

TYANG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/9/2025

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.

	f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to							require an endorsem	ent. As	tatement on	
PRODUCER License # 0757776 HUB International Insurance Services Inc. PO Box 255387 Sacramento, CA 95865						CONTACT NAME: PHONE (016) 074-7800 FAX (016) 074-6120					
						PHONE (A/C, No, Ext): (916) 974-7800 FAX (A/C, No): (916) 974-6120 E-MAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE NAIC #							
				INSURER A: Hartford Underwriters Insurance Company 30104					30104		
INSURED Michael J. Arnold & Associates, Inc. 1127 11th Street Suite 820 Sacramento, CA 95814-3811						INSURER B:					
						INSURER C:					
						INSURER D:					
						RE:					
					INSURE	RF:					
				E NUMBER:		EEN IOOUED 3		REVISION NUMBER:			
l II	IHIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RES ED HEREIN IS SUBJECT	PECT TO	O WHICH THIS	
INSF			DL SUBR POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)						
A						·····	,,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		57SBABL9DM2		6/1/2025	6/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		1,000,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AG	G \$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person	Ť		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accide			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s		
	AS TO STATE TO STATE TO								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-			
		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	T \$		
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE City of Redondo Beach, its Officers, Elentract per policy wording.	ES (A	ACORE and	D 101, Additional Remarks Schedu Appointed Officials, Emple	ile, may b	e attached if mo and Volunteer	e space is requir s are named	ed) as additional insured a	re requi	red by written	
CERTIFICATE HOLDER City of Redondo Beach 415 Diamond Beach Redondo Beach, CA 90277						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					