



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/4/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	CONTACT Dina Corsi NAME: _____ PHONE (A/C. No. Ext.) (562) 493-3521 FAX (A/C. No.) (562) 430-5300 E-MAIL _____ ADDRESS: _____	
Alandale Insurance Agency 11022 Winners Circle, Ste. 100	INSURER(S) AFFORDING COVERAGE	NAIC #
Los Alamitos CA 90720	INSURER A Hartford Insurance Co.	00914
INSURED	INSURER B Sentinel Insurance Company LTD	11000
Cypress	INSURER C Travelers Insurance Company	25658
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERS		CERTIFICATE NUMBER:Master 16-17		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 SUBR INSR. WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		72UUNJH9452	7/10/2015	7/10/2016	DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000
GENL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODCTS - C. & P. AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY					COMM. NED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED <input checked="" type="checkbox"/> NON-SCHEDULED	UCCG 1156	10/10/2015	7/10/2016	CDL. INJURY (Per person) \$
A	UMBRELLA LIAB	OCUR				BODILY INJURY (Per accident) \$
	EXCESS LIAB	CLAIMS-MADE				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> DEO	<input checked="" type="checkbox"/> RETENTION \$ 10,000		72REUJN9759	7/10/2015	7/10/2016	Hired/borrowed \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in HI)	<input checked="" type="checkbox"/> N/A	UB8G25872916	3/6/2016	3/6/2017	AGGREGATE \$
If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUS / TOT. EX. \$
<input checked="" type="checkbox"/> Business Property		72UUNJH9452	7/10/2015	7/10/2016	EL EACH ACCIDENT \$ 1,000,000	
<input checked="" type="checkbox"/> Business Income		72UUNJH9452	7/10/2015	7/10/2016	EL DISEASE - FA EMPLOYEE \$ 1,000,000	
						EL DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Redondo Beach, its officers, elected and appointed officials, employees and volunteers are named as additional insured.						
Policy is Primary with written contract- see attached HG 0001 0605 *30 Days Notice of Cancellation with 10 Days Notice for Non-Payment of Premium						

CERTIFICATE HOLDER	CANCELLATION
<p>City of Redondo Beach 415 Diamond Street Redondo Beach, CA 90277</p>	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
	Dina Corsi/DINA



CITY OF REDONDO BEACH

DEPARTMENT OF ENGINEERING & BUILDING SERVICES

INSURANCE REQUIREMENTS

COVERAGE

- **PRIOR TO COMMENCEMENT OF WORK, AND FOR THE LIFE OF THE ENGINEERING PERMIT, ANY ENTITY PERFORMING WORK IN THE PUBLIC RIGHT-OF-WAY SHALL PROVIDE EVIDENCE OF COMMERCIAL GENERAL LIABILITY INSURANCE WITH LIMITS NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE. ANY GENERAL AGGREGATE MUST APPLY SEPARATELY PER PROJECT. SUCH INSURANCE SHALL NOT BE CANCELLED EXCEPT UPON 30 DAYS NOTICE TO THE CITY. ANY SELF-INSURED RETENTION ON THE POLICY MUST BE DISCLOSED.**

CERTIFICATE

- **A CERTIFICATE OF INSURANCE EVIDENCING COMPLIANCE WITH ALL THE INSURANCE REQUIREMENTS MUST BE SUBMITTED PRIOR TO PROJECT INCEPTION.**

ENDORSEMENT

- **SUCH INSURANCE SHALL CONTAIN ENDORSEMENT(S) WHICH:**
 - I. **NAME THE CITY OF REDONDO BEACH, ITS OFFICERS, ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AND VOLUNTEERS AS ADDITIONAL INSUREDs WITH RESPECT TO ANY LIABILITY ARISING OUT OF WORK OR OPERATIONS PERFORMED BY OR ON BEHALF OF THE INSURED.**
 - II. **STATE THAT COVERAGE IS PRIMARY AND SHALL NOT CONTRIBUTE WITH ANY INSURANCE OR SELF-INSURANCE MAINTAINED BY THE CITY.**
 - III. **CONTAIN THE COMMERCIAL GENERAL LIABILITY POLICY NUMBER.**

FILING

- **ALL REQUIRED CERTIFICATES OF INSURANCE AND ENDORSEMENTS MUST BE SUBMITTED AS ONE PACKAGE AND FILED, BY MAIL OR IN PERSON, AT THE FOLLOWING ADDRESS:**

**CITY OF REDONDO BEACH
DEPARTMENT OF ENGINEERING AND BUILDING SERVICES
415 DIAMOND STREET
REDONDO BEACH, CA. 90277**

- **THE REVIEW PROCESS MAY TAKE UP TO TEN (10) WORKING DAYS.**

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations

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

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Location And Description of Completed Operations:

Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

The City of Redondo Beach, its officers, elected and appointed officials, employees, and volunteers

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

The City of Redondo Beach, its officers, elected and appointed officials, employees, and volunteers

Location And Description of Completed Operations:

Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II - Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard"

This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.

GENERAL LIABILITY ENDORSEMENT
CITY OF REDONDO BEACH
415 DIAMOND STREET
REDONDO BEACH, CA 90277

POLICY INFORMATION

Insurance Company _____ Policy Number _____
Policy Term (From) _____ (To) _____ Endorsement Effective Date _____
Named Insured _____
Address of Named Insured _____
Limit of Liability any One Occurrence/Aggregate \$ 1,000,000 / \$ 2,000,000
General Liability Aggregate Applies Separately to This Project/Location: Yes _____ No _____
Deductible or Self-Insured Retention (None unless otherwise specified): _____
Coverage is equivalent to Commercial General Liability occurrence form CG 0001: Yes _____ No _____

POLICY AMENDMENTS

1. WHO IS AN INSURED (Section II) is amended to include as an insured the City of Redondo Beach, its officers, elected and appointed officials, employees, and volunteers, but only with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by *certified mail return receipt* requested has been given to the City.

INCIDENT AND CLAIM REPORTING PROCEDURE

Incidents and claims are to be reported to the insurer at:

(Name/Department)

(Company)

(Address)

(City/State/Zip)

(Phone)

SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, _____ (print/type name), warrant that I have authority to bind the below listed insurance company and by my signature hereon do so bind this company.

Signature - Authorized Representative / Title

Organization

Address/Telephone

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)

CG 20 10 11 85

SCHEDULE

Name of Person or Organization:

Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by this policy and is approved by the Company in writing within 30 days of the inception of the contract or agreement, or the inception of this policy, whichever is later.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

The following additional provisions apply to any entity that is an insured by the terms of this endorsement:

1. Primary Wording

If required by written contract or agreement: Such insurance as is afforded by this policy shall be primary insurance, and any insurance or self-insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the named insured and shall not contribute to it.

2. Waiver of Subrogation

If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an additional insured per the terms of this endorsement because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization.

3. Neither the coverages provided by this insurance policy nor the provisions of this endorsement shall apply to any claim arising out of the sole negligence of any additional insured or any of their agents/employees.

Authorized Representative

Date



CITY OF REDONDO BEACH

PUBLIC WORKS DEPARTMENT – ENGINEERING SERVICES DIVISION

SIGNATURE AUTHORIZATION

THE UNDERSIGNED ("GRANTOR"), DOES HEREBY EXPRESSLY AUTHORIZE AND GIVE CONSENT TO _____, ("REPRESENTATIVE"), CALIFORNIA ID NO. _____, TO EXECUTE, ON BEHALF OF THE GRANTOR, AND AT GRANTOR'S DIRECTION, ALL DOCUMENTS REQUIRED TO OBTAIN PERMITS FROM THE REDONDO BEACH PUBLIC WORKS DEPARTMENT – ENGINEERING SERVICES DIVISION ("CITY").

GRANTOR HEREBY WARRANTS THAT HE/SHE/IT HAS THE FULL AUTHORITY TO GRANT SUCH SIGNATURE AUTHORIZATION TO REPRESENTATIVE. CITY SHALL RECOGNIZE THE AUTHORITY OF REPRESENTATIVE TO EXECUTE ON GRANTOR'S BEHALF ALL DOCUMENTS NECESSARY TO OBTAIN SAID PERMITS. THE AUTHORITY VESTED IN REPRESENTATIVE SHALL REMAIN VALID UNTIL CITY RECEIVES A WRITTEN NOTICE REVOKING THE AUTHORITY OF REPRESENTATIVE. ALL SIGNATURES HEREIN SHALL BE DULY NOTARIZED.

GRANTOR'S NAME: _____

GRANTOR'S TITLE: _____

FIRM NAME / DBA: _____

FIRM ADDRESS: _____

GRANTOR'S SIGNATURE: _____