

CERTIFICATE OF LIABILITY INSURANCE

12/31/2021

DATE (MM/DD/YYYY) 3/16/2021

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).

this certificate does not confer rights to the certificate holder in field of such endorsement(s).							
PRODUCER	Lockton Companies		CONTACT NAME:				
	Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500		PHONE (A/C, No, Ext):	FAX (A/C, N	FAX (A/C, No):		
			E-MAIL ADDRESS:		•		
	(*) * * * * * * * * * * * * * * * * * *		INSURE	R(S) AFFORDING COVERAGE	NAIC #		
		lı	INSURER A: Lexingtor	Insurance Company	19437		
1407115	Quincy Engineering, Incorporated 11017 Cobblerock Drive, Suite 100 Rancho Cordova CA 95670-6286	1	INSURER B: Hartford In	surance Co of the Midwest	37478		
			INSURER C: Great Ame	rican Insurance Company	16691		
		1	INSURER D: Manufactu	Manufacturers Alliance Insurance Company 3			
		ı	INSURER E: Pennsylvar	ia Manufacturers' Assoc Ins Co	12262		
		ı	INSURER F: AXIS Sur	plus Insurance Company	26620		
001/504	OFO OFDITIOATE NUMBER	17270207	•	DEVIOLON NUMBER	VVVVVVV		

COVERAGES

CERTIFICATE NUMBER: 17379307

REVISION NUMBER: XXXXXXX

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC OTHER:	Y	N	035417916	12/31/2020		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ XXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY	N	N	84 UEN OL5490	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX \$ XXXXXXX
С	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	N	N	TUE 3274463 01	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXX
D E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	2020010468405Y (AOS) 2020010468405B (HI)	12/31/2020 12/31/2020	12/31/2021 12/31/2021	X PER OTH-
F	Professional & Environmental Liability	N	N	EBZ634816/01/2020	12/31/2020	12/31/2021	\$10,000,000 per Claim \$10,000,000 Aggregate Deductible: \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
Pine Hill Road Bridge Over Swain Slough/DPW Agreement No. 594020

ERTIFICATE HOLDER	CANCELLATION See Attachment
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
17379307	AUTHORIZED REPRESENTATIVE
County of Humboldt Attn: Jeff Ball 1106 Second St Eureka CA 95501-0579	Elin S

ACORD 25 (2016/03)

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County of Humboldt, its officers, officials, employees and volunteers are included as additional insureds if required by written contract with respect to General Liability per the terms and conditions of the policy. A waiver of subrogation applies in favor of County of Humboldt, its officers, officials, employees and volunteers if required by written contract with respect to Workers' Compensation per the terms and conditions of the policy where permitted by state law. A waiver of subrogation applies in favor of County of Humboldt, its officers, officials, employees and volunteers if required by written contract with respect to Workers' Compensation per the terms and conditions of the policy where permitted by state law.

ACORD 25 (2016/03) Certificate Holder ID: 17379307