

DATE (MM/DD/YYYY) 05/31/2018

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 RESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

ORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy certificate holder in lieu of such endor				ndorse	ment. A stat	ement on th	is certificate does not co	onfer r	ights to the	
PRODUCER			7	CONTA	ст				······································	
VICTOR O. SCHINNERER & COMPANY, DBA IN CA: SCHINNERER INSURANCE	NAME: PHONE (A/C, No, Ext): 916-286-5300 (A/C, No): 916-286-5301									
180 Promenade Circle #220			~	E-MAIL ADDRE	ss:				3	
Sacramento, CA 95834		NAIC#								
				INSURE	10120					
Robinson Enterprises, Inc.				INSURER B:						
293 Lower Grass Valley Road				INSURE						
Nevada City, CA 95959	INSURI									
				INSURER E:						
COVERAGES CER		CATI	E NUMBER:	INSURER F :						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF EQUII	INSUI REME TAIN.	RANCE LISTED BELOW HA INT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIES	THE INSURE OR OTHER I	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
INSR TYPE OF INSURANCE	ADDI	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMITS		***************************************	
A X COMMERCIAL GENERAL LIABILITY	1100	1111	94-00000551-181			06/01/2019	EACH OCCURRENCE		00,000	
CLAIMS-MADE X OCCUR			J4 00000551 101	06/01/2018	06/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000			
X LBFPD								\$5,000		
							PERSONAL & ADV INJURY \$1,0		00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2,0		0,000	
X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$2,00	00,000	
OTHER:								\$		
UTOMOBILE LIABILITY			94-00000552-181		06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	00,000	
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
HIRED AUTOS AUTOS							(Per accident)	\$		
		 						\$		
UMBRELLA LIAB OCCUR		İ					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE		ŀ					AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION				······			PER OTH-	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS SEIOW							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIC Certificate holder is additional insure Automobile Liability per attached form	ed as	resp	pects to General Liabili	le, may b	e attached if mor attached for	e space is requir m ECG20600 a	ed) und as respects to			
CERTIFICATE HOLDER				CANC	ELLATION					
Nevada County Public Works Maidu Avenue No ada 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						

© 1988-2014 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

SCHEDULE

Name Of Additional Insured Organization
ALL PERSONS OR ORGANIZATIONS AS REQUIRED BY WRITTEN CONTRACT WITH THE
NAMED INSURED. THE WRITTEN CONTRACT MUST BE SIGNED PRIOR TO THE DATE
OF THE "BODILY INJURY" & "PROPERTY DAMAGE".

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to the **Who Is An Insured** paragraph under Section **II – Liability Coverage**:

The organization shown in the Schedule with respect to the operation, maintenance, or use of a covered "auto" if you are required to add such organization to this policy as an additional insured in order to comply with the terms of a written "insured contract" or written agreement. This does not apply when such contract or agreement:

A. Involves the owner or anyone else from whom you hire or borrow a covered "auto" unless it is a "trailer" connected to a covered "auto" you own; or

B. Is executed after the date of "loss".

This paragraph does not apply if:

- 1. The terms and conditions of the written "insured contract" had been agreed upon prior to the "accident" or "loss"; and
- 2. You can definitively establish that the terms and conditions of the written "insured contract" ultimately executed are the same as those which had been agreed upon prior to the "accident" or "loss".

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf:

in the performance of your operations for an additional insured.

B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- **C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - 1. The Limits of Insurance required by the written agreement between the parties; or
 - 2. The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.



DATE (MM/DD/YYYY) 05/31/2018

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 PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

the terms and conditions of the policy certificate holder in lieu of such endor	, cert	ain p	olicies may require an e	ndorser	nent. A stat	ement on th	is certificate does not c	onfer r	ights to the		
PRODUCER VICTOR O. SCHINNERER & COMPANY, DBA IN CA: SCHINNERER INSURANCE	CONTACT NAME: PHONE (A/C, No, Ext): 916-286-5300 E-MAIL E										
180 Promenade Circle #220 Sacramento, CA 95834	ADDRESS:										
pactumento, en 30031				INSURER(S) AFFORDING COVERAGE NA							
INSURED				INSURER A: Everest National Insurance Company 10120 INSURER B:							
Robinson Enterprises, Inc.					***************************************						
293 Lower Grass Valley Road				INSURER C: INSURER D:							
Nevada City, CA 95959											
				INSURER E : INSURER F :							
COVERAGES CE	RTIFIC	CATE	NUMBER:	INSUKLI	X t .		REVISION NUMBER:				
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REMEI 'AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IN OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, E BEEN REDUCED BY PAID CLAIMS.							
INSR TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s			
A X COMMERCIAL GENERAL LIABILITY			94-00000551-181		06/01/2018	06/01/2019			0,000		
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	000		
X LBFPD							MED EXP (Any one person)	\$5,00	0		
							PERSONAL & ADV INJURY	\$1,00	0,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00	0,000		
X POLICY PRO-							PRODUCTS - COMP/OP AGG		0,000		
OTHER: UTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT	\$			
<i>√</i> ₹1			94-00000552-181		06/01/2018	06/01/2019	(Ea accident)	***************************************	0,000		
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
HIRED AUTOS AUTOS							(Per accident)	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
UMBRELLA LIAB OCCUP								\$			
- CCCOR							EACH OCCURRENCE	\$			
OLAIBVO-MADI							AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION	┼						PER OTH-	\$			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	***************************************		
If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate holder is additional insur	LES (A ed re	ACORD gardi	on, Additional Remarks Schedung general liability pe	ile, may be r attacl	e attached if mor ned form ECG	e space is requir i 20 600.	ed)				
CERTIFICATE HOLDER				CANCELLATION							
County of Nevada - Dept of Pu	plic	Wor	·ks								
Attn: Jenny McCauley Encroar F 530-265-9849 ! Maidu Ave	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
Nevada City, CA 95959				AUTHORIZED REPRESENTATIVE							
İ				Sulledo							

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;

in the performance of your operations for an additional insured.

B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- **C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - 1. The Limits of Insurance required by the written agreement between the parties; or
 - 2. The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.



DATE (MM/DD/YYYY) 05/31/2018

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 PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

the terms and conditions of the policy, certificate holder in lieu of such endors				ndorse	ment. A stat	tement on th	is certificate does not c	onfer r	ights to the	
PRODUCER	seme	nt(s)	<u>* </u>	CONTA	СТ					
VICTOR O. SCHINNERER & COMPANY,	TNC			NAME:						
DBA IN CA: SCHINNERER INSURANCE			3	PHONE (A/C, No. Ext): 916-286-5300 FAX (A/C, No): 916-286					86-5301	
180 Promenade Circle #220				E-MAIL ADDRESS:						
Sacramento, CA 95834						NAIC #				
				INSURE	10120					
INSURED				INSURER B:						
Robinson Enterprises, Inc.				INSURER C:						
293 Lower Grass Valley Road				INSURER D:						
Nevada City, CA 95959				INSURER E :						
				INSURER E : INSURER F :						
COVERAGES CER	TIFIC	:ATF	NUMBER:	INSURE	KF,		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF II QUIR PERTA POLIC	NSUF REME AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS REDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
INSR LTR TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A X COMMERCIAL GENERAL LIABILITY			94-00000551-181		06/01/2018	06/01/2019	EACH OCCURRENCE	\$1,00	00,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	000	
X LBFPD							MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1.00	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00	00,000	
X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		00,000	
OTHER:							THOUGHTO - COMM TOT AGO	\$,	
P 'UTOMOBILE LIABILITY			94-00000552-181		05/01/2010	06/03/030	COMBINED SINGLE LIMIT (Ea accident)	<u> </u>	00,000	
• <u> </u>			34-00000332-101		06/01/2018	06/01/2019	(Ea accident) BODILY INJURY (Per person)	\$	10,000	
ALL OWNED SCHEDULED										
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE			
HIRED AUTOS AUTOS							(Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	777771111111111111111111111111111111111	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		1					E.L. DISEASE - EA EMPLOYEE	A EMPLOYEE \$		
İf yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
				······································						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORF	0 101. Additional Remarks Schedu	ile, mav h	e attached if mor	e space is requir	red)			
Certificate Holder is additional insure	d rec	gardi								
auto liability per attached form ECA 04	521.	•								
					·					
CERTIFICATE HOLDER				CANO	ELLATION					
County of Nevada Solid Waste D	ivis	si.on	1							
Attn: Carolyn							ESCRIBED POLICIES BE CA			
F- 530-265-9849							REOF, NOTICE WILL E Y Provisions.	or UEI	LIVERED IN	
5 Maidu Ave										
Nevada City. CA 95959				AUTHORIZED REPRESENTATIVE						

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;

in the performance of your operations for an additional insured.

B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- **C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - 1. The Limits of Insurance required by the written agreement between the parties; or
 - **2.** The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

SCHEDULE

Name Of Additional Insured Organization ALL PERSONS OR ORGANIZATIONS AS REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED. THE WRITTEN CONTRACT MUST BE SIGNED PRIOR TO THE DATE

OF THE "BODILY INJURY" & "PROPERTY DAMAGE".

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to the **Who Is An Insured** paragraph under Section **II – Liability Coverage**:

The organization shown in the Schedule with respect to the operation, maintenance, or use of a covered "auto" if you are required to add such organization to this policy as an additional insured in order to comply with the terms of a written "insured contract" or written agreement. This does not apply when such contract or agreement:

A. Involves the owner or anyone else from whom you hire or borrow a covered "auto" unless it is a "trailer" connected to a covered "auto" you own; or B. Is executed after the date of "loss".

This paragraph does not apply if:

- The terms and conditions of the written "insured contract" had been agreed upon prior to the "accident" or "loss"; and
- You can definitively establish that the terms and conditions of the written "insured contract" ultimately executed are the same as those which had been agreed upon prior to the "accident" or "loss".



DATE (MM/DD/YYYY) 05/31/2018

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 RESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

ti	ne terms and conditions of the policy ertificate holder in lieu of such endor	, cert	tain p	olicies may require an e	ndorse	ment. A stat	tement on th	is certificate does not c	onfer r	ights to the		
PRODUCER VICTOR O. SCHINNERER & COMPANY, INC. DBA IN CA: SCHINNERER INSURANCE SERVICES 180 Promenade Circle #220						CONTACT NAME: PHONE (AIC, No, Ext): 916-286-5300 E-MAIL ADDRESS: FAX (AIC, No): 916-286-5301						
	cramento, CA 95834				INSURE	NAIC#						
INS	JRED					10120						
Ro	oinson Enterprises, Inc.				INSURE							
29:	B Lower Grass Valley Road				INSURE	777771111111111111111111111111111111111						
Ne	ada City, CA 95959				INSURE							
					INSURER E :							
	VERAGES CER	Tiri	^ A T'E	NUMBER:	INSURER F:							
T IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REME "AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY							
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY			94-00000551-181		06/01/2018	06/01/2019	EACH OCCURRENCE	\$1,000,000			
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000				
	X LBFPD							MED EXP (Any one person)	\$5,000			
								PERSONAL & ADV INJURY	\$1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000			
X POLICY PRO-								PRODUCTS - COMP/OP AGG	\$2,000,000			
	OTHER:								\$			
₽	UTOMOBILE LIABILITY			94-00000552-181	06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	J						AGGREGATE	\$			
DED RETENTION\$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		***************************************		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)	11.7						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Con	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC tractor's License # 322436 hroachment Permit # EP9476	LES (A	ACORE) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		23,000,000		
									,			
CEI	RTIFICATE HOLDER				CANO	CELLATION						
Cot 9" 1s	unty of Nevada Maidu Ave da 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							
						hull Gods						



DATE (MM/DD/YYYY) 05/31/2018

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 PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

the ter	rms and conditions of the policy, cate holder in lieu of such endors	cert	ain p	olicies may require an e	ndorse	ment. A stat	tement on th	is certificate does	not confe	er rights to the		
PRODUCE		Seme	111(5)	•	CONTACT							
	O. SCHINNERER & COMPANY,			NAME: PHONE 916-286-5200 FAX 916-286-52								
	CA: SCHINNERER INSURANCE	/ICES	5	PHONE (A/C, No, Ext): 916-286-5300 FAX (A/C, No): 916-286-5301 E-MAIL								
	omenade Circle #220 ento, CA 95834			ADDRESS:								
24024	oco, o 55051				INSURER(S) AFFORDING COVERAGE					NAIC #		
INSURED					INSURER A: Everest National Insurance Company 10120							
	on Enterprises, Inc.				INSURER B :							
293 Lo	wer Grass Valley Road			INSURER C:								
	City, CA 95959				INSURE							
					INSURER E:							
COVER	ACES CED	TICI	~ A TE	* MINUTES	INSURE	RF:		DEMOSON NUMB				
	S TO CERTIFY THAT THE POLICIES			NUMBER:	VE SEC	N ISSUED TO		REVISION NUMB		OCHOV DEDICE		
INDICA CERTII	TED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH	QUIF PERT	REME 'AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER E	DOCUMENT WITH F	RESPECT	O WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR				POLICY EXP (MM/DD/YYYY)	***************************************	LIMITS	Trial hall and hall a		
~	COMMERCIAL GENERAL LIABILITY	INSD	YYYD.					EACH OCCURRENCE		,000,000		
A	CLAIMS-MADE X OCCUR			94-00000551-181		06/01/2018	06/01/2019	DAMAGE TO RENTED PREMISES (Ea occurre		00,000		
X	LBFPD							MED EXP (Any one per	son) \$5	,000		
								PERSONAL & ADV INJURY		\$1,000,000		
1	'L AGGREGATE LIMIT APPLIES PER:		}					GENERAL AGGREGATE \$		\$2,000,000		
X	POLICY PRO- LOC							PRODUCTS - COMP/O	PAGG \$2	,000,000		
	OTHER:		L						\$			
1	OMOBILE LIABILITY			94-00000552-181		06/01/2018	06/01/2019	COMBINED SINGLE LII (Ea accident)	MII \$1	,000,000		
X	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per pe				
	AUTOS AUTOS							BODILY INJURY (Per a	ccident) \$			
.14.00.00.00.00	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$	***************************************		
(Man	datory in NH)							E.L. DISEASE - EA EMP	PLOYEE \$			
DESC	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	YLIMIT \$			
DESCRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	E0 /	COPT	101 Additional Barrata Calada	da ment	o ottochod if	o conce la	ad)				
Certific	ate holder is additional insure	d re	gardi	ng general liability per	r attac	ched form ECG	e space is requir 3 20 600 .	ea}				
								5				
OFFICE	OLTE MOLDED			<u> </u>								
CERTIFI	CATE HOLDER				CANO	ELLATION						
_	of Nevada				SHO	HII D ANY OF T	THE AROVE D	ESCRIBED POLICIES	SBECANO	ELLEN BEENDE		
Depart	ment of Transportation				THE	EXPIRATION	DATE THE	REOF, NOTICE V				
۲ · ۱:	Judy							Y PROVISIONS.				
	idu Ave											
Nevada	City, CA 95959				AUTHO	RIZED REPRESE	NTATIVE					
					4 Meloto							
© 1988-2014 ACORD CORPORATION. All rights reserved												

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf:

in the performance of your operations for an additional insured.

B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- **C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - 1. The Limits of Insurance required by the written agreement between the parties; or
 - **2.** The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.