



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/13/2026

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).

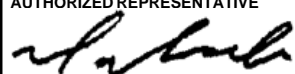
| <b>PRODUCER</b><br>Marsh & McLennan Agency LLC<br>Marsh & McLennan Ins. Agency LLC<br>1 Polaris Way #300<br>Aliso Viejo CA 92656<br><br>License#: 0H18131<br>ATHENENVIR | <b>CONTACT NAME:</b> Matthew McNab<br><b>PHONE (A/C No. Ext):</b> 949-362-6317<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> matthew.mcnab@marshmma.com   |                               |        |   |       |   |       |   |       |  |       |  |       |  |
|---|--|-------------------------------|--------|---|-------|---|-------|---|-------|--|-------|--|-------|--|
|   | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : AIG Specialty Insurance Company</td> <td>26883</td> </tr> <tr> <td>INSURER B : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C : National Fire &amp; Marine Insurance Co</td> <td>20079</td> </tr> <tr> <td>INSURER D : XL Insurance America, Inc.</td> <td>24554</td> </tr> <tr> <td>INSURER E : Navigators Specialty Insurance Company</td> <td>36056</td> </tr> <tr> <td>INSURER F : Navigators Specialty Insurance Company</td> <td>36056</td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : AIG Specialty Insurance Company | 26883 | INSURER B : Greenwich Insurance Company | 22322 | INSURER C : National Fire & Marine Insurance Co | 20079 | INSURER D : XL Insurance America, Inc. | 24554 | INSURER E : Navigators Specialty Insurance Company | 36056 | INSURER F : Navigators Specialty Insurance Company |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |   |       |   |       |   |       |  |       |  |       |  |
| INSURER A : AIG Specialty Insurance Company   | 26883  |                               |        |   |       |   |       |   |       |  |       |  |       |  |
| INSURER B : Greenwich Insurance Company   | 22322  |                               |        |   |       |   |       |   |       |  |       |  |       |  |
| INSURER C : National Fire & Marine Insurance Co   | 20079  |                               |        |   |       |   |       |   |       |  |       |  |       |  |
| INSURER D : XL Insurance America, Inc.  | 24554  |                               |        |   |       |   |       |   |       |  |       |  |       |  |
| INSURER E : Navigators Specialty Insurance Company  | 36056  |                               |        |   |       |   |       |   |       |  |       |  |       |  |
| INSURER F : Navigators Specialty Insurance Company  | 36056  |                               |        |   |       |   |       |   |       |  |       |  |       |  |

**COVERAGES** **CERTIFICATE NUMBER:** 1712256840 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | N        | EG6439324                        | 3/1/2026                | 3/1/2027                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 25,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                              | Y         | N        | RAD500042712                     | 3/1/2026                | 3/1/2027                | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| C F      | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000   | Y         | N        | 42UMO31038307<br>CH26EXCZ078SKIC | 3/1/2026<br>3/1/2026    | 3/1/2027<br>3/1/2027    | EACH OCCURRENCE \$\$10,000,000<br>AGGREGATE \$\$10,000,000<br>\$  |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       | N        | RWD500042612                     | 3/1/2026                | 3/1/2027                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| A E      | Pollution Legal Liability   | N         | N        | EG6439324<br>CH26XSPZ0NT1VQN     | 3/1/2026<br>3/1/2026    | 3/1/2027<br>3/1/2027    | Per Claim \$10,000,000<br>Aggregate \$10,000,000  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The City of Redondo Beach, its officers, elected and appointed officials, employees, and volunteers are included as Additional Insured with respects to General Liability and Auto Liability, where required by written contract, per the attached endorsements. Insurance is Primary & Non-Contributory, where required by written contract, per the attached endorsements.

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>City of Redondo Beach<br>415 Diamond Street<br>Redondo Beach, CA 90277 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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INSURED: Arakelian Enterprises, Inc.

POLICY#: EG6439324

POLICY PERIOD: 03/01/2026

TO: 03/01/2027

**ENDORSEMENT NO. 8**

**This endorsement, effective 12:01 AM,**

**Forms a part of Policy No:**

**Issued to:**

**By: AIG SPECIALTY INSURANCE COMPANY**

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

**ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT -  
OWNERS, LESSEES OR CONTRACTORS - YOUR WORK**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY AND  
POLLUTION LEGAL LIABILITY POLICY**

**SCHEDULE**

**Name of Additional Insured Person(s) or Organization(s):**

BLANKET WHERE REQUIRED BY WRITTEN CONTRACT EXECUTED PRIOR TO CLAIM OR  
LOSS.

**Location(s) of Covered Operation(s):**

ALL LOCATIONS OF THE NAMED INSURED

- I. Solely as respects **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY, and COVERAGE E - ADDITIONAL POLLUTION LEGAL LIABILITY, SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for **bodily injury, property damage, personal and advertising injury, or environmental damage** arising out of **your work** for the additional insured(s) by or for you at the location(s) designated above.
- II. As respects the coverage afforded the additional insured(s) scheduled above, this insurance is primary and non-contributory, and our obligations are not affected by any other insurance carried by such additional insured(s) whether primary, excess, contingent, or on any other basis.

All other terms, conditions and exclusions shall remain the same.



\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE**  
or countersignature (in states where applicable)

INSURED: Arakelian Enterprises, Inc.

POLICY #: RAD500042712

POLICY PERIOD: 03/01/2026

TO 03/01/2027

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

**AUTOMATIC ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
AUTO DEALERS COVERAGE FORM

- A. **COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured**, is amended to include as an "insured" any person or organization you are required in a written contract to name as an additional insured, but only for "bodily injury" or "property damage" otherwise covered under this policy caused, in whole or in part, by the negligent acts or omissions of:
1. You, while using a covered "auto"; or
  2. Any other person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with your permission;

Provided that:

- a. The written contract is in effect during the policy period of this policy;
  - b. The written contract was signed by you and executed prior to the "accident" causing "bodily injury" or "property damage" for which liability coverage is sought; and
  - c. Such person or organization is an "insured" solely to the extent required by the contract, but in no event if such person or organization is solely negligent.
- B. The Limits of Insurance provided for the Additional Insured shall not be greater than those required by contract and, in no event shall the Limits of Insurance set forth in this policy be increased by the contract.
- C. **General Conditions, Other Insurance** is amended as follows:

Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the additional insured whether such insurance is primary, excess, contingent or on any other basis unless the contract specifically requires that this policy be primary.

All terms, conditions, exclusions and limitations of this policy shall apply to the liability coverage provided to any additional insured, and in no event shall such coverage be enlarged or expanded by reason of the contract.

All other terms and conditions of this policy remain unchanged.