Box 3539				PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707)					442-7281
Santa Rosa, CA 95402					E-MAIL ADDRE	<sub>ss:</sub> info@gp	ins.com			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Nonpro	fits' Insura	nce Alliance of Ca	lifornia	11384
INSUF	:ED				INSURE	R в : State C	ompensatio	on Insurance Fund		35076
	The Betty Kwan Chinn Hom	eless	Fou	ndation	INSURE	RC:				
P O Box 736					INSURER D:					
	Eureka, CA 95502				INSURE	RE:				
					INSURE	RF:				
COV	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER		
	IS IS TO CERTIFY THAT THE POLICI				— —					
	DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH							ED FIEREIN IS SUBJEC	I IO ALL	THE TERIVIO,
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	
Α	X COMMERCIAL GENERAL LIABILITY					· · · · · · · · · · · · · · · · · · ·	<b>,</b>	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
Ī								PERSONAL & ADV INJURY	\$	1,000,000
- 1		1						. 2.1.00.0.1.2 3/10/11/10/01/11	+ + -	

LTR	I TPE OF INSURANCE	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
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- 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 SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (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 \$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER	N. / A		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

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).

	is certificate does not confer rights to				ich endorsement(s)		require an endorseme	II. A 5	tatement on
	DUCER				CONTACT NAME:				
	rge Petersen Insurance Agency, Inc. Box 3539				PHONE (A/C, No, Ext): (707)	142-2971	FAX   (A/C, No)	(707)	442-7281
	a Rosa, CA 95402				E-MAIL ADDRESS: info@gp	ins.com			
					INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURER A : Nonpro	fits' Insura	ance Alliance of Calif	ornia	11384
INSUI	RED				INSURER B : State C	ompensati	on Insurance Fund		35076
	The Betty Kwan Chinn Home	eless	Fou	ındation	INSURER C :				
	P.O. Box 736				INSURER D :				
	Eureka, CA 95502				INSURER E :				
					INSURER F:				
CO	/ERAGES CER	TIFIC	CATE	E NUMBER:			REVISION NUMBER:		
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH	EQUII PER POLIC	REMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO TO ALL	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS T	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	\$	500,000
-	CLAIMS-MADE X OCCUR	X		2020-35255-NPO	9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	20,000
							MED EXP (Any one person)	\$	1,000,000
							PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
Α	OTHER:						COMBINED SINGLE LIMIT	\$	1,000,000
^	AUTOMOBILE LIABILITY			2000 25055 NDO	0/40/0000	0/40/0004	(Ea accident)	\$	1,000,000
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			2020-35255-NPO	9/19/2020	9/19/2021	BODILY INJURY (Per person)	\$	
ŀ							BODILY INJURY (Per accident	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
Α	X UMBRELLA LIAB X OCCUR							\$	2,000,000
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			2020-35255-UMB	9/19/2020	9/19/2021	EACH OCCURRENCE	\$	2,000,000
				2020 00200 0 m2	0,10,2020	0,10,2021	AGGREGATE	\$	
В	DED RETENTION \$  WORKERS COMPENSATION						X PER OTH-	\$	
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			9248047-21	3/27/2021	3/27/2022		+	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			0,2,,202	0,11,2022	E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under						E.L. DISEASE - EA EMPLOYE		1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DE00	DESIGNATION OF OPERATIONS (LOCATIONS (VEHICLE	FO (4		0 404 Additional Damanta Oakada	da				
e: le	RIPTION OF OPERATIONS / LOCATIONS / VEHIC eased building at 205 7th street, Eureka	CA 9	5501	D 101, Additional Remarks Schedu 	ile, may be attached if mo	re space is requii	red)		
The o	certificate holder is named Additional li	nsure	d wit	th respect to General Liabi	lity per NIAC-E67 08	17, including	g Primary Wording		
CFF	RTIFICATE HOLDER				CANCELLATION				
J-1					J. III DELETION				
							ESCRIBED POLICIES BE		
	Littlefield and Powell				THE EXPIRATION ACCORDANCE WI		IEREOF, NOTICE WILL CY PROVISIONS.	BE DE	LIVERED IN
	PO Box 261  Bayside CA 95524								

**AUTHORIZED REPRESENTATIVE** 



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).

tł	is certificate does not confer rights to				uch endo	rsement(s)		require an endo	- Schich	L. A 3	.atement on
	DUCER				CONTACT NAME:	<u> </u>					
	rge Petersen Insurance Agency, Inc Box 3539				(A/C, No,	Ext): (707) 4	142-2971		(A/C, No): <b>(</b>	707)	442-7281
	ta Rosa, CA 95402				E-MAIL ADDRESS	<sub>s:</sub> info@gp	ins.com				
								RDING COVERAGE			NAIC #
					INSURER	A: Nonpro	fits' Insura	ance Alliance o	f Califo	rnia	11384
INSU	IRED				INSURER	в:State C	ompensati	on Insurance F	und		35076
	The Betty Kwan Chinn Home	eless	Fou	ındation	INSURER	C:					
	P O Box 736				INSURER	D:					
	Eureka, CA 95502				INSURER	E:					
					INSURER	F:					
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	BER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR .LIMITS SHOWN MAY HAVE	ON OF AN RDED BY E BEEN RE	IY CONTRAC THE POLICI EDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH SED HEREIN IS SUI	H RESPE	CT TO	WHICH THIS
NSR LTR		INSD	SUBR WVD	POLICY NUMBER	(	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	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 RENTER PREMISES (Ea occurr	rence)	\$	500,000
								MED EXP (Any one pe	erson)	\$	20,000
								PERSONAL & ADV IN	JURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	2,000,000
	POLICY PRO-							PRODUCTS - COMP/		\$	2,000,000 1,000,000
Α	OTHER:							COMBINED SINGLE I		\$	1,000,000
^	AUTOMOBILE LIABILITY  ANY AUTO			2020 25255 NDO		0/40/2020	0/40/0004	(Ea accident)		\$	1,000,000
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			2020-35255-NPO		9/19/2020	9/19/2021	BODILY INJURY (Per		\$	
								BODILY INJURY (Per PROPERTY DAMAGE (Per accident)		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
Α	X UMBRELLA LIAB X OCCUR									\$	2,000,000
-	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			2020-35255-UMB		9/19/2020	9/19/2021	EACH OCCURRENCE	=	\$	2,000,000
	DED RETENTION\$							AGGREGATE		\$	
В								X PER STATUTE	OTH-	\$	
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N			9248047-21		3/27/2021	3/27/2022		ĒŘ	•	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EN			1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	JY LIMIT	\$	
DES	COURTION OF OBERATIONS / LOCATIONS / VEHIC	LES (/	ACOP!	D 101 Additional Pomarks School	ulo may bo	attached if mor	o enaco le roqui	rod)			
RE: Mer	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 77 W. 2nd Street, Eureka, CA 95501 cer-Fraser Company is named Addition	al Ins	ured	with respect to General Li	iability pe	er NIAC-E61	02 19, attach	ned.			
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Mercer-Fraser Company P.O. Box 1006				THE	<b>EXPIRATION</b>	N DATE TH	ESCRIBED POLICII IEREOF, 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.

th	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to				ich end	orsement(s).				
	DUCER orge Petersen Insurance Agency, Inc.				CONTAC NAME: PHONE			FAX	··	
P.O	nge Felersen insurance Agency, inc. . Box 3539 ta Rosa, CA 95402				(A/C, No	<sub>s, Ext):</sub> (707) 4 <sub>SS:</sub> info@gpi	42-2971 ins.com	(A/Ĉ, No):\	(707)	442-7281
						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	ompensatio	on Insurance Fund		35076
	The Betty Kwan Chinn Home	eless	Fou	ndation	INSURE	RC:				
	2420 15th Street				INSURE	RD:				
	Eureka, CA 95501				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REME ΓΑΙΝ, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY F	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
LTR A		ADDL: INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
^	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			2020 25255 NDO		0/40/0000	0/40/0004	DAMAGE TO RENTED	\$	500,000
	CLAIMS-MADE A OCCUR	X		2020-35255-NPO		9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	20,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	POLICY PROJECT X LOC							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG LIQUOR LIABILTY	\$	1,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$	1,000,000
	X ANY AUTO			2020-35255-NPO		9/19/2020	9/19/2021	(Ea accident)  BODILY INJURY (Per person)	\$ \$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i oi decident)	\$	
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\$								\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9248047-21		3/27/2021	3/27/2022	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Open House	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	red)		
The	City of Eureka, is officers, officials, emp				ddition	al Insured wit	h respect to	General Liability per NIAC	C-E61 0	)2 19,
incii	uding Primary Wording. All forms and/o	or ena	iorse	ments attached.						
CE	RTIFICATE HOLDER				CANC	ELLATION				
UE	INTITIOATE HOLDER				CANC	LLLATION				
	The City of Eureka 531 K Street				THE	EXPIRATION	I DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL CY PROVISIONS.		
	Eureka, CA 95501				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.

tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to				ıch end	orsement(s)		require an endorsemen	i. A 3	.atement on
	DUCER				CONTAC NAME: PHONE	<u></u>		FAX		
P.O	orge Petersen Insurance Agency, Inc. . Box 3539 ta Rosa, CA 95402				(A/C, No	<sub>o, Ext):</sub> (707) 4 <sub>SS:</sub> info@gpi	42-2971 ins.com	(A/C, No):	(707)	442-7281
						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	ompensatio	on Insurance Fund		35076
	The Betty Kwan Chinn Home	eless	Fou	ndation	INSURE	RC:				
	P O Box 736				INSURE	RD:				
	Eureka, CA 95502				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLIC	REME ΓΑΙΝ, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
LTR	I THE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			2000 25255 NDO		0/40/0000	0/40/0004	EACH OCCURRENCE DAMAGE TO RENTED	\$	500,000
	CLAIMS-MADE X OCCUR	X		2020-35255-NPO		9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	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	\$	2,000,000
								PRODUCTS - COMP/OP AGG LIQUOR LIABILTY	\$	1,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO			2020-35255-NPO		9/19/2020	9/19/2021	(Ea accident)  BODILY INJURY (Per person)	\$ \$	
	OWNED AUTOS ONLY AUTOS			2020 00200 111 0		0,10,2020	0/10/2021	BODILY INJURY (Per accident)	\$ \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ \$	
	AUTOS ONLY AUTOS ONLY							(Fel 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 \$								\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		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:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL APN 003-121-018 - Washington Street I	near K	(oste	r St Eureka, CA						
	City of Eureka, its officers, officials, em			re named Additional Insure	ed with	respect to Ge	eneral Liabili	ty per NIAC-E61 02 19, inc	cluding	յ Primary
vvor	ding. All forms and/or endorsements a	ttacne	∌a.							
CE	RTIFICATE HOLDER				CANC	ELLATION				
UE	IN IOATE HOLDER				CANC	LLLA HON				
	The City of Eureka 531 K Street				THE	EXPIRATION	I DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I CY PROVISIONS.		
	Eureka, CA 95501				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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to				ch end	lorsement(s)		require an endors	ement. A s	tatement on
	DDUCER				CONTA NAME: PHONE	CT				
	orge Petersen Insurance Agency, Inc. Box 3539				(A/C, No	o, Ext): (/U/) 4	42-2971	(A/0	( c, <sub>No):</sub> (707)	442-7281
	nta Rosa, CA 95402				E-MAIL ADDRE	<sub>ss:</sub> info@gp	ins.com			
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Nonpro	fits' Insura	nce Alliance of C	California	11384
INSU	URED					-		on Insurance Fun		35076
	The Betty Kwan Chinn Home	وعوام	Fou	ndation	INSURE	RC:	•			
	2420 15th Street	01000		iluation .	INSURE					
	Eureka, CA 95501				INSURE					
					INSURE					
CO	OVERAGES CER	TIFI	`ATE	NUMBER:				REVISION NUMBE	· ·	
	THIS IS TO CERTIFY THAT THE POLICIE				HAVF R	FEN ISSUED 1				I ICY PERIOD
11	NDICATED. NOTWITHSTANDING ANY R	EQU	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH F	RESPECT TO	WHICH THIS
	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS SUBJ	ECT TO ALL	THE TERMS,
INSR	TYPE OF INIQUE ANDE		SUBR		DELIVI	POLICY EFF (MM/DD/YYYY)			LIMITS	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	T OLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EAGU GOOLIDDENGE	\$	1,000,000
	CLAIMS-MADE X OCCUR	x		2020-35255-NPO		9/19/2020	9/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrent		500,000
	T See and the second	^		2020-33233-111 0		3/13/2020	3/13/2021			20,000
								MED EXP (Any one perso		1,000,000
								PERSONAL & ADV INJU		2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC							GENERAL AGGREGATE		2,000,000
								PRODUCTS - COMP/OP	/	1,000,000
Α	OTHER:							COMBINED SINGLE LIM	) \$	1,000,000
^	X ANY AUTO			2020 25255 NDO		0/40/2020	0/40/2024	(Ea accident)	\$	
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			2020-35255-NPO		9/19/2020	9/19/2021	BODILY INJURY (Per per		
								PROPERTY DAMAGE (Per accident)	1	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	
Α	V								\$	2,000,000
^	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 MD		3/13/2020	3/13/2021	AGGREGATE	\$	2,000,000
В	DED RETENTION \$							▼ PFR C	STH-	
Ь	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			9248047-21		3/27/2021	3/27/2022		OTH- ER	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		3240047-21		3/2//2021	3/2//2022	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPI	LOYEE \$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$	1,000,000
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL 205 7th street, Eureka CA 95501	LES (	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
The	City of Eureka, is officers, officials, emp								NIAC-E61	)2 19,
incl	uding Primary Wording. 30 day notice o	of car	rcella	tion per form NAIC-E64 10	12. All	forms and/or	endorsemer	its attached.		
CE	RTIFICATE HOLDER				CANO	ELLATION				
						=				
						-		ESCRIBED POLICIES EREOF, NOTICE W		
	The City of Eureka							Y PROVISIONS.	50 00	
	531 K Street 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.