



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/20/2025

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 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).

**PRODUCER**  
QAE INSURANCE BROKERAGE INC  
13382 GOLDENWEST ST, SUITE 118  
WESTMINSTER CA 92683

**CONTACT**  
NAME: vivian windross  
PHONE: 714 793 8262  
FAX: (A/C No):  
E-MAIL:  
ADDRESS:

**INSURED**  
OM ROOFING INC  
18000 Studebaker Road, Suite 700  
Cerritos CA 90703

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: BENCHMARK INSURANCE COMPANY	41394
INSURER B: INFINITY SELECT INSURANCE COMPANY	20260
INSURER C: GUIDEONE NATIONAL INSURANCE COMPANY	14167
INSURER D: BERSHIRE HATHAWAY DIRECT INSURANCE COMPANY	10391
INSURER E: WESTCHESTER INSURANCE COMPANY	10172
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 LTR	TYPE OF INSURANCE	ADD'L SUBR (USD, VND)	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> AD & OR <input checked="" type="checkbox"/> ERRORS & OMISSION <input checked="" type="checkbox"/> EMPLOYMENT LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> OTHER:	Y Y	BIC5028750	01/14/2025	01/14/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 EACH CLAIM/AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	Y Y	504610131059001	11/08/2024	11/08/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB RETENTIONS 10000	Y Y	560002933-02	01/14/2025	01/14/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A Y	N9WC542384	06/15/2024	06/15/2025	<input checked="" type="checkbox"/> PER STATUTE E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
E	POLLUTION LIABILITY	Y Y	G74404509 002	01/14/2025	01/14/2026	EACH OCC/AGG \$2,000,000

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

ROOFER- ALL ROOFS

RE: VARIOUS LOCATIONS- SOUTHERN CA

THE CITY OF REDONDO BEACH Its officers, elected, appointed officials, employees and volunteers are named additional insured as regards to their interest in work performed by the named insured.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR ANY CHANGES, BEFORE THE EXPIRATION DATE THEREOF, A 30 DAY OF CANCELLATION NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF REDONDO BEACH  
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

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

## **PRIMARY BLANKET ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**Section II - Who Is An Insured** is amended to include as an Additional Insured any person(s) or organization(s) that the Named Insured has agreed in an "insured contract" to name such person or organization as an Additional Insured, but only with respect to liability for "bodily injury" and "property damage", and provided that: (i) the "bodily injury" or "property damage" occurs subsequent to the execution of the "insured contract", and (ii) the "bodily injury" or "property damage" arises from "your work" performed during the policy period.

With respect to the insurance provided to an Additional Insured under this endorsement, the following also applies:

1. The following subparagraph **d.** is added to **Section IV - Commercial General Liability Conditions, paragraph 4. Other Insurance, Deductibles and Self-Insured Retentions:**

**d.** Notwithstanding anything to the contrary in paragraphs **4.a.**, **4.b.**, or **4.c.** hereof, the indemnity provided by this insurance is primary and non-contributory for any person or organization who qualifies as an Additional Insured under this policy and for whom you have agreed, in an "insured contract", to provide primary additional insured coverage.

2. We will pay sums on behalf of an Additional Insured only to the extent of payment for damages because of "bodily injury" or "property damage" arising out of the negligence or strict liability of the Named Insured. No coverage is provided for damages because of "bodily injury" or "property damage" arising out of acts, errors or omissions of the Additional Insured.
3. We have the right but not the duty to defend an Additional Insured in any "suit" seeking damages covered by this policy. If, however, you are obligated under an "insured contract" to defend a person or organization who qualifies as an Additional Insured in a "suit" brought by a third party against that Additional Insured seeking

damages because of "bodily injury" or "property damage" covered by this policy, then the reasonable attorney's fees and litigation expenses incurred to defend that Additional Insured will be deemed to be damages for "bodily injury" or "property damage". We will pay the percentage of such sums as determined by dividing (i) the amount of covered damages arising out of "your work", by (ii) the total amount of loss paid or payable to the plaintiff(s) by all persons and organizations in connection with the claim giving rise to the "suit".

4. The applicable limit of the company's liability shall not be increased by the inclusion of any number of person(s) or organization(s) who qualify as Additional Insureds.
5. Other than as expressly modified herein, coverage for the Additional Insured is governed by the terms and conditions of this policy.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Blanket as required by an "insured contract"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**WAIVER OF SUBROGATION**  
**CALIFORNIA**

Copy To	Policy ID Number	Expiration Date
OM ROOFING INC	504-61013-1059-001	11/08/2025 12:01 AM
18000 STUDEBAKER AVE STE #700	<b>Named Insured</b>	
Cerritos, CA 90703	OM ROOFING INC	
	This endorsement is attached to and forms a part of the listed policy. No changes will be effective prior to the time changes are requested.	

In return for **your** premium payment shown below, **we** agree that **our** rights of subrogation or rights of recovery under the policy will not apply against the following person or organization:

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER

RE: BLANKET WAIVER OF SUBROGATION

Additional premium in the amount of \$25.00 will be retained by **us** regardless of any early termination of this endorsement or the policy. All other policy provisions remain unchanged.

50461SWF01

Amend Date: 10/14/2024