

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/03/2024

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(les) must be endorsed. If SUBROGATIONIS 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). PRODUCER CONTACT NAME: RUBIN INSURANCE AGENCY/PHS (866) 467-8730 FAX PHONE 72161534 (A/C, No): (A/C. No. Ext): The Hartford Business Service Center 3600 Wiseman Blvd E-MAIL ADDRESS San Antonio, TX 78251 INSURER(S) AFFORDING COVERAGE NAICH INSURED INSURER A: 11000 Sentinel Insurance Company Ltd. JOSE MELD DBA MELAD ASSOCIATES INSURER 8: 8907 WARNER AVE STE 161 INSURER C : **HUNTINGTON BEACH CA 92647-5099** 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. INSR ADDL SUBR POLICY EFF **POLICY EXP** TYPE OF INSURANCE **POLICY NUMBER** LIMITS LTR INSR WVD (MM/DD/YYYY) (MM/DD/Y YYY) COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** \$1,000,000 DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$1,000,000 PREMISES (Ea occurrence) General Liability Х \$10,000 MED EXP (Any one person) PERSONAL & ADV INJURY Α X 72 SBA GE8240 06/01/2024 06/01/2025 \$1,000,000 \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE X LOC POLICY \$2,000,000 PRODUCTS - COMP/OP AGG **JECT** OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$1,000,000 (En accident) ANY AUTO **BODILY INJURY (Per person)** ALL OWNED SCHEDULED Α 72 SBA GE8240 06/01/2024 BODILY INJURY (Per accident) 06/01/2025 AUTOS AUTOS NON-OWNED HIRED PROPERTY DAMAGE X X **AUTOS AUTOS** (Per accident) X OCCUR EACH OCCURRENCE X \$1,000,000 **UMBRELLA LIAB** CLAIMS-**EXCESS LIAB AGGREGATE** \$1,000,000 A 72 SBA GE8240 08/01/2024 06/01/2025 MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ER ANY E.L. EACH ACCIDENT PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? E.L. DISEASE -EA EMPLOYEE (Mandatory In NH) If yes, describe unde E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below 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 hereby named additional insured with respect to any liability arising out of work or operations performed by or on behalf of the insured. **CERTIFICATE HOLDER** CANCELLATION City of Redondo Beach SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 415 DIAMOND ST BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **REDONDO BEACH CA 90277**

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

AUTHORIZED REPRESENTATIVE

Susan F. Castaneda