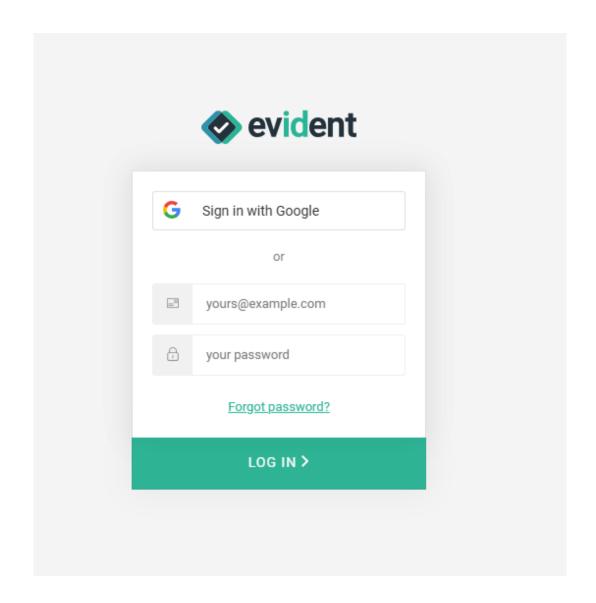


AND



HOW TO MANUAL

Evident Log-In



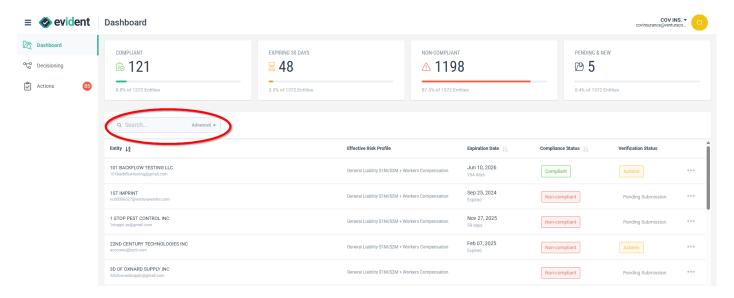
LOGIN:

COVINSURANCE@venturacounty.gov

PASSWORD:

Insurance\$1

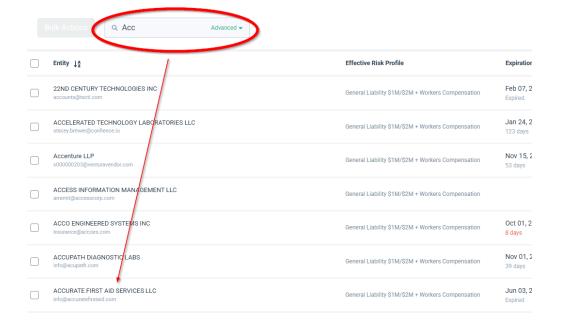
This is the first screen you will see upon logging in:



To search for a specific vendor

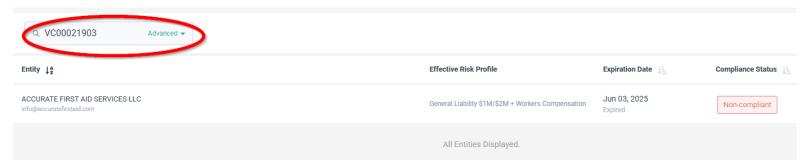
Type the Vendor's name or vendor's number (VC #) into the search bar (as indicated above)

- As you type, the list below will update to show different vendor names or vendor numbers
- Example: Searching by vendor name



•

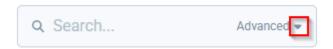
• Example: Searching by vendor #



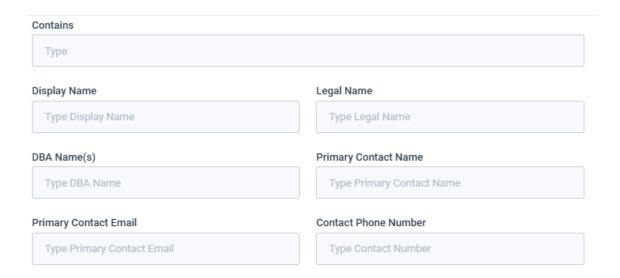
• Select the vendor's name from the list to see their information.

Optional: Use advanced filters if:

- The vendor didn't come up using their name or vendor #
- You want to search by a category other than the vendor's legal name or VC#



• Enter information to apply advanced filters. For example, if you have the vendor's DBA Name or Contact Phone Number



• Select the correct vendor's name from the list below the search bar



When you select the vendor you want, you will get this screen:

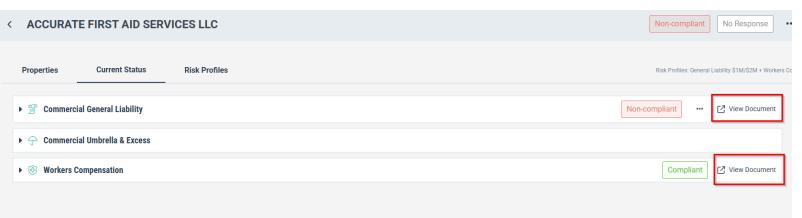


The vendor will either be Compliant or Non-compliant.

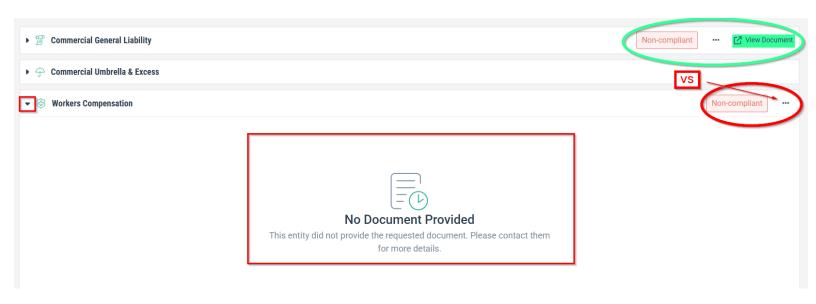
**As pictured above, a vendor can be compliant for one form of insurance and non-compliant for another. If they are non-compliant in either, they will show up as non-compliant to the right of their name. (First arrow) **

If you would like to look at their actual insurance certificate,

• Select the "View document" Button



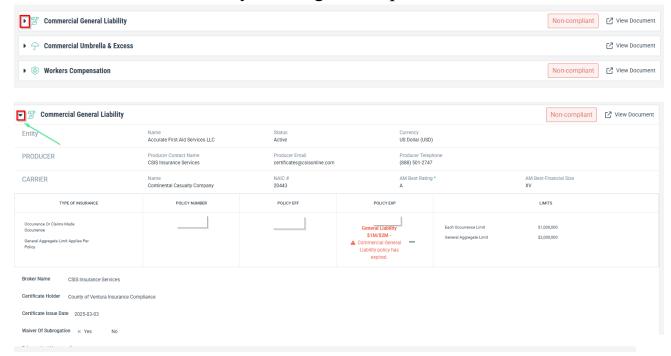
• If no document has been provided, it will look like this:



Example of a Certificate of Insurance (COI):

CERTIFICATE OF LIABILITY INSURANCE THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERT								1/1/2025		
ER BEL	TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEN	D OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	POLICIES	
r sı	ORTANT: If the certificate holder JBROGATION IS WAIVED, subject certificate does not confer rights to	to the t	erms and conditions of th	e polic	y, certain po	olicies may				
ODU	ICER			CONTAC NAME:	T Bree V	/allace				
NonProfits' United Workers' Compensation Group					PHONE FAX (A/C, No, Ext): (A/C, No):					
				E-MAJL ADDRES	s: Bree@	nonprofitsun	ited.com			
					INSURER(S) AFFORDING COVERAGE NAIC					
NSURED					INSURER B: Safety National Casualty Corporation				15105	
Casa Pacifica Centers for Children and Families					INSURER C:					
Casa Pacifica Centers					INSURER D :					
1722 S Lewis Road					INSURER E :					
Camarillo, CA93012					INSURER F :					
	RAGES CER IS TO CERTIFY THAT THE POLICIES		E NUMBER:	VE DEE	1 1001 150 70	THE INDICA	REVISION NUMBER:	HE BOY	ov penice	
NDI(TIS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RI TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQUIREMI PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY 1	CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO V	WHICH THIS	
R	TYPE OF INSURANCE	ADDL SUB	R		POLICY EFF (MM/DD/YYYY)			rs		
т	COMMERCIAL GENERAL LIABILITY	INSD WV	POLICI NORDER		(MENSAGETTIT)	,amountity)	EACH OCCURRENCE	s		
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s		
							MED EXP (Any one person)	s		
L							PERSONAL & ADV INJURY	s		
G	ENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	S		
\vdash	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	S		
1	OTHER: UTOMOBILE LIABILITY			_			COMBINED SINGLE LIMIT	S		
-	ANY AUTO						(Ea accident) BOD(LY INJURY (Per person)	s		
Н	OWNED SCHEDULED						BODILY INJURY (Per accident)	-		
Н	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s		
Г	AUTOSONET						(r-er account)	s		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	S		
-	DED RETENTION S ORKERS COMPENSATION		_				969 714	s		
AN	ID EMPLOYERS' LIABILITY VAN				1/1/2025	1/1/2026	X PER OTH-			
OF	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,0		
(M	andatory in NH) yes, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE			
_	SWC		-		1/1/2025	1/1/2026	XS of \$1,000,000		,000 (EL)	
							XS of \$1,000,000	Statuto	ory (WC)	
SCR	IPTION OF OPERATIONS / LOCATIONS / V	EHICLES (CORD 101, Additional Remarks	Schedul	e, may be attac	hed if more sp	pace is required)			
	ura County, its boards, agencies, dep					_	- •			
	IFIGATE HOLDES				F1 1 4 7 10 2 1					
RT	IFICATE HOLDER			CANC	ELLATION					
911	ura County Behavioral Health Williams Drive, Suite 200			THE	EXPIRATION	DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.			
/XIII	ard, CA 93036									
					Authorized representative Perfecy & E-1-					
					© 19	88-2015 AC	ORD CORPORATION.	All righ	ts reserve	
					- 10					

If the certificate of insurance has been provided, you can also view summarized information by clicking the drop-down arrow:



Any questions regarding the use of Evident can be directed to County of Ventura Procurement Staff.

Please feel free to contact our insurance desk at COVINSURANCE@venturacounty.gov