

## CERT CATE OF LIABILITY INSUR. C

DATE (MM/DD/YYYY) 4/3/2023

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: Jennifer Lakmann				
InterWest Insurance Serv., LLC License #0B01094		PHONE (A/C, No, Ext): 530-222-1737 (A/C, No): 530		530-222-3771		
310 Hemsted Dr., Suite 200		E-MAIL ADDRESS: jlakmann@iwins.com				
Redding CA 96002-0935		INSURER(S) AFFORDING O	OVERAGE	NAIC#		
		INSURER A: ProAssurance Specialty Ins	urance Company	17400		
insured Restpadd Health Corp 925 Walnut St.	RESTP-3	INSURER B: Trisura Specialty Insurance	16188			
		INSURER c : Houston Casualty Company	42374			
Red Bluff CA 96080		INSURER D: State Comp Ins Fund (CA)		35076		
		INSURER E :				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: 259770873

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 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.

SR	TYPE OF INSURANCE	INSD WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Y	AFC9861523	4/1/2023	4/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 100,000
	X Hired & Nonowned					MED EXP (Any one person)	\$ 5,000
	X Auto Liability					PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$1,000,000
	OTHER:					Employee Benefits	\$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						This is a second of the second	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		904894522	7/1/2022	7/1/2023	X PER STATUTE ER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	-			E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
- 1	Cyber Liability Professional Liability Excess Cyber		H22NGP21228901 AFC9861523 ATB673844201	12/20/2022 4/1/2023 2/15/2023	12/20/2023 4/1/2024 12/20/2023	Limit Each Claim Limit Limit	1,000,000 2,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
As Respects General Liability, Siskiyou County, its Officials, Employees and Agents; Additional Insured status applies to requested entities if required by written contract and Endorsement will follow from Carrier.

CERTIFICATE HOLDE
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CANCELLATION

Siskiyou County Health & Human Service Agency, Behavioral Health Division 2060 Campus Drive 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

Joseph Street