

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/7/2024

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).		
TechInsurance, Division of Specialty Program Group LLC 203 N. LaSalle St., 20th Floor, Chicago, IL 60601	CONTACT NAME:	
	(A/C, NO, EXI). (440).	90-4123
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hartford Multi-State	00914
INSURED	INSURER B: Underwriters at Lloyd's	99998
Peregrine Technologies 130 Bush St Fl 8 , San Francisco, CA, 94104-3819	INSURER C: Hartford Underwriters Insurance Company	30104
	INSURER D :	
	INSURER E :	
	INSURER F:	
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.		

ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS \$ 2,000,000 **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED \$ 1,000,000 ~ CLAIMS-MADE PREMISES (Ea occurrence) \$ 10,000 MED EXP (Any one person) С 2,000,000 3/29/2024 46SBARF4FW2 3/29/2025 PERSONAL & ADV INJURY \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 4,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 2,000,000 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS 46SBABF4FW2 3/29/2024 3/29/2025 **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ С HIRED AUTOS AUTOS \$ **UMBRELLA LIAB** \$ 3,000,000 OCCUR EACH OCCURRENCE С \$ 3,000,000 **EXCESS LIAB** 46SBABF4FW2 3/29/2024 3/29/2025 **CLAIMS-MADE** AGGREGATE DED
✓ RETENTION \$ 10,000 WORKERS COMPENSATION ✓ | PER STATUTE AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ 1,000,000 E.L. EACH ACCIDENT No N/A 46WECAC3TVE 12/4/2023 12/4/2024 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below \$ 1,000,000 E.L. DISEASE - POLICY LIMIT В \$2,000,000 / \$2,000,000 Professional Liability (Errors and Omissions) WG00004746AD 3/8/2024 3/8/2025 Occurrence/Aggregate

CERTIFICATE HOLDER	CANCELLATION
Redondo Beach Police Department 401 Diamond St. Redondo Beach, CA 90277	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

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