

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/16/2020

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	CONTACT NAME: Gregory Conners	
PATTERSON CONNERS INSURANCE	PHONE (A/C, No, Ext): (707)725-3400 FAX (A/C, No):	
PO Box 575	E-MAIL ADDRESS: greg@pattersonconners.com	
Fortuna, CA 95540	INSURER(S) AFFORDING COVERAGE	NAIC#
License#:0B72732	INSURER A: Nonprofits Insurance Alliance of CA	10023
INSURED	INSURER B: State Compensation Ins. Fund	
Redwood Community Action Agency, Inc.	INSURER C:	
904 G. Street	INSURER D:	
	INSURER E :	
Eureka, CA 95501	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 1

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	·s
A	CLAIMS-MADE OCCUR	_ X		2020-04653	11/17/2020	11/17/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 500,000
							MED EXP (Any one person)	\$ 20,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		2020-04653				PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 3,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ <b>3,000,000</b>
	OTHER: AUTOMOBILE LIABILITY		2020-04653			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
A	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)  BODILY INJURY (Per accident)	\$
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY	X		11/17/2020	11/17/2021	PROPERTY DAMAGE (Per accident)	\$	
								\$
١.	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS MADE			0000 04050 11140	11/17/2020	11/17/2021	EACH OCCURRENCE	\$ 4,000,000
A	DED X RETENTION \$ 10,000	X		2020-04653-UMB			AGGREGATE	\$ <b>4,000,000</b>
	WORKERS COMPENSATION					X PER OTH-	*	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Υ	9133698-20	6/1/2020	6/1/2021	E.L. EACH ACCIDENT	\$ 1,000,000
I ∣if∨	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	
А	Social Workers Professional Liability	x		2020-04653	11/17/2020	11/17/2021	Per Occurrence Aggregate	\$1,000,000 \$3,000,000

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

Per written agreement with insured, County of Humboldt is additional insured. See NIAC E61 attached. Workers Comp Waiver of Subrogation attached.

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt Dept of Health and Human Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
929 Koster Street	AUTHORIZED REPRESENTATIVE
Eureka, CA 95501	le V

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