



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2020

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> Venbrook Insurance Services CA Lic 0D80832 6320 Canoga Avenue, 12th Floor Woodland Hills, CA 91367  www.venbrook.com CA Lic No. 0D80832	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 818-598-8900	<b>FAX (A/C, No):</b> 818-598-8910
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Liberty Mutual Insurance Company A XV		23043
<b>INSURER B:</b> Everest National Insurance Company A+ XV		10120
<b>INSURER C:</b> Endurance American Insurance Company A+ XV		10641
<b>INSURER D:</b> StarStone National Insurance Company A- XI		25496
<b>INSURER E:</b> Underwriters at Lloyd's, London (VI)		15642
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 59373943

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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BFPD/XCU/OC <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: \$25,000 Deductible	<input checked="" type="checkbox"/>		MLIB-1001348-01	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000	<input checked="" type="checkbox"/>		CF2CA00215-211	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			OMX10008514605	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	T10210132	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	USL & H Jones)			T10210132	1/1/2021	1/1/2022	Ea. Acc 1M	Dis/Empl 1M/1M
E	Professional Liability			B0621PJOHN028820	6/4/2020	6/4/2021	\$1,000,000	Per Claim
							\$2,000,000	Aggregate
							\$25,000	Deductible

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

RE: Redondo Beach Pier

Certificate holder is named as Additional Insured's under the General Liability Liability policy if required by written contract with the Named Insured but only for coverages and limits provided by the policy and the additional insured endorsement.

\*10 Days Notice of Cancellation for Non-Payment of Premium, 30 Days All Others.

**CERTIFICATE HOLDER****CANCELLATION**

City of Redondo Beach Department of Engineering and Building Services Attn: Jeff Townsend 415 Diamond Street 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  Yvonne Alfaro
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ACORD 25 (2016/03)

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**Marine Business Owners Policy  
Marine General Liability  
Section I.**



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**LIBERTY MUTUAL INSURANCE COMPANY**

(A Massachusetts Stock Insurance Company, hereinafter the "Company")

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**Effective Date:** 01/01/2021  
**Policy Number:** MLIB-1001348-01  
**Issued To:** Jilk Heavy Construction, Inc.

---

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

**BLANKET ADDITIONAL INSURED AND WAIVER  
OF SUBROGATION ENDORSEMENT**

In consideration of the payment of additional premium, the **Company** agrees with the **Named Insured** as follows:

1. In events where the **Named Insured** is required by written contract to include another party as an **Additional Insured** under this policy, the **Company** consents to such inclusion, but coverage for such **Additional Insured** shall only be with respect to liabilities incurred as a result of **Covered Operations** performed by the **Named Insured** and such coverage is limited to the indemnity obligations assumed by the **Named Insured**. Inclusion of an **Additional Insured** shall not increase the Limits of Liability hereunder.
2. In events where the **Named Insured** is required by written contract to have its insurer waive subrogation rights against another party, the **Company** consents to such waiver, but only with respect to **Covered Operations** performed by the **Named Insured**.

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.**

**Marine Business Owners Policy  
Marine General Liability  
Section I.**



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**LIBERTY MUTUAL INSURANCE COMPANY**

(A Massachusetts Stock Insurance Company, hereinafter the "Company")

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**Effective Date:** 01/01/2021  
**Policy Number:** MLIB-1001348-01  
**Issued To:** Jilk Heavy Construction, Inc.

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

**PRIMARY AND NON CONTRIBUTORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

If no entry appears above, this endorsement applies to all Additional **Insureds** covered under this policy.

Any coverage provided to an Additional **Insured** under this policy shall be excess over any other valid and collectible insurance available to such Additional **Insured** whether primary, excess, contingent or on any other basis, unless a written contract or written agreement specifically requires that this insurance apply on a primary and noncontributory basis.

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**ADDITIONAL INSURED – DESIGNATED ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Organization</b>
ALL ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED TO BE NAMED AS AN ADDITIONAL INSURED ON THIS POLICY WITH REGARD TO THEIR OPERATION, MAINTENANCE, OR USE OF A COVERED "AUTO".
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to the **Who Is An Insured** paragraph under Section II – **Liability Coverage**:

The organization shown in the Schedule with respect to the operation, maintenance, or use of a covered "auto" if you are required to add such organization to this policy as an additional insured in order to comply with the terms of a written "insured contract" or written agreement. This does not apply when such contract or agreement:

**A.** Involves the owner or anyone else from whom you hire or borrow a covered "auto" unless it is a "trailer" connected to a covered "auto" you own; or

**B.** Is executed after the date of "loss".

This paragraph does not apply if:

1. The terms and conditions of the written "insured contract" had been agreed upon prior to the "accident" or "loss"; and
2. You can definitively establish that the terms and conditions of the written "insured contract" ultimately executed are the same as those which had been agreed upon prior to the "accident" or "loss".



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www.venbrook.com      CA Lic No. 0D80832		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b>		<b>INSURER A:</b> Liberty Mutual Insurance Company A XV      23043	
Jilk Heavy Construction, Inc. 500 S. Kraemer Blvd., Suite 380 Brea CA 92821		<b>INSURER B:</b> Everest National Insurance Company A+ XV      10120	
		<b>INSURER C:</b> Endurance American Insurance Company A+ XV      10641	
		<b>INSURER D:</b> StarStone National Insurance Company A- XI      25496	
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**COVERAGES**

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REVISION NUMBER:

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							E.L. EACH ACCIDENT	\$ 1,000,000
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ACORD 25 (2016/03)

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**Marine Business Owners Policy  
Marine General Liability  
Section I.**



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**LIBERTY MUTUAL INSURANCE COMPANY**

(A Massachusetts Stock Insurance Company, hereinafter the "Company")

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**Effective Date:** 01/01/2021  
**Policy Number:** MLIB-1001348-01  
**Issued To:** Jilk Heavy Construction, Inc.

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

**BLANKET ADDITIONAL INSURED AND WAIVER  
OF SUBROGATION ENDORSEMENT**

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2. In events where the **Named Insured** is required by written contract to have its insurer waive subrogation rights against another party, the **Company** consents to such waiver, but only with respect to **Covered Operations** performed by the **Named Insured**.

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BUSINESS AUTO COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Organization</b>
ALL ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED TO BE NAMED AS AN ADDITIONAL INSURED ON THIS POLICY WITH REGARD TO THEIR OPERATION, MAINTENANCE, OR USE OF A COVERED "AUTO".
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The following is added to the **Who Is An Insured** paragraph under Section II – **Liability Coverage**:

The organization shown in the Schedule with respect to the operation, maintenance, or use of a covered "auto" if you are required to add such organization to this policy as an additional insured in order to comply with the terms of a written "insured contract" or written agreement. This does not apply when such contract or agreement:

**A.** Involves the owner or anyone else from whom you hire or borrow a covered "auto" unless it is a "trailer" connected to a covered "auto" you own; or

**B.** Is executed after the date of "loss".

This paragraph does not apply if:

1. The terms and conditions of the written "insured contract" had been agreed upon prior to the "accident" or "loss"; and
2. You can definitively establish that the terms and conditions of the written "insured contract" ultimately executed are the same as those which had been agreed upon prior to the "accident" or "loss".