



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/17/2025

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. 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 Arthur J. Gallagher Risk Management Services, LLC 2050 Main Street Suite 1250 Irvine CA 92614	CONTACT NAME: Elena Ibarra PHONE (A/C, No, Ext): 818.539.8671 E-MAIL ADDRESS: Elena.Ibarra@ajg.com	FAX (A/C, No): 818.539.8771
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Mesa Underwriters Specialty Insurance Co		36838
INSURER B: Kinsale Insurance Company		38920
INSURER C: Employers Compensation Insurance Company		11512
INSURER D:		
INSURER E:		
INSURER F:		

License#: 0D69293
CLEAPOW-01**COVERAGES****CERTIFICATE NUMBER:** 1275829160**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MP000401510050900	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000 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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0100348935-1	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	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 <input type="checkbox"/>	N / A	EIG5238193-02	5/22/2025	5/22/2026	<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

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

Coverage information:

Policy: Crime
Policy#: BDC 1068790 07
Policy term: 5/1/2025 to 5/1/2026
Carrier: Allmerica Financial Benefit Insurance Co
Employee theft: \$1,000,000; Deductible: \$5,000
See Attached...

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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ADDITIONAL REMARKS SCHEDULE

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AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Clean Power Alliance 801 S. Grand Avenue, Suite 400 Los Angeles CA 90017
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Forgery or Alteration: \$500,000; Deductible: \$2,500
 Theft of money and securities: \$500,000; Deductible: \$2,500
 Robbery or Burglary of other property: \$500,000; Deductible: \$2,500
 Money and securities: \$500,000; Deductible: \$2,500
 Money orders and counterfeit paper currency: \$10,000; Deductible: \$250
 Computer and funds transfer fraud: \$500,000; Deductible: \$2,500

Policy: Cyber liability
 Policy#: PLM-CB-SP4QRPA0P-004
 Policy term: 5/1/2025 to 5/1/2026
 Carrier: Allmerica Financial Benefit Insurance Co
 Limit: \$2,000,000; Retention: \$50,000

Policy: Directors & Officer liability
 Policy#: MLNP2510001526-02
 Policy term: 5/1/2025 to 5/1/2026
 Carrier: Ascot Specialty Insurance Company
 Limit: \$2,000,000; Aggregate: \$2,000,000; Retention: \$50,000

Policy: Employment Practices liability
 Policy#: MLNP2510001526-02
 Policy term: 5/1/2025 to 5/1/2026
 Carrier: Ascot Specialty Insurance Company
 Limit: \$2,000,000; Aggregate: \$2,000,000; Retention: \$200,000

Policy: Fiduciary liability
 Policy#: MLNP2510001526-02
 Policy term: 5/1/2025 to 5/1/2026
 Carrier: Ascot Specialty Insurance Company
 Limit: \$1,000,000; Retention: \$200,000

RE:Program Name: Clean Power Alliance Energized Communities Program for Electric Fleet Transition |