GMCFARLIN

1,000,000

1,000,000

2,000,000

ACORD

OTHER:

A Professional

AUTOMOBILE LIABILITY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/3/2021

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

PRODUCER	CONTACT NAME:	
George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa, CA 95402	PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707)	442-7281
	E-MAIL ADDRESS: info@gpins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Nonprofits' Insurance Alliance of California	11384
Humboldt Recovery Center, Incorporated P. O. Box 6310 Eureka, CA 95501-0000	INSURER B:	NAME AND ADDRESS OF THE PARTY O
	INSURER C:	
	INSURER D:	
	INSURER E :	
	INSURER F :	

CERTIFICATE NUMBER: COVERAGES **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. POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 500,000 2020-07595-NPO 8/15/2020 8/15/2021 Social Service Profe 20,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 X POLICY PRODUCTS - COMP/OP AGG \$

2020-07595-NPO 8/15/2020 8/15/2021 BODILY INJURY (Per person) X SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY X UMBRELLA LIAB X OCCUR 1,000,000 EACH OCCURRENCE \$ 2020-07595-UMB-NPO 8/15/2020 8/15/2021 EXCESS LIAB CLAIMS-MADE 1,000,000 AGGREGATE S 10.000 DED X RETENTIONS Aggregate

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as additional insured with respect to the insured's operations per form CG 20 14 04 13, attached.

2020-07595-NPO

County of Humboldt Department of Health & Human Services 825 5th Street 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.

8/15/2021 Social Service

LIQUOR LIABILIT

COMBINED SINGLE LIMIT (Ea accident)

AUTHORIZED REPRESENTATIVE

CANCELLATION

8/15/2020

ACORD 25 (2016/03)

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