

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2022

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 noticy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If

SI	JBROGATION IS WAIVED, subject to ertificate does not confer rights to the	the	terms	s and conditions of the p	oolicy, c	ertain polici		•	staten	nent on this	
PROI	DUCER				CONTAC NAME:	T `					
Lockton Companies, LLC						PHONE 999 9995 FAX					
	57 Briarpark Dr., Suite 700				E-MAIL	E-MAIL					
Hou	uston, TX 77042		ADDRES								
								DING COVERAGE		NAIC #	
					INSURER	A: Indemnity	/ Insurance Co.	of North America		43575	
INSURED FIELDWARE, LLC						INSURER B:					
564 W RANDOLPH ST STE 200						INSURER C:					
CHI	CAGO, IL 60661-2218				INSURER	D:					
					INSURER	E:					
					INSURER	F:					
CO	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN CE E>	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	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE S	\$		
	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			
	PRO.										
								PRODUCTS - COMP/OP AGG S			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)			
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)			
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)			
									5		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE S	5		
	DED RETENTION \$								5		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	V	054400000		40/04/0000	40/04/0000	E.L. EACH ACCIDENT	1,000	0,000	
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	X	C51438206		10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOYEE S	1,000	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								1,000		
								•			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (	ACORD	) 101, Additional Remarks Schedu	ile, may be	attached if more	e space is requir	ed)			
WAI	VER OF SUBROGATION IN FAVOR OF Humboldt C	County	Probati	ion Department WHEN REQUIRED	BY WRITT	EN CONTRACT					
CEF	RTIFICATE HOLDER					CANC	ELLATION				
						SHOULD THE E	ANY OF THE A	BOVE DESCRIBED POLICIES BE ATE THEREOF, NOTICE W ITHE POLICY PROVISIONS.			
HUMBOLDT COUNTY PROBATION DEPARTMENT 2002 HARRISON AVE EUREKA, CA 95501							AUTHORIZED REPRESENTATIVE				

## Workers' Compensation and Employers' Liability Policy

Named Insured FIELDWARE, LLC	Endorsement Number						
564 W RANDOLPH ST STE 200 CHICAGO, IL 60661-2218	Policy Number						
	Symbol: RWC Number: C51438206						
Policy Period	Effective Date of Endorsement						
10/01/2022 <b>TO</b> 10/01/2023	10/01/2022						
sued By (Name of Insurance Company)							
Indemnity Insurance Co. of North America	mnity Insurance Co. of North America						
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy							

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

**Schedule** 

Humboldt County Probation Department 2002 Harrison Ave Eureka. CA 95501

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.

Authorized Agent

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