

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

								9	/1/2020	
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).										
PRODUCER	CONTA	CONTACT NAME:								
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 18201 Von Karman Ave Suite 200 Irvine CA 92612					FAX (A/C, No, Ext): 949-349-9800 FAX (A/C, No): 949-349-9900   E-MAIL E-MAIL E-MAIL E-MAIL					
					ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					
License#: 0726293					INSURER A : State Compensation Insurance Fund of CA				35076	
INSURED TRADBEH-01 Traditions Psychology Group, Inc.					INSURER B :					
Traditions Psychological Assessment and Treatment Group, Inc. 1580 First Street					INSURER C :					
					INSURER D :					
Napa CA 94559					INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER: 287746181					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 EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED				
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
							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	\$		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$		
DED RETENTION \$	-						AGGREGATE	\$		
A WORKERS COMPENSATION			9260510-20		9/1/2020	9/1/2021	X PER OTH- STATUTE ER	ψ		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000	000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000		
DESCRIPTION OF OPERATIONS DEIOW		-					L.L. DISEASE - PULIUT LIMIT	φ 1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4		101, Additional Remarks Schedu	le, mav b	e attached if mor	e space is require	ed)			
	(		,	, <b>,</b>			)			
CERTIFICATE HOLDER					CANCELLATION					
COUNTY OF HUMBOLDT 720 WOOD ST					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 95501-4413				AUTHORIZED REPRESENTATIVE						
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