

INSURANCE TRANSMITTAL SHEET

DATE: June 5, 2023

TO: BOARD OF SUPERVISORS

CONTRACT: Common Goals, Inc.

- The attached insurance documents have been reviewed and meet all of the contract insurance requirements.

REVIEWED

By Brittni Inks at 3:03 pm, Jun 05, 2023

Brittni Inks, Administrative Analyst

The attached contract and insurance documents have been reviewed and are being returned to the originating department because:

- General Liability Insurance**
- Insurance certificate not provided
 - Coverage does not meet contract requirements
 - Additional insured endorsement required
 - Other: _____

- Auto Insurance**
- Insurance certificate not provided
 - Additional insured endorsement required
 - Insurance is not business rated
 - Other: _____

- Workers' Compensation Insurance**
- Insurance certificate not provided

- Errors & Omissions/Professional Liability Insurance**
- Insurance certificate not provided
 - Other: _____

Please call me at 530.265.7013 if you have questions regarding insurance requirements.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/23

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 KNUEDLER AGENCY 154 Hughes Rd Ste 2 Grass Valley, CA 95945	CONTACT NAME: PHONE (A/C, No. Ext): (530)273-6165	FAX (A/C, No):	
	E-MAIL ADDRESS: kknuedler@att.net		
INSURED COMMON GOALS, INC AND COMMON PURPOSE INC 256 BUENA VISTA AVE STE 100 GRASS VALLEY, CA 95945	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : SCOTTSDALE INSURANCE COMPANY		
	INSURER B : COLUMBIA INSURANCE COMPANY		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES**CERTIFICATE NUMBER:****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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	CPS7764634	04/01/23	04/01/24	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		71APR414695	04/09/23	04/09/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 0 BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE (Per accident) \$ 0
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY	Y	Y	CPS7764634	04/01/23	04/01/24	1,000,000

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

GLS-44s - SEXUAL ABUSE AND/OR PHYSICAL ABUSE \$100,000 EACH OCCURANCE/ \$300,000 AGGREGATE**CERTIFICATE HOLDER****CANCELLATION**

NEVADA COUNTY HEALTH AND HUMAN SERVICES
 950 MAIDU AVE
 NEVADA CITY CA 95959

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s): NEVADA COUNTY HEALTH AND HUMAN SERVICES 950 MAIDU AVE NEVADA CITY CA 95959</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2022

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 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 TRUJILLO INSURANCE AGENCY 19636 Chaparral Circle Penn Valley, CA 95946	CONTACT NAME: Patty Trujillo	FAX (A/C, No): () -
	PHONE (A/C, No, Ext): (530) 432-4177	E-MAIL ADDRESS: bob_pat@sbcglobal.net
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: State Compensation Insurance Fund		35076
INSURED Common Goals Inc Joe Festersen 256 Buena Vista Street, Suite 100 Grass Valley, CA 95945	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y <input type="checkbox"/> N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1841293-22	10/01/2022	10/01/2023	<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

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

Location(s): 256 Buena Vista Street Suite 100, 200, 201 & 202 Grass Valley CA 95945

CERTIFICATE HOLDER Nevada County Health & Human Services Agency ATTN: Marianne Mason 950 Maidu Avenue Nevada City CA 95959	CANCELLATION 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 <i>Robert A. Trujillo</i> CA LIC #0833393
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**ENDORSEMENT AGREEMENT
WAIVER OF SUBROGATION**

HOME OFFICE
SAN FRANCISCO

1841293-22

ALL EFFECTIVE DATES
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

RENEWAL

**EFFECTIVE October 1, 2022 AT 12:01 AM.
AND EXPIRING October 1, 2023 AT 12:01 AM**

Greater Bay Area
7649314

COMMON GOALS INC

256 BUENA VISTA ST STE 100
GRASS VALLEY, CA 95945

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING, IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND WAIVES ANY RIGHT OF SUBROGATION AGAINST,

County of Nevada Health & Human Services

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS POLICY IN CONNECTION WITH WORK PERFORMED BY,

COMMON GOALS INC

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNING OF SUCH EMPLOYEES SHALL BE INCREASED BY 3%.

NOTHING IN THIS ENDORSEMENT SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS ABOVE STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS IN THIS ENDORSEMENT

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: September 7, 2022

AUTHORIZED REPRESENTATIVE

2570

PRESIDENT AND CEO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

<p>Name Of Person(s) Or Organization(s): ANY PERSON OR ORGANIZATION WITH WHOM THE INSURED HAS AGREED TO WAIVE RIGHTS OF RECOVERY, PROVIDED SUCH AGREEMENT IS MADE IN WRITING AND PRIOR TO THE LOSS. UNITED STATES</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

AM Best Rating Services

Scottsdale Insurance Company

BestLink 

AMB #: 003292 NAIC #: 41297 FEIN #: 311024978

Mailing Address

One West Nationwide Blvd FRAP Solutions
Columbus, Ohio 43215-2220

[United States](#)

Web: www.scottsdaleins.com

Phone: 480-365-4000

Fax: 866-315-1430

[View Additional Address Information](#)

AM Best Rating Unit: [AMB #: 005987 - Nationwide Group](#)

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



View additional [news, reports and products](#) for this company.

Based on AM Best's analysis, [002358 - Nationwide Mutual Insurance Company](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength [View Definition](#)

Rating (Rating Category):	A+ (Superior)
Affiliation Code:	r (Reinsured)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	December 01, 2022
Initial Rating Date:	June 30, 1983

Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	aa- (Superior)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	December 01, 2022
Initial Rating Date:	May 03, 2006

Financial Size Category [View Definition](#)

Financial Size Category:	XV (\$2 Billion or greater)
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u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.

Associate Director : Kathryn Steffanelli

Director: Robert Raber

Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form

View AM Best's [Rating Disclosure Form](#)

Press Release

[AM Best Affirms Credit Ratings of Nationwide Mutual Insurance Company and Its Key Operating Subsidiaries](#)
December 01, 2022

View AM Best's [Rating Review Form](#)

Rating History

AM Best has provided ratings & analysis on this company since 1983.

Financial Strength Rating

Effective Date	Rating
December 01, 2022	A+
December 22, 2021	A+
December 17, 2020	A+
December 17, 2019	A+
November 16, 2018	A+

Long-Term Issuer Credit Rating

Effective Date	Rating
December 01, 2022	aa-
December 22, 2021	aa-
December 17, 2020	aa-
December 17, 2019	aa-
November 16, 2018	aa-

Best's Credit & Financial Reports



[Best's Credit Report](#) - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s) for AM Best Rating Unit: AMB #: [005987 - Nationwide Group](#).



[Best's Credit Report - Archive](#) - reports which were released prior to the current Best's Credit Report.



[Best's Financial Report](#) - financial data included in Best's Financial Report reflects the most current data available to AM Best, including updated financial exhibits and additional company information, and is available to subscribers of Best's Insurance Reports.



[Best's Financial Report - Archive](#) - reports which were released prior to the current Best's Financial Report.

View additional [news, reports and products](#) for this company.

Press Releases

Date	Title
Dec 01, 2022	AM Best Affirms Credit Ratings of Nationwide Mutual Insurance Company and Its Key Operating Subsidiaries
Dec 22, 2021	AM Best Affirms Credit Ratings of Nationwide Mutual Insurance Company and Its Key Operating Subsidiaries
Dec 17, 2020	AM Best Places Credit Ratings of Nationwide Indemnity Co Under Review, Affirms Ratings of Nationwide Mutual Ins Co and Key Subs
Dec 17, 2019	AM Best Revises Outlooks to Stable for Nationwide Mutual Insurance Co. and Its P/C Subsidiaries; Affirms Ratings for Affiliates
Nov 16, 2018	A.M. Best Affirms Credit Ratings of Nationwide Mutual Insurance Co. and Core Affiliates, Takes Actions on Select Affiliates
Oct 02, 2017	A.M. Best Revises Outlooks to Negative for Nationwide Mutual Insurance Company and Its Property/Casualty Subsidiaries

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European Union Disclosures

A.M. Best (EU) Rating Services B.V. (AMB-EU), a subsidiary of A.M. Best Rating Services, Inc., is an External Credit Assessment Institution (ECAI) in the EU. Therefore, credit ratings issued and endorsed by AMB-EU may be used for regulatory purposes in the EU as per Directive 2013/36/EU.

United Kingdom Disclosures

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Australian Disclosures

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Credit Ratings determined and disseminated by AMBAP are the opinion of AMBAP only and not any specific credit analyst. AMBAP Credit Ratings are statements of opinion and not statements of fact. They are not recommendations to buy, hold or sell any securities or any other form of financial product, including insurance policies and are not a recommendation to be used to make investment /purchasing decisions.

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AM Best Rating Services

Columbia Insurance Company

BestLink 

AMB #: 004330 NAIC #: 27812 FEIN #: 470530077

Domiciliary Address

1314 Douglas Street Suite 1400
Omaha, Nebraska 68102-1944

[United States](#)

Web: www.nationalindemnity.com

Phone: 402-916-3000

Fax: 402-916-3350

AM Best Rating Unit: [AMB #: 004917 - National Indemnity Group](#)

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



View additional [news, reports and products](#) for this company.

Based on AM Best's analysis, [058334 - Berkshire Hathaway Inc.](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength [View Definition](#)

Rating (Rating Category):	A++ (Superior)
Affiliation Code:	g (Group)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	February 03, 2023
Initial Rating Date:	June 30, 1976

Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	aaa (Exceptional)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	February 03, 2023
Initial Rating Date:	November 11, 2004

Financial Size Category [View Definition](#)

Financial Size Category:	XV (\$2 Billion or greater)
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u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Director: Gregory Dickerson
Senior Director: Carlos Wong-Fupuy
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form

View AM Best's [Rating Disclosure Form](#)

Press Release

[AM Best Affirms Credit Ratings of National Indemnity Company and Its Affiliates](#)

February 03, 2023

View AM Best's [Rating Review Form](#)

Rating History

AM Best has provided ratings & analysis on this company since 1976.

Financial Strength Rating

Effective Date	Rating
February 03, 2023	A++
January 06, 2022	A++
December 09, 2020	A++
December 11, 2019	A++
December 11, 2018	A++

Long-Term Issuer Credit Rating

Effective Date	Rating
February 03, 2023	aaa
January 06, 2022	aaa
December 09, 2020	aaa
December 11, 2019	aaa
December 11, 2018	aaa

Best's Credit & Financial Reports



[Best's Credit Report](#) - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s) for AM Best Rating Unit: AMB #: [004917 - National Indemnity Group](#).



[Best's Credit Report - Archive](#) - reports which were released prior to the current Best's Credit Report.



[Best's Financial Report](#) - financial data included in Best's Financial Report reflects the most current data available to AM Best, including updated financial exhibits and additional company information, and is available to subscribers of Best's Insurance Reports.



[Best's Financial Report - Archive](#) - reports which were released prior to the current Best's Financial Report.

View additional [news, reports and products](#) for this company.

Press Releases

Date	Title
Feb 03, 2023	AM Best Affirms Credit Ratings of National Indemnity Company and Its Affiliates
Jan 06, 2022	AM Best Affirms Credit Ratings of National Indemnity Company and Its Affiliates
Dec 09, 2020	AM Best Affirms Credit Ratings of Berkshire Hathaway Inc.'s Subsidiaries
Dec 11, 2019	AM Best Affirms Credit Ratings of Berkshire Hathaway Inc.'s Subsidiaries
Dec 11, 2018	AM Best Affirms Credit Ratings of Berkshire Hathaway Inc.'s Subsidiaries
Jan 26, 2018	A.M. Best Affirms Credit Ratings of General Reinsurance Corporation and Its Subsidiaries
Dec 07, 2017	A.M. Best Affirms Credit Ratings of Berkshire Hathaway Inc.'s Subsidiaries
Dec 22, 2016	A.M. Best Affirms Credit Ratings of Berkshire Hathaway Inc.'s Subsidiaries

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European Union Disclosures

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United Kingdom Disclosures

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