

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/13/2025

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	cert	ificate holder in lieu of su	ich end	lorsement(s)		require an endorsemen	п. дз	tatement on			
PRODUCER License # 0603247				CONTA NAME:								
George Petersen Insurance Agency, Inc.					PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 442-7281							
P.O. Box 3539 Santa Rosa, CA 95402				E-MAIL	_{ss:} info@gp	ins.com	(<i>Pa</i> 0, 110).	· · /				
					INSURER(S) AFFORDING COVERAGE							
				INSLIDE	10200							
INSURED				INSURER A : HISCOX 10200 INSURER B :								
Jessica Pettitt DBA: Good I	ow	INSURE										
PO Box 420				INSURE								
1632 Broadway Eureka, CA 95501-0420				INSURE								
Zuroka, 671 66601 6 126				INSURE								
COVERAGES CER	TIFI	CATE	E NUMBER:	INCORE			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	IES O REQU ' PER	F INS IREMI	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIE	RED NAMED ABOVE FOR T R DOCUMENT WITH RESP BED HEREIN IS SUBJECT T	ECT TO	WHICH THIS			
INSR TYPE OF INQUIRANCE		SUBR		DEEN		POLICY EXP (MM/DD/YYYY)						
A X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000			
CLAIMS-MADE X OCCUR	v		P100.157.630.7		3/15/2025	3/15/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
SET WIND WINDE X	X		1 100.137.030.7		3/13/2023	3/13/2020		\$	5,000			
							MED EXP (Any one person)	\$	1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000			
X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000			
OTHER:							HNOA	\$	1,000,000			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
ANY AUTO							BODILY INJURY (Per person)	\$				
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)					
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
AUTOS ONLY AUTOS ONLY							(i or doordon)	s				
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADE	≣						AGGREGATE	\$				
DED RETENTION\$								\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER					
	1						E.L. EACH ACCIDENT	\$				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICRE: For use of the Marina Wharfinger build The City of Eureka, including its officers, o BOP-GL E5025 CW (11/19); attached.	ding, i	Eurek	ка					eneral	Liability, per			
CERTIFICATE HOLDER				CANO	CELLATION							
				J. 1140								
City of Eureka 531 K Street				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.					
Eureka, CA 95501	Eureka, CA 95501					NTATIVE						



Endorsement 28

NAMED INSURED: Jessica Pettitt DBA Good Enough Now DAB I Am Social Justice & Diversity DBA Good Enough Now DBA I Am Social Justice & Diversity

Blanket Additional Insured - Clients and Lessors of Premises

Page 1 of 1

In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed the General Liability Coverage Part is amended as follows:

I. The following are added to the end of Section III. Who is an insured:

CL-A. Clients

If **you** have agreed in a written contract or agreement to add them as an additional insured to a policy providing the type of coverage afforded by this Coverage Part, any person or organization for whom **you** are performing operations is an **insured**, but only with respect to liability arising out of:

- 1. your acts or omissions or of those acting on your behalf; and
- 2. the performance of **your** ongoing operations for the additional insured.

A person or organization's status as an additional insured under this subsection CL-A ends when **your** operations for that additional insured are completed.

CL-B. Lessors of premises

If **you** have agreed in a written contract or agreement to add them as an additional insured to a policy providing the type of coverage afforded by this Coverage Part, any person or organization from whom **you** lease any premises is an **insured**, but only with respect to liability arising out of the ownership, maintenance, or use of that part of the premises leased to **you**.

However, the coverage afforded to such additional insured(s) does not apply to any liability arising out of structural alterations, new construction, or demolition operations performed by or for such additional insured(s).

A person or organization's status as an additional insured under this subsection CL-B ends when **you** cease to be a tenant in the premises.

Endorsement Effective: March 15, 2025 Policy No.: P100.157.630.7

By: Mary Boyd

(Appointed Representative)



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PRODUCER License # 0603247					CONTACT NAME:									
George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa, CA 95402					PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 442-7281									
					E-MAIL ADDRESS: info@gpins.com									
						INSURER(S) AFFORDING COVERAGE						NAIC #		
						INSURER A : HISCOX						10200		
INSURED						INSURE								
		Jessica Pettitt DBA: Good E PO Box 420	nou	nough Now			R C :							
1632 Broadway							INSURER D:							
		Eureka, CA 95501-0420				INSURE								
						INSURE	RF:							
					E NUMBER:				REVISION NU					
l II	NDIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIE	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS		
INSF	2	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
A		COMMERCIAL GENERAL LIABILITY					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	EACH OCCURREN	ICE	\$	1,000,000		
		CLAIMS-MADE X OCCUR	X		P100.157.630.7	3/15/2025	3/15/2026	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	5,000			
									MED EXP (Any one person)		\$	1,000,000		
	051	ACCRECATE LIMIT APPLIES DED.							PERSONAL & ADV		\$	2,000,000		
	X	POLICY PRO- LOC							PRODUCTS - COM		\$	2,000,000		
	AUT	OTHER:							COMBINED SINGL	E LIMIT	\$	1,000,000		
	1.0.	ANY AUTO							(Ea accident) BODILY INJURY (F	Per nerson)	\$			
		OWNED SCHEDULED AUTOS							BODILY INJURY (F	•				
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$			
		ACTOS GNET							(* er eisereit)		\$			
		UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
		DED RETENTION\$									\$			
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$			
		ICER/MEMBER EXCLUDED? Indatory in NH) s, describe under	1	`					E.L. DISEASE - EA	EMPLOYEE	\$			
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$			
RE:	Wor Inty c	TION OF OPERATIONS / LOCATIONS / VEHIC is performed by the Named Insured of Humboldt is named as Additiona	LES (I on I I Inst	acori pehali ured v	O 101, Additional Remarks Schedt f of the Certificate Holder with respects to General Li	ile, may b	e attached if mor	e space is requi	red) 1/19); attached.					
CE	RTIF	FICATE HOLDER				CANO	ELLATION							
County of Humboldt 2426 6th Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.								
		Eureka, CA 95501				AUTHO	RIZED REPRESE	NTATIVE						
							$\Omega \Omega \Omega \Omega$							



Endorsement 28

NAMED INSURED: Jessica Pettitt DBA Good Enough Now DAB I Am Social Justice & Diversity DBA Good Enough Now DBA I Am Social Justice & Diversity

Blanket Additional Insured - Clients and Lessors of Premises

Page 1 of 1

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(Appointed Representative)



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tl	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)							
PRO	DUCER License # 0603247				CONTA NAME:	СТ							
George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa, CA 95402						PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 442-7281							
						E-MAIL ADDRESS: info@gpins.com							
		INSURER A : HISCOX						10200					
INSU	IRED	INSURE											
	Jessica Pettitt DBA: Good E	nou	gh No	ow	INSURE								
	PO Box 420				INSURE								
	1632 Broadway Eureka, CA 95501-0420				INSURE								
					INSURER F:								
CO	VERAGES CER	TIFI	САТІ	E NUMBER:				REVISION NUI	MRFR:				
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TC	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY					, <u> </u>	,,,,,,	EACH OCCURREN	CE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			P100.157.630.7		3/15/2025	3/15/2026	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$			
								MED EXP (Any one person)		\$	5,000		
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	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000		
	X POLICY PRO-							PRODUCTS - COM		\$	2,000,000 1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$			
	ANY AUTO							(Ea accident)		\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (P	•	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	er accident) GE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ \$			
	UMBRELLA LIAB OCCUR							FACIL OCCUPREN	CE	\$ \$			
	EXCESS LIAB CLAIMS-MADE							ACCRECATE	CE	\$ \$			
	DED RETENTION \$	1						AGGREGATE		\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ф			
								E.L. EACH ACCIDE		\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		•			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$ \$			
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - PO	LICT LIIVII I	Ф			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Proof of Coverage	LES (ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)					
CF	RTIFICATE HOLDER				CANO	CELLATION							
~ _	Jessica Pettitt DBA: Good E PO Box 420 Eureka, CA 95501	inouç	gh No	ow .	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
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						INSURER(S) AFFORDING COVERAGE N						
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INS	JRED	INSURER A : HISCOX 10200 INSURER B :										
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	PO Box 420				INSURER D :							
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					INSURER F:							
CO	VERAGES CER	TIFIC	`ATF	NUMBER:	INCORL			REVISION NUI	MRFR.			
T II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORN LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	х		P100.157.630.7		3/15/2025	3/15/2026	EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ	CE ED surrence)	\$	1,000,000	
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	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000 1,000,000	
	OTHER:							COMBINED SINGLE	E LIMIT	\$	1,000,000	
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
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								BODILY INJURY (P PROPERTY DAMA (Per accident)	er accident) GE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$		
										\$		
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							PER	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$		
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	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
RE: The	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Professional Services - Projects/Const City of Lewisville, including its officers, eneral Liability, per BOP-GL E5025 CW	ıltant , offic	s ials,	agents, employees, board					itional Ins	ured w	/ith respects	
CF	RTIFICATE HOLDER				CANC	ELLATION						
The City of Lewisville 151 W Church St Lewisville, TX 75057						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						



Endorsement 28

NAMED INSURED: Jessica Pettitt DBA Good Enough Now DAB I Am Social Justice & Diversity DBA Good Enough Now DBA I Am Social Justice & Diversity

Blanket Additional Insured - Clients and Lessors of Premises

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By: Mary Boyd

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