



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/07/2023

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).**

<b>PRODUCER</b> GANS & SMITH INSURANCE AGENCY INC P.O Box 2869  Longview TX 75606		<b>CONTACT NAME:</b> Ann Arnn CISR, ACSR <b>PHONE (A/C, No, Ext):</b> (903) 757-4601 <b>E-MAIL ADDRESS:</b> AARNNN@gans-smith.com <b>FAX (A/C, No):</b> (903) 753-0782	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
NETWORK COMMUNICATIONS INTERNATIONAL CORP; dba NCIC INMATE COMMUNICATIONS 607 E WHALEY ST LONGVIEW TX 75601-6526		<b>INSURER A:</b> Continental Insurance Company <b>INSURER B:</b> American Casualty Co of Reading PA <b>INSURER C:</b> Continental Casualty Co (CNA) <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 35289C 20427C 20443C

**COVERAGES**                      **CERTIFICATE NUMBER:** 2023-2024                      **REVISION NUMBER:**

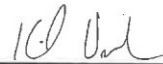
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl explosion collapse underground  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6016376074	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6016376057	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 2,500
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6016376060	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 6 16376088	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Network Security & Privacy Liability & Professional Liability			6083194789	01/01/2023	01/01/2024	CYBER LIABILITY LIMIT 2MIL/2MIL PROF LIABILITY LIUIT 3MIL/3MIL

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

The general liability policy includes a blanket automatic additional insured endorsement with "Primary and noncontributory" wording provision that provides additional insured status to the certificate holder only when there is a written contract or agreement between the named insured and the certificate holder that requires such status. The general liability & workers compensation policies includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it. The umbrella policy is a follow form to it's underlying coverages.

The Network Security & Privacy Injury endorsement #CNA75021XX has been added to the Technology Errors and Omissions coverage, sharing in those

<b>CERTIFICATE HOLDER</b>  County of Siskiyou 315 S Oregon Street  Yreka CA 96097	<b>CANCELLATION</b>  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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AGENCY CUSTOMER ID: 00004776

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

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AGENCY GANS & SMITH INSURANCE AGENCY INC		NAMED INSURED NETWORK COMMUNICATIONS INTERNATIONAL CORP dba NCIC INMATE	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance

The Network Security & Privacy Injury endorsement #CNA75021XX has been added to the Technology Errors and Omissions coverage, sharing in those limits of \$2,000,000/\$2,000,000

Professional Liability limits \$3,000,000/\$3,000,000.

This coverage protects unauthorized collection, disclosure, use, access, destruction or modification of nonpublic personal information or nonpublic corporate information including wrongful acts by the insured or by someone for whom the insured is legally responsible for, Deliberate Acts/Commingling or Misappropriation of funds.

**Third Party Vicarious Liability Coverage:**

Any entity or natural person the Named Insured is required by written contract to include as an insured for liability of such entity or natural person for an Insured's wrongful acts shall be insured under this Policy but solely to the extent that a claim is made against such entity or natural person for a wrongful act of an Insured, and only so long as the written contract is entered into before such claim occurs, provided:

- a. there shall be no coverage afforded to such entity or natural person for its wrongful acts; and,
- b. nothing herein shall serve to confer any rights or duties to such person or entity under this Policy, other than as provided in this paragraph

## **Carie Daugherty**

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**From:** Melissa Cummins  
**Sent:** Tuesday, July 11, 2023 8:19 AM  
**To:** Carie Daugherty  
**Cc:** Chris Miller  
**Subject:** RE: NCIC insurance cert

Hi Carie,

This is sufficient coverage.

*Melissa Cummins*

Deputy County Administrator  
Personnel and Risk Management Officer  
County of Siskiyou  
1312 Fairlane Road  
Yreka, CA 96097  
P: 530.842.8017

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**From:** Carie Daugherty <Carie.Daugherty@siskiyousheriff.org>  
**Sent:** Friday, July 7, 2023 7:55 AM  
**To:** Melissa Cummins <mcummins@co.siskiyou.ca.us>  
**Cc:** Chris Miller <Chris.Miller@siskiyousheriff.org>  
**Subject:** NCIC insurance cert

Melissa

Legal is asking that you approve this insurance for a new phone system NCIC.

Thanks!

**Carie Daugherty**  
**315 S Oregon Street**  
**Yreka CA 96097**  
**530\*842\*8173 Desk**  
**530\*842\*1507 Fax**