

WC-3395	CERTIFICATE OF COVERAGE	06/28/2024
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<p>PUBLIC RISK INNOVATION, SOLUTIONS, AND MANAGEMENT</p> <p>C/O ALLIANT INSURANCE SERVICES, INC. 18100 VON KARMAN AVENUE, 10TH FLOOR IRVINE, CA 92612</p> <p>PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861</p>	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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER
	IMPORTANT: If the certificate holder is requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).
	COVERAGE AFFORDED BY: A Public Risk Innovation, Solutions, and Management

<p>Member:</p> <p>SISKIYOU COUNTY 1312 FAIRLANE RD. YREKA, CA 96097</p>	COVERAGE AFFORDED BY: B
	COVERAGE AFFORDED BY: C
	COVERAGE AFFORDED BY: D


Coverages
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE AND POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS AND POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES.

CO LTR	TYPE OF COVERAGE	MEMORANDUM/ POLICY NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
A	WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	PRISM 24 EWC-24	07/01/2024	07/01/2025	WORKERS' COMPENSATION: Statutory EMPLOYERS' LIABILITY: \$5,000,000

LIMITS APPLY PER OCCURRENCE FOR ALL PROGRAM MEMBERS COMBINED.

Description of Operations/Locations/Vehicles/Special Items:

AS RESPECTS EVIDENCE OF COVERAGE FOR AGREEMENT BETWEEN SISKIYOU COUNTY AND CALIFORNIA DEPARTMENT OF PUBLIC HEALTH FOR THE HIV SURVEILLANCE PROGRAM.

<p>Certificate Holder</p> <p>STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF AIDS FISCAL MANAGEMENT SECTION 1616 CAPITOL AVE, STE 616 MS 7700 SACRAMENTO, CA 95899-7426</p>	<p>Cancellation</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGE/POLICIES BE CANCELLED BEFORE THE EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"></p> <p style="text-align: center;">Public Risk Innovation, Solutions, and Management</p>

**PUBLIC RISK INNOVATION, SOLUTIONS, AND MANAGEMENT
 WORKERS' COMPENSATION PROGRAM
 2024/2025 SCHEDULE OF INSURERS
 SISKIYOU COUNTY**

PROVIDER	POLICY NUMBER	LIMIT
Public Risk Innovation, Solutions, and Management	PRISM 24 PWC-24	Workers' Compensation and Employers Liability: \$125,000 each occurrence
Public Risk Innovation, Solutions, and Management	PRISM 24 EWC-24	Workers' Compensation: \$50,000,000 each occurrence (Difference between \$50,000,000 and the individual member's retention) Employers' Liability: \$5,000,000 each accident/each employee for disease (Difference between \$5,000,000 and the individual member's retention)
Liberty Mutual Fire Insurance Co	EW2-64N-444785-014	Statutory each accident/each employee for disease excess of \$50,000,00