

INSURANCE TRANSMITTAL SHEET

DATE: January 24, 2025TO: BOARD OF SUPERVISORSCONTRACT: Nevada County Housing Development Corporation, Inc.

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

REVIEWED

By Kelly McKinley at 3:45 pm, Jan 24, 2025

Kelly McKinley, 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 265-7196 if you have questions regarding insurance requirements.

SUBGRANTEE AGREEMENT

AGREEMENT BETWEEN THE COUNTY OF NEVADA AND FOOTHILLS HOUSE OF HOSPITALITY NEVADA COUNTY HOUSING DEVELOPMENT CORPORATION FOR HOUSING DEVELOPMENT SERVICES

THIS AGREEMENT, entered this 10th of December, 2024, by and between the County of Nevada (herein called the “Grantee”) and Nevada County Housing Development Corporation (herein called the “Subgrantee”).

WHEREAS, funding for Behavioral Health Bridge Housing (BHBH) programs was signed into law in September of 2022 under Assembly Bill (AB) 179 (Ting, Chapter 249, Statutes of 2022),

WHEREAS, the Grantee has applied for and was awarded funds from the State of California, Department of Health Care Services (“the Department”) in an award letter dated July 25, 2024,

WHEREAS the Department makes available these funds through a subcontract agreement between the Grantee and Advocates for Human Potential (Contractor),

WHEREAS, the Grantee wishes to engage the Subgrantee to assist the Grantee in utilizing such funds.

NOW, THEREFORE, it is agreed between the parties hereto that;

I. SCOPE OF SERVICE

A. Activities

The Subgrantee will be responsible for administering a portion of funds in the Amended and Restated Subcontract Agreement 20456-CA BHBH-NEVADA-01 between Nevada County and Advocates for Human Potential the related to the renovation of a minimum of seven (7) beds of transitional/interim housing on a site owned by the County located at 120 Bager Lane in Grass Valley California (APN 029-241-028-000) The development project will be dedicated to serving the BHBH target population through the grant term of June 30, 2027. The structure will consist of a mix of shared rooms (maximum 2 beds per room) and individual rooms, as needed. The subgrantee shall provide access to the program beds in a manner consistent with the terms and conditions outlined in a separate services contract between the County and Nevada County Housing Development Corporation currently in effect for the period of July 1, 2023 through June 30, 2025 and any subsequent service contract renewals thereafter.

The Subgrantee will administer all tasks related to the renovation and rehabilitation of this structure through separate contracts and/or agreements with

a contractor selected through a competitive bid process and in compliance with all applicable federal, state, and local rules and regulations governing these funds, and in a manner satisfactory to the Grantee.

Program Delivery

Activity 1: By October 1, 2025 rehabilitate the location to provide a minimum of 7 units of interim housing and receive certificate of occupancy from the City of Grass Valley allowing the housing to be used as BHBH program beds.

A kickoff meeting will occur with Subgrantee Staff and the County Staff scheduled for December 2, 2024. The meeting will be held to review the project requirements and administrative expectations outlined in the grant contract documents and other applicable grant source documents and authorizing statutes to ensure regulations and requirements are met through the project development phases. Communication directives, payment processing, project signoffs, reporting, environmental requirements, procurement, and other required steps will be reviewed, discussed and assignments will be provided at this meeting.

The subgrantee shall:

- Prepare bid notices and conduct Contractor bid process
- Establish construction contracts with awarded firm(s) with licensed, insured, and bondable contractor(s) based on a permitted set of construction plans with a licensed, insured, and bondable general contractor for an amount consistent with the costs in the approved project budget.
- Work with the City of Grass Valley to obtain all required building, local use, and fire clearance or other required building permits or approvals
- Maintain and provide certificates of insurance for required insurance, including general liability insurance and builder's risk insurance, as described in the contract.
- Manage construction project and approve payment requests.
- Certify that the Subgrantee they, and their contractors, shall comply with all applicable federal, state, and local laws. These include but may not be limited to: Adherence to the accessibility requirements set forth in California Building Code Chapter 11A and Chapter 11B and the Americans with Disabilities Act, Title II.
- Certify the use of Prevailing wage requirements for construction projects in the State of California (Lab. Code, Sec. 1720 et seq.). The certification shall (a) verify that prevailing wages have been or will be paid, b) verify

that labor records will be maintained and made available to the grantee and/or any agency designated by the grantor or its affiliates upon request, and (c) be signed by the general contractor(s)

Activity 2: Community Engagement

Coordinate community engagement with the area impacted by the construction project to ensure that neighbors and business are apprised of the project and have the ability to contact the subgrantee with any questions and concerns.

B. General Administration

The Subgrantee shall provide all BHBH Program-required financial oversight and grant reporting for the development project to the Grantee, including all program-specific administrative, monitoring and reporting requirements specified in the BHBH administrative requirements and in the contract between the Grantee and the Department of Health Care Services regarding this BHBH Round 3 grant.

C. Levels of Accomplishments – goals and performance measures

<i>Architect designs completed and provided to Subgrantee</i>	<i>11/12/2024</i>
<i>Subgrantee Submits for Building Permits</i>	<i>11/15/2024</i>
<i>Approval of Building Permits</i>	<i>12/1/2024</i>
<i>Design review and approval and construction bid approval by BOS</i>	<i>8/6/2024</i>
<i>Construction bid released</i>	<i>12/15/2024</i>
<i>Construction firm selected</i>	<i>1/15/2025</i>
<i>Construction contract executed</i>	<i>2/8/2025</i>
<i>Remodel Construction Start</i>	<i>2/15/2025</i>
<i>Remodel Construction End</i>	<i>6/15/2025</i>
<i>Certificate of Occupancy</i>	<i>7/1/2025</i>
<i>Placed in Service</i>	<i>7/1/2025</i>

D. Performance Monitoring

The Grantee will monitor the performance of the Subgrantee against goals and performance standards as stated above. Substandard performance as determined by the Grantee will constitute noncompliance with this Agreement. If action to correct such substandard performance is not taken by the Subgrantee within two weeks reasonable period of time after being notified by the Grantee, contract suspension or termination procedures will be initiated.

II. TIME OF PERFORMANCE

Services of the Subgrantee shall start on the 10th day of December 2024 or as soon as this agreement takes effect and ends on the 1st day of October 2025

III. BUDGET

Badger Lane/BHBH development project

Renovation/Installation Cost	435,000
Project Contingency (10%)	43,500
Project Administration	13,125
Grand Total	491,625

Indirect charges are not allowed. In addition, the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subgrantee shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to the budget must be approved in writing by both the Grantee and the Subgrantee.

IV. PAYMENT

It is expressly agreed and understood that the total amount to be paid by the Grantee under this Agreement shall not exceed \$491,625. Drawdowns for the payment of eligible expenses shall be made against the line-item budgets

specified in Paragraph III herein and in accordance with performance. Expenses for general administration shall also be paid against the line-item budgets specified in Paragraph III and in accordance with performance.

With the submission of original monthly bills, together with proper support documentation, for the services described in Section A. of this Agreement, the Subgrantee will be reimbursed on a monthly basis.

V. NOTICES

Notices required by this Agreement shall be in writing and delivered via mail (postage prepaid), commercial courier, or personal delivery or sent by facsimile or other electronic means. Any notice delivered or sent as aforesaid shall be effective on the date of delivery or sending. All notices and other written communications under this Agreement shall be addressed to the individuals in the capacities indicated below, unless otherwise modified by subsequent written notice.

Communication and details concerning this contract shall be directed to the following contract representatives:

Grantee:

Ryan Gruver, Director HHSA

County of Nevada

950 Maidu Ave

Nevada City CA 95959

Phone: (530) 265-1645

Fax: (530) 265- 9860

Subgrantee:

Jennifer Price

AMI Housing, Inc

VI. SPECIAL CONDITIONS

None

VII. GENERAL CONDITIONS

A. General Compliance

The Subgrantee is responsible to for compliance with all performance, reporting and monitoring requirements laid out in Sections 3 through 20 of the Amended and Restated Subcontract Agreement 20456-CA BHBH-NEVADA-01 as it pertains to the Subgrantees specific project as identified in Section I(A) of this agreement. The Subgrantee is also required to be in compliance with conditions laid out in Attachments B, C, F The Subgrantee also agrees to comply with all other applicable Federal, state and local laws, regulations, and policies governing the funds provided under this contract. The Subgrantee further agrees to utilize funds available under this Agreement to supplement rather than supplant funds otherwise available.

B. "Independent Contractor"

Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Subgrantee shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Grantee shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance, as the Subgrantee is an independent contractor.

C. Hold Harmless

The Subgrantee shall hold harmless, defend and indemnify the Grantee from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Subgrantee's performance or nonperformance of the services or subject matter called for in this Agreement.

D. Workers' Compensation

The Subgrantee shall provide Workers' Compensation Insurance coverage for all of its employees involved in the performance of this Agreement.

E. Insurance & Bonding

The Subgrantee shall carry sufficient insurance coverage to protect contract assets from loss due to theft, fraud and/or undue physical damage, and as a minimum shall purchase a blanket fidelity bond covering all employees in an amount equal to cash advances from the Grantee.

VIII. ADMINISTRATIVE REQUIREMENTS

A. Financial Management

B. Reporting and Payment Procedures

1. Program Income

No Program Income is anticipated.

2. Indirect Costs

Indirect costs will not be allowed under this program.

3. Payment Procedures

The Grantee will pay to the Subgrantee funds available under this Agreement based upon information submitted by the Subgrantee and consistent with any approved budget and Grantee policy concerning payments. With the exception of certain advances, payments will be made for eligible expenses actually incurred by the Subgrantee, and not to exceed actual cash requirements. Payments will be adjusted by the Grantee in accordance with advance fund and program income balances available in Subgrantee accounts. In addition, the Grantee reserves the right to liquidate funds available under this contract for costs incurred by the Grantee on behalf of the Subgrantee.

C. Procurement

1. Compliance

The Subgrantee shall comply with current Grantee policy concerning the purchase of equipment, goods, and services and shall maintain inventory records of all non-expendable personal property as defined by such policy as may be procured with funds provided herein. All program assets (unexpended program income, property, equipment, etc.) shall revert to the Grantee upon termination of this Agreement.

IX. PERSONNEL & PARTICIPANT CONDITIONS

1. Labor Standards

The Subgrantee agrees to comply with the requirements of the Secretary of Labor in accordance with the Davis-Bacon Act as amended, the provisions of Contract Work Hours and Safety Standards Act (40 U.S.C. 327 *et seq.*) and all other applicable Federal, state and local laws and regulations pertaining to labor standards insofar as those acts apply to the performance of this Agreement. The Subgrantee agrees to comply with the Copeland Anti-Kick Back Act (18 U.S.C. 874 *et seq.*) and its implementing regulations of the U.S. Department of Labor at 29 CFR Part 5. The Subgrantee shall maintain documentation that demonstrates compliance with hour and wage requirements of this part. Such documentation shall be made available to the Grantee for review upon request.

X. SEVERABILITY

If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby and all other parts of this Agreement shall nevertheless be in full force and effect.

XI. SECTION HEADINGS AND SUBHEADINGS

The section headings and subheadings contained in this Agreement are included for convenience only and shall not limit or otherwise affect the terms of this Agreement.

XII. WAIVER

The Grantee's failure to act with respect to a breach by the Subgrantee does not waive its right to act with respect to subsequent or similar breaches. The failure of the Grantee to exercise or enforce any right or provision shall not constitute a waiver of such right or provision.

XIII. ENTIRE AGREEMENT

This agreement constitutes the entire agreement between the Grantee and the Subgrantee for the use of funds received under this Agreement and it supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written between the Grantee and the Subgrantee with respect to this Agreement.

Date: _____

IN WITNESS WHEREOF, the Parties have executed this contract as of the date first written above.

County of Nevada

By _____

Phebe Bell

Title: Behavioral Health Director, HHSA

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

County Counsel



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2025

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 All-Cal Insurance Agency 505 Vernon Street Roseville CA 95678	CONTACT NAME: Kimberly Zatkulak PHONE (A/C, No, Ext): (916) 784-9070 E-MAIL ADDRESS: kimberly@all-calinsurance.com FAX (A/C, No): (916) 784-0158
INSURED Advocates For The Mentally Ill Housing, Inc P.O. Box 5216 Auburn CA 95604	INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits Insurance Alliance of California INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 011845

COVERAGES**CERTIFICATE NUMBER:** CL2512115070**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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	2024-14693	05/13/2024	05/13/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ 1 Million / 2 Million
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			2024-14693-UMB	05/13/2024	05/13/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Employee Dishonesty Forgery & Alteration			2024-14693-PROP	05/13/2024	05/13/2025	Limit \$100,000 Limit \$100,000 Deductible \$500

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

Re:16782 State Highway 49

County of Nevada is an additional insured regarding the Insureds use of premises. Forms CG 20 11, NIAC E-26, NIAC-E61 and NIAC-E64 attached.

CERTIFICATE HOLDER**CANCELLATION**

County of Nevada 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
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Additional Named Insureds

Other Named Insureds

Advocates for the Mentally Ill Housing - Placer, Inc	Additional Named Insured
Advocates for the Mentally Ill Housing - Timberline	Additional Named Insured
Nevada County Housing Development Corporation, Inc	Additional Named Insured
Winters Haven LLC	Additional Named Insured



POLICY CHANGE
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPANY: Nonprofits Insurance Alliance of California (14693)
POLICY NUMBER: 2024-14693
NAMED INSURED: Advocates for Mentally Ill Housing, Inc.
POLICY CHANGE EFFECTIVE: 05/13/2024
COVERAGE PART AFFECTED: COMMERCIAL GENERAL LIABILITY
POLICY CHANGE#: 8 Page 1

The following additional insured(s) is/are hereby added to the policy:

NIAC-E61 Locations - ALL

County of Nevada
950 Maidu Ave
Nevada City, CA 95959

\$0

All other terms, limits and conditions remain the same.

ADDITIONAL PREMIUM: \$0

RETURN PREMIUM: \$0

TOTAL PREMIUM: \$0

AUTHORIZED SIGNATURE

05/16/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED
PRIMARY AND NON-CONTRIBUTORY
ENDORSEMENT FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

County of Nevada

A. Section II – WHO IS AN INSURED is amended to include:

4. Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

- a. Your negligent acts or omissions; or
- b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

B. Section III – LIMITS OF INSURANCE is amended to include:

8. The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

4. Other Insurance

a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or

- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

b. Excess Insurance

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.**
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



POLICY CHANGE
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPANY: Nonprofits Insurance Alliance of California (14693)
POLICY NUMBER: 2024-14693
NAMED INSURED: Advocates for Mentally Ill Housing, Inc.
POLICY CHANGE EFFECTIVE: 05/13/2024
COVERAGE PART AFFECTED: COMMERCIAL GENERAL LIABILITY
POLICY CHANGE#: 3 Page 1

The following additional insured(s) is/are hereby added to the policy:

NIAC-E26 Locations - ALL

County of Nevada
950 Maidu Ave
Nevada City, CA 95959

\$0

All other terms, limits and conditions remain the same.

ADDITIONAL PREMIUM: \$0

RETURN PREMIUM: \$0

TOTAL PREMIUM: \$0

AUTHORIZED SIGNATURE

05/15/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SOCIAL SERVICE PROFESSIONAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

County of Nevada

Where you are so required in a written contract or agreement currently in effect or becoming effective during the term of this policy, we waive any right of recovery we may have against that person or organization, who may be named in the schedule above, because of payments we make for injury or damage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You):
Name Of Person(s) Or Organization(s) (Additional Insured): Any person or organization acting as a manager or lessor of a covered premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy.
Additional Premium: Included
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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 arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

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 shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY CHANGE
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPANY: Nonprofits Insurance Alliance of California (14693)
POLICY NUMBER: 2024-14693-NPO
NAMED INSURED: Advocates for Mentally Ill Housing, Inc.

POLICY CHANGE EFFECTIVE: 05/13/2024
COVERAGE PART AFFECTED: COMMERCIAL GENERAL LIABILITY
POLICY CHANGE#: 9

Form NIAC-E64/10 12 Amended Notice of Cancellation - 30, is hereby added to the policy.

All other terms, limits and conditions remain the same.

ADDITIONAL PREMIUM:	\$0
RETURN PREMIUM:	\$0
TOTAL PREMIUM:	\$0



AUTHORIZED SIGNATURE

05/16/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDED
NOTICE OF CANCELLATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization

California Housing Finance Agency (CALHFA) 500 Capitol Mall, Suite #1400, Sacramento, CA, 95814
County of Nevada 950 Maidu Avenue, Nevada City, CA, 95959
State of CA Dept of Health Care Svcs, c/o Advocates for Human Potential 490-B Boston Post Rd, Sudbury, MA,
01776-3365
Placer County C/O EXIGIS Ins Compliance Services P.O. Box 947, Murieta, CA 92564

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2025

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 NonProfits' United Workers' Compensation Group 610 Fulton Avenue, Suite 200 Sacramento, CA 95825	CONTACT NAME: Bree Wallace	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Advocates for Mentally Ill Housing, Inc Advocates for Mentally Ill Housing PO Box 5216 Auburn, CA95604	E-MAIL ADDRESS: Bree@nonprofitsunited.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: NonProfits United	
	INSURER B: Safety National Casualty Corporation	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

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						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NPU-WCG 001-2025	1/1/2025	1/1/2026	X PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE
							\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT
							\$ 1,000,000
B	XSWC			SP4067530	1/1/2025	1/1/2026	XS of \$1,000,000
							\$2,000,000 (EL) Statutory (WC)

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

Waiver of Subrogation in favor of The County, its officers, employees, agents, and volunteers.

CERTIFICATE HOLDER **CANCELLATION**

County of Nevada 950 Maidu Avenue 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

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ACORD 25 (2016/03)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE



Additional Named Insured

Advocates for Mentally Ill Housing, Inc

Org Key Name

ADVOCAT Advocates for Mentally Ill Housing, Inc.
ES
ADVOCAT Nevada County Housing Development Corporation
ES
ADVOCAT Winters Haven LLC
ES
ADVOCAT Advocates for Mentally Ill Housing-Placer, Inc
ES
ADVOCAT Advocates for Mentally Ill Housing-Timberline, Inc.
ES



**THIS ENDORSEMENT CHANGES THE MEMORANDUM OF COVERAGE
PLEASE READ IT CAREFULLY
WAIVER OF TRANSFER OF RIGHTS OF
RECOVERY AGAINST OTHERS TO US**

**NonProfits' United Workers' Compensation Group
Memorandum of Coverage: NPU-WCG 001-2025**

This endorsement modifies the coverage provided under the following:

Memorandum of Coverage: PART ONE: WORKERS' COMPENSATION

COVERAGE Paragraph H. RECOVERY FROM OTHERS is amended with respect to the following: Name and Address of Person or Organization:

**County of Nevada, The County, its officers,
employees, agents, and volunteers
950 Maidu Avenue
Nevada City, CA 95959**

**DESCRIPTION OF OPERATIONS/LOCATIONS ADDED BY ENDORSEMENT:
County of Nevada**

NPU-WCG waives any right of recovery it may have against the person or organization shown above because of payments made by NPU-WCG for injury or damage arising out of the Members' operations done under a contract with that person or organization shown above and included in the coverage provided by the Memorandum of Coverage. This waiver applies only to the person or organization shown on the Schedule Above.

**This endorsement is part of the Memorandum of Coverage and is effective on the date shown below.
All other terms and conditions remain unchanged.**

Effective Date	January 1, 2025	Expiration Date:	January 1, 2026
Member	Advocates for Mentally Ill Housing, Inc		
Endorsement No:	NPUWCG-ADVOCATES-	Date Issued:	Jan 1, 2025

Authorized Representative for NPU-WCG



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2025

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 All-Cal Insurance Agency 505 Vernon Street Roseville CA 95678	CONTACT NAME: Kimberly Zatkulak PHONE (A/C, No, Ext): (916) 784-9070 FAX (A/C, No): (916) 784-0158 E-MAIL ADDRESS: kimberly@all-calinsurance.com
INSURED Advocates For The Mentally Ill Housing, Inc. P.O. Box 5216 Auburn CA 95604	INSURER(S) AFFORDING COVERAGE INSURER A: NonProfits United INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** CL2462514322**REVISION NUMBER:**

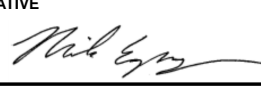
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" 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	Y	Y	2366	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll. Deductible \$ \$500
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The County, its officers, employees, agents, and volunteers.

CERTIFICATE HOLDER**CANCELLATION**

County of Nevada 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 
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THIS ENDORSEMENT CHANGES THE MEMORANDUM OF COVERAGE. PLEASE READ IT CAREFULLY

NonProfits' United Vehicle Insurance Pool

ADDITIONAL COVERED PARTY ENDORSEMENT

This endorsement modifies coverage provided under the following:

NPU VEHICLE INSURANCE POOL MEMORANDUM OF COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Memorandum of Coverage apply unless modified by the endorsement.

"Who is a Covered Party" in Section II of the Memorandum of Coverage is changed by adding the following:

Who is a Covered Party includes any person or organization named on the Certificate of Coverage as a Certificate Holder from whom you have leased an auto, from which you have received funding for your operations, or for whom you provide services. These persons or organization are provided coverage under the Memorandum of Coverage if they require to be named, and you agree to name them as an additional covered party in a written contract or agreement executed prior to any "loss", but only with respect to liability arising out of the ownership, use, maintenance, loading or unloading of a covered auto. Coverage provided under this endorsement is primary and insurance maintained by additional covered party is Non-Contributory. Coverage provided under this endorsement is limited to the Limits of Liability stated on the Memorandum of Coverage Declarations.

Cancellation:

Should the above described Memorandum of Coverage be cancelled before the expiration date thereof, NPU will endeavor to mail 30 days written notice to the certificate holder named on the certificate, but failure to do so shall impose no obligation or liability of any kind upon NPU, its agents or representatives.

Contribution Payments:

Those persons or organizations are not responsible for paying contributions for your coverage.

Covered Party and MOC Number: As shown on the Certificate of Coverage attached.

Effective Date: July 1, 2024 to July 1, 2025 (or otherwise indicated)

Authorized Representative:



THIS ENDORSEMENT CHANGES THE MEMORANDUM OF COVERAGE.

PLEASE READ IT CAREFULLY

NonProfits' United Vehicle Insurance Pool

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

This endorsement modifies coverage provided under the following:
NPU VEHICLE INSURANCE POOL MEMORANDUM OF COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Memorandum of Coverage apply unless modified by this endorsement.

This endorsement changes the Memorandum of Coverage effective on its inception date unless another date is indicated on the Memorandum of Coverage Declarations.

The Transfer of Rights of Recovery Against Others To Us Condition does not apply to the person(s) or organizations(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a written contract with that person or organization.

Covered Party and MOC Number: As shown on the Certificate of Coverage Attached.

Effective Date: July 1, 2024 to July 1, 2025 (or otherwise indicated)

Authorized Representative:

AM Best Rating Services

Nonprofits Insurance Alliance Group

BestLink 

AMB #: 018622

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

This company is a data record that AM Best utilizes to represent the **AM Best Consolidated financials** for the Property/Casualty business of [012419 Alliance of Nonprofits for Ins RRG, Inc.](#)

[012418 National Alliance of Nonprofits for Ins](#) has been assigned as the **AMB Group Lead** for this consolidation and should be used to access name, address, or other contact information for this AM Best Consolidated Group.

Best's Credit Ratings

AMB Rating Unit

Note: This data record represents an **AMB Rating Unit** and the following Best's Credit Ratings are based on the consolidated financials assigned to this record.

AMB #	Company Name	Best's FSR	Best's ICR
012419	Alliance of Nonprofits for Ins RRG, Inc.	A	a+
012418	National Alliance of Nonprofits for Ins	A	a+
011845	Nonprofits Ins Alliance of CA, Inc.	A	a+

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Robert Gabriel
Associate Director-Analytics: Adrienne Stark
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
Note: refer to the rating unit members for each company's Rating Disclosure Form

Press Release
[AM Best Revises Issuer Credit Rating Outlook to Negative for Members of Nonprofits Insurance Alliance Group](#)
December 04, 2024

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).



[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

<u>Date</u>	<u>Title</u>
Dec 04, 2024	AM Best Revises Issuer Credit Rating Outlook to Negative for Members of Nonprofits Insurance Alliance Group
Dec 05, 2018	AM Best Upgrades Issuer Credit Ratings of Nonprofits Insurance Alliance Group's Insurance Entities
Dec 09, 2016	A.M. Best Affirms Credit Ratings of the Members of Nonprofits Insurance Alliance Group
Sep 18, 2015	A.M. Best Affirms Ratings of the Members of Nonprofits Insurance Alliance Group
Aug 27, 2014	A.M. Best Affirms Ratings of the Members of Nonprofits Insurance Alliance Group
Sep 26, 2013	A.M. Best Affirms Ratings of the Members of Nonprofits Insurance Alliance Group
Oct 24, 2012	A.M. Best Affirms Ratings of Members of Nonprofits Insurance Alliance Group
Nov 04, 2011	A.M. Best Affirms Ratings for the Nonprofits Insurance Alliance Group Members

European Union Disclosures

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United Kingdom Disclosures

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AM Best Rating Services

Safety National Casualty Corporation

BestLink

AMB #: 000818 NAIC #: 15105 FEIN #: 430727872

Mailing Address

1832 Schuetz Road

St. Louis, Missouri 63146-3540

United States

Web: www.safetynational.com

Phone: 314-995-5300

Fax: 314-995-6817

[View Additional Address Information](#)

AM Best Rating Unit: [AMB #: 018564 - Safety National 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, [058633 - Tokio Marine Holdings, 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)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	November 15, 2024
Initial Rating Date:	June 30, 1948

Best's Credit Rating Analyst

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

Financial Analyst II: Thomas Keelan

Director: Edin Imsirovic

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

Long-Term Issuer Credit View Definition

Rating (Rating Category):	aa+ (Superior)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	November 15, 2024
Initial Rating Date:	June 19, 2007

Disclosure Information

Disclosure Information Form

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

Press Release

AM Best Affirms Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
November 15, 2024

Financial Size Category View Definition

Financial Size Category: XV (Greater than or Equal to USD 2.00 Billion)

u Denotes [Under Review Best's Rating](#)

Rating History

A.M. Best has provided ratings & analysis on this company since 1948.

Financial Strength Rating

Effective Date	Rating
November 15, 2024	A++
November 15, 2023	A++
November 17, 2022	A++
November 17, 2021	A++
November 11, 2020	A++

Long-Term Issuer Credit Rating

Effective Date	Rating
November 15, 2024	aa+
November 15, 2023	aa+
November 17, 2022	aa+
November 17, 2021	aa+
November 11, 2020	aa+


Related Financial and Analytical Data

The following links provide access to related data records that AM Best utilizes to provide financial and analytical data on a consolidated or branch basis.


AMB #	Company Name	Company Description
066521	Safety National Casualty Corp CAB	Represents the Property/Casualty financials for the Canada Branch of this legal entity.
018564	Safety National Group (SG)	Represents the AM Best Consolidated financials for the Property/Casualty business of this legal entity.

Rating Unit


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 #: [018564 - Safety National 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.

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Press Releases	
Date	Title
Nov 15, 2024	AM Best Affirms Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
Nov 15, 2023	AM Best Affirms Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
Nov 17, 2022	AM Best Affirms Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
Nov 17, 2021	AM Best Affirms Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
Nov 11, 2020	AM Best Upgrades Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
Oct 03, 2019	AM Best Affirms Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
Sep 26, 2018	A.M. Best Upgrades Issuer Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
Sep 15, 2017	A.M. Best Affirms Credit Ratings of Delphi Financial Group, Inc. and Its Subsidiaries
<div><div><div>1</div><div>2</div><div>3</div></div><div>Page size: 10</div><div>22 items in 3 pages</div></div>	

European Union Disclosures
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Credit Ratings determined and disseminated by AMBAPS are the opinion of AMBAPS only and not any specific credit analyst. AMBAPS 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.

Dubai Disclosures
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AM Best Rating Services

Nonprofits Insurance Alliance of California, Inc.

BestLink 

AMB #: 011845 FEIN #: 770203935

Mailing Address

300 Panetta Avenue

Santa Cruz, California 95060

United States

Web: www.niac.org

Phone: 831-459-0980

Fax: 831-459-0853

[View Additional Address Information](#)

AM Best Rating Unit: [AMB #: 018622 - Nonprofits Insurance Alliance Group](#)

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



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

Based on AM Best's analysis, [018622 - Nonprofits Insurance Alliance Group](#) 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 (Excellent)
Affiliation Code:	g (Group)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	December 04, 2024
Initial Rating Date:	July 24, 2001

Long-Term Issuer Credit View Definition

Rating (Rating Category):	a+ (Excellent)
Outlook (or Implication):	Negative
Action:	Affirmed
Effective Date:	December 04, 2024
Initial Rating Date:	October 11, 2007

Financial Size Category View Definition

Financial Size Category: VIII (USD 100 Million to Less than 250 Million)

Best's Credit Rating Analyst

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

Senior Financial Analyst: Robert Gabriel

Associate Director-Analytics: Adrienne Stark

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 Revises Issuer Credit Rating Outlook to Negative for Members of Nonprofits Insurance Alliance Group

December 04, 2024

u Denotes [Under Review Best's Rating](#)

Rating History

A.M. Best has provided ratings & analysis on this company since 2001.

Financial Strength Rating

Effective Date	Rating
December 04, 2024	A
November 17, 2023	A
October 19, 2022	A
December 03, 2021	A
January 06, 2021	A

Long-Term Issuer Credit Rating

Effective Date	Rating
December 04, 2024	a+
November 17, 2023	a+
October 19, 2022	a+
December 03, 2021	a+
January 06, 2021	a+

Best's Credit & Financial Reports



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Press Releases	
Date	Title
Dec 04, 2024	AM Best Revises Issuer Credit Rating Outlook to Negative for Members of Nonprofits Insurance Alliance Group
Dec 05, 2018	AM Best Upgrades Issuer Credit Ratings of Nonprofits Insurance Alliance Group's Insurance Entities
Dec 09, 2016	A.M. Best Affirms Credit Ratings of the Members of Nonprofits Insurance Alliance Group
Sep 18, 2015	A.M. Best Affirms Ratings of the Members of Nonprofits Insurance Alliance Group
Aug 27, 2014	A.M. Best Affirms Ratings of the Members of Nonprofits Insurance Alliance Group
Sep 26, 2013	A.M. Best Affirms Ratings of the Members of Nonprofits Insurance Alliance Group
Oct 24, 2012	A.M. Best Affirms Ratings of Members of Nonprofits Insurance Alliance Group
Nov 04, 2011	A.M. Best Affirms Ratings for the Nonprofits Insurance Alliance Group Members
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