

CERTIFICATE OF LIABILITY INSURANCE

11/7/2021

DATE (MM/DD/YYYY)

11/5/2020

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 onfer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300					CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No, Ext): (A/C, No): (A/					
					ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC#	
INSURER A : Travelers Property Casualty Co of Amer							25674			
NSURE	2 2 1				INSURE					
Ray Morgan Company Inc 3131 The Esplanade Chico CA 95973						INSURER C :				
						INSURER D :				
						INSURER E :				
				INSURER F:						
OVE	RAGES MAIN CER	TIFIC	CATE	NUMBER: 1679900)3				XXXXXXX	
INDIC	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY I LUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	AIN. CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	THE POLICIE REDUCED BY	S DESCRIBED PAID CLAIMS.	JUCUMENT WITH RESPECT	IO AALHOLI LILIC	
SR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		N	H-630-3L853897	11/7/202	11/7/2020	11/7/2021	WELLER WAS MAKEN AND AND AND AND AND AND AND AND AND AN	1,000,000	
								MED EXP (Any one person) \$	10,000	
								PERSONAL & ADV INJURY \$	1,000,000	
G	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
0	POLICY PRO-							PRODUCTS - COMP/OP AGG \$	2,000,000	
A	OTHER: JTOMOBILE LIABILITY	N	N	810 3L875773	11/7/2020	11/7/2021	COMBINED SINGLE LIMIT (Ea accident)	1,000,000		
-	7			G10 3E673773			potential of the st	Trial accounts	XXXXXXX	
X	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	XXXXXXX	
X	AUTOS ONLY HIRED X NON-OWNED						PROPERTY DAMAGE S	XXXXXXX		
1	AUTOS ONLY AUTOS ONLY Comp \$1,000						\$	XXXXXXX		
X		N	N	CUP-9K882915	11/7/2020	11/7/2021	EACH OCCURRENCE S	25,000,000		
, ^			, ,	001 718002713				AGGREGATE \$	25,000,000	
	DED RETENTIONS							XXXXXXX		
	ORKERS COMPENSATION	N/A	N	UB-3L967796	11/7/2020	11/7/2021	X PER OTH-			
	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE			OB-3L907790		11772020	111112021	EL EACH ACCIDENT \$	1,000,000	
OF	FICER/MEMBER EXCLUDED? N							E L DISEASE - EA EMPLOYEE \$	1,000,000	
ity	es, describe under SCRIPTION OF OPERATIONS below							1,000,000		
UE	SCRIPTION OF OPERATIONS BRIOW									
	PTION OF OPERATIONS / LOCATIONS / VEHICL	F0	LOOPE	404 Additional Domarks Cabada	ila may h	a attached if mor	e space is requir	ed)		
	ent Location: 805 Juvenile Lanc, Yreka,			101, Additional Remarks Sunsue	no, may b			20.0		
1	,									
							160			
- P. D. D.	FICATE HOLDER	_			CAN	ELLATION				

CERTIF	CATE	HOL	DER

16799003

County of Siskiyou 311 4th Street, Room 101 Yreka CA 96097

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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