

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/10/2020

CMEES1

HUMBIPA-01

lf th	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to	the terms and conditions of	of the policy, certain such endorsement(s)	policies may		
	DUCER License # 0603247			CONTACT NAME:			
Geo	rge Petersen Insurance Agency, Inc. Box 3539			PHONE (A/C, No, Ext): (707)	7) 442-7281		
	ta Rosa, CA 95402			E-MAIL ADDRESS: info@gp	oins.com		
				IN	SURER(S) AFFOI	RDING COVERAGE	NAIC #
				INSURER A : State C	ompensati	on Insurance Fund	35076
INSU	RED			INSURER B :			
	Humboldt IPA, (Independent	Prac	ctice Assc)	INSURER C :			
	2662 Harris Street		,	INSURER D :			
	Eureka, CA 95503			INSURER E :			
				INSURER F :			
co	VERAGES CER	TIFIC	ATE NUMBER:			REVISION NUMBER:	
IN C E	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUII PER POLIC	REMENT, TERM OR CONDITIO TAIN, THE INSURANCE AFFO CIES. LIMITS SHOWN MAY HAV	ON OF ANY CONTRA RDED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
						MED EXP (Any one person) \$	
						PERSONAL & ADV INJURY \$	
						GENERAL AGGREGATE \$	
						PRODUCTS - COMP/OP AGG \$	
	OTHER:					COMBINED SINGLE LIMIT	
						(Ea accident) \$	
	ANY AUTO OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per person) \$	
						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
	HIRED AUTOS ONLY AUTOS ONLY					(Per accident) \$	
						\$	
						EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
Α	DED RETENTION \$					\$\$\$\$\$\$\$\$\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		1534251-20	8/1/2020	8/1/2021	A STATUTE ER	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		1337231-20	0/1/2020	0/1/2021	E.L. EACH ACCIDENT \$	1,000,000
If						E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000
RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Proof of Coverage Ides PCC	LES (A	CORD 101, Additional Remarks Scher	dule, may be attached if mo	re space is requi	red)	

CERTIFICATE HOLDER	CANCELLATION				
Humboldt Del Norte Independent Practice Association 2662 Harris Street	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 95503	AUTHORIZED REPRESENTATIVE				
	(M. VS-				

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CERTIFICATE OF LIABILITY INSURANCE

CMEES1 DATE (MM/DD/YYYY) 8/10/2020

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THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT	IVELY C	OR NEGATIVELY AMEND,	EXTEND OR ALT	FER THE CO	OVERAGE AFFORDED E	BY THE POL	ICIES
BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	ND THE	CERTIFICATE HOLDER.					
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje	ct to the	e terms and conditions of	the policy, certain	policies may			
this certificate does not confer rights t PRODUCER License # 0603247	o the cei	rtificate holder in lieu of su	CN endorsement(s) CONTACT NAME:).			
George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa. CA 95402	NAME: FAX PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) E-MAIL ADDRESS: info@gpins.com FAX (A/C, No): (707) 1				442-7281		
					RDING COVERAGE	NA	AIC #
1001050			INSURER A : State Compensation Insurance Fund				6
INSURED	t Dractia						
Humboldt IPA, (Independen 2662 Harris Street	I FIACUC	e Assoj	INSURER C : INSURER D :				
Eureka, CA 95503			INSURER E :				
			INSURER F :				
		TE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREN	MENT, TERM OR CONDITION N, THE INSURANCE AFFOR	N OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH	H THIS
INSR TYPE OF INSURANCE	ADDL SUE			POLICY EXP (MM/DD/YYYY)	LIMITS	;	
COMMERCIAL GENERAL LIABILITY						\$	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
					MED EXP (Any one person)	\$	
						\$	
GEN'L AGGREGATE LIMIT APPLIES PER:						\$	
						\$ \$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	<u>»</u> Տ	
ANY AUTO						\$	
OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						\$	
A WORKERS COMPENSATION					V PER OTH-	\$	
AND EMPLOYERS' LIABILITY		1534251-20	8/1/2020	8/1/2021		s 1,	000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE 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 / VEHIC RE: Proof of Coverage	LES (ACOF	RD 101, Additional Remarks Schedu	le, may be attached if mo	re space is requir	ed)		
g.							
CERTIFICATE HOLDER			CANCELLATION				
Redwoods Community Coll 7351 Thompkins Hills Road	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						

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CERTIFICATE OF LIABILITY INSURANCE

CMEES1 DATE (MM/DD/YYYY) 8/10/2020

HUMBIPA-01

				5/10/2020	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	, EXTEND OR AL	TER THE CO	OVERAGE AFFORDED BY T	HE POLICIES	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WAIVED, subject to the terms and conditions of	the policy, certain	policies may			
this certificate does not confer rights to the certificate holder in lieu of su PRODUCER License # 0603247		5).			
	CONTACT NAME: PHONE (707) 442 2074 FAX (707) 442 720				
George Petersen Insurance Agency, Inc. P.O. Box 3539	(A/C, No, Ext): (101)	442-2971	FAX (A/C, No): (707)) 442-7281	
Santa Rosa, CA 95402	E-MAIL ADDRESS: info@gpins.com				
	11	NAIC #			
	INSURER A : State	35076			
INSURED	INSURER B :				
Humboldt IPA, (Independent Practice Assc)	INSURER C :				
2662 Harris Street	INSURER D :				
Eureka, CA 95503	INSURER E :				
	INSURER F :				
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW I INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLI	ACT OR OTHER CIES DESCRIB	R DOCUMENT WITH RESPECT T SED HEREIN IS SUBJECT TO AL	O WHICH THIS	
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE \$		
CLAIMS-MADE OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
			MED EXP (Any one person) \$		
			PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE \$		
			PRODUCTS - COMP/OP AGG \$		
			COMBINED SINGLE LIMIT		
			(Ea accident) \$		
ANY AUTO			BODILY INJURY (Per person) \$		
OWNED AUTOS ONLY SCHEDULED AUTOS UNDED NON OWNED			BODILY INJURY (Per accident) \$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident) \$		
			\$		
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$		
DED RETENTION \$			\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			X PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	8/1/2020	8/1/2021	E.L. EACH ACCIDENT \$	1,000,000	
			E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$	1,000,000	
		<u> </u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu RE: St. Joseph Health Fair - 3300 Broadway, Eureka, CA 95501	ne, may be attached if m	ore space is requi	reaj		
Proof of Coverage					
CERTIFICATE HOLDER	CANCELLATION				
Rouse Inc., RE. Bayshore Mall 3300 Broadway	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				

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