



EXPERTCARE EXTENDED WARRANTY CONTRACT

Redondo Beach Fire Department (Customer # 102262)

ZOLL Medical Corporation

269 Mill Road
Chelmsford, MA 01824-4105
(978) 421-9655 Main
(800) 348-9011
(978) 421-0022 Fax

Attn: Issac Yang 3103180663 398 4309 / issac.yang@redondo.org

Bill To: Redondo Beach Fire Department
401 South Broadway Street
Redondo Beach, CA 90277

Ship To: Redondo Beach Fire Department
401 South Broadway Street
Redondo Beach, CA 90277

From: Catherine Santos
Service Contracts
978-421-9760 / csantos@zoll.com

QUOTATION: 00047843
Quote Date: May 12, 2026
Quote Pricing: Valid for 60 Days

AutoPulse

| Part No | Description | Contract Dates | Qty | Price | Adj. Price | Ext. Price |
|------------------|--|--------------------------------|-----|------------|------------|------------|
| 8889-89002-PP-AP | AutoPulse - Precision Service Plan, 2 Year, Post Sale AutoPulse - Precision Service Plan, 2 Year, Post Sale. Includes: Repairs: Parts and labor per ZOLL Limited Product Warranty, and minimum service fee waived. Shipping and use of a Service Loaner upon request during device service, and no charge shipping. Serial Number(s): 36981,36982,36989 | 07/01/2026 to 06/30/2028 | 3 | \$2,115.00 | \$1,903.50 | \$5,710.50 |
| 8889-89001-PP-AP | AutoPulse - Precision Service Plan, 1 Year, Post Sale AutoPulse - Precision Service Plan, 1 Year, Post Sale. Includes: Repairs: Parts and labor per ZOLL Limited Product Warranty, and minimum service fee waived. Shipping and use of a Service Loaner upon request during device service, and no charge shipping. Serial Number(s): 35667,35668,36981 36982,36989 5 Months | 07/01/2028 to 11/30/2028 | 5 | \$481.25 | \$433.13 | \$2,165.63 |

TOTAL: \$7,876.13

COMMENTS:

1. Applicable tax will be added at the time of invoicing.
2. Payment terms are Net 30 after ZOLL Medical Corporation invoice date.
3. If PM's are purchased or applicable: PM work will be scheduled 60-90 days after the agreement is signed.

TERMS & CONDITIONS: The terms and conditions of this contract are set forth in the [ExpertCare Service Plan Terms & Conditions](https://www.zoll.com/en/About/Corporate-Governance-and-Responsibilities/orderterms) which can be found at <https://www.zoll.com/en/About/Corporate-Governance-and-Responsibilities/orderterms>. By signing this contract, Customer acknowledges having read the terms and conditions and agrees to be bound by them.

SIGNATURES FOLLOW ON THE NEXT PAGE

ZOLL Medical Corporation

DocuSigned by:

Antoine Kebbe

By: _____

Date: 6/19/2026 | 5:24 AM PDT

Name: **Antoine Kebbe**

Title: Vice President Global Service

CITY OF REDONDO BEACH

By: _____

Date: _____

Name: James A. Light

Title: Mayor

APPROVED AS TO FORM

By: _____

Date: _____

Name: Joy A. Ford

Title: City Attorney

ATTEST

By: _____

Date: _____

Name: Eleanor Manzano

Title: City Clerk

ZOLL Medical Corporation
ExpertCare Service Plan Terms and Conditions

The City of Redondo Beach (“Customer”) listed on the purchase order (the “Order”) has agreed to purchase the ExpertCare Service Plan described on the Order (the “Service Plan”). Depending upon the Service Plan being purchased by the Customer, Extended Warranty and/or Preventive Maintenance services may be included. Only the provisions in these Terms and Conditions that relate to the particular Service Plan being purchased by Customer will apply to the Customer. The Customer will be invoiced the price of the Service Plan upon ZOLL’s receipt of a quote with an authorized signature from the Customer, the Order, or a credit card number.

Extended Warranty Terms and Conditions. The following provisions apply to purchases of Service Plans that include an Extended Warranty (“EW”) plan.

1. The EW expands the term of ZOLL’s standard warranty (“Factory Warranty”) with the services and/or number of years selected by the Customer. EW coverage commences upon the expiration of the Factory Warranty, and is subject to the terms and conditions contained in the original Factory Warranty documentation. The EW does not apply to accessories.
2. The EW is not transferrable and cannot be cancelled. However, if the Customer replaces equipment covered by an EW with new ZOLL equipment (“New Equipment”) then, upon Customer’s request, the remaining time under the EW will be transferred to the New Equipment at the end of the New Equipment’s Factory Warranty. All requests to transfer the remaining balance of an EW must be submitted in writing to the ZOLL Service Contracts department (ServiceContractsAdmin@zoll.com) within 60 days of the date of shipment of the New Equipment. Failure to submit the EW transfer request will result in the forfeiture of the remaining EW.
3. If the Customer has a claim under an EW, Customer must call the ZOLL Help Desk to arrange for a Return Authorization in advance of sending the unit for evaluation by the ZOLL Service Depot.
4. All repairs are performed at a ZOLL Service Depot. If a unit needs to be repaired, upon the Customer’s request, a loaner will be provided free of charge pursuant to ZOLL’s Loaner Policy.
5. If no claims are made under the EW during the EW period, the purchase price of the EW is not refundable.

Preventive Maintenance Terms and Conditions. The following provisions apply to purchases of Service Plans that include Preventive Maintenance (“PM”).

1. PM Service Plans are not transferrable and cannot be cancelled. However, if the Customer replaces equipment with New Equipment then, upon Customer’s request, the remaining time under the PM will be transferred to the New Equipment. All requests to transfer the remaining balance of PM must be submitted in writing to the ZOLL Service Contracts department (ServiceContractsAdmin@zoll.com) within 60 days of the date of shipment of new equipment. Failure to submit the PM transfer request will result in the forfeiture of the remaining PM and no monies will be refunded to the customer.
2. Any PM that remains unused as of the end of a one-year PM contract will be forfeited and no monies will be refunded to the Customer. Any PMs that remain unused as of the end of the initial year of a multi-year PM contract will automatically roll over into the next year of the PM contract. Any PMs that remain unused as of the end of the second and subsequent years of the PM contract will be forfeited, and no monies will be refunded to the Customer.
3. It is the Customer’s responsibility to ensure (i) devices covered by the PM contract are available for Preventative Maintenance at the scheduled times; (ii) its devices are operated and stored in accordance with the user manuals for such equipment; and (iii) PM is performed annually to maintain superior performance.
4. If ZOLL determines during the course of performing PM that a repair is required, the device will not be certified. If the device is not covered under ZOLL warranty, the PM service is considered completed. ZOLL will request Customer authorization in order to repair the device. The Customer is responsible for all costs associated with repairing the device at ZOLL’s then-prevailing rates. Customer has 10 days after receipt of a quotation to approve or decline a repair. If the repair is approved by the Customer and completed within 90 days of the completed PM, ZOLL will waive the minimum service fee. In the event the Customer does not respond within such 10-day period or declines the repair, the device will be returned to Customer unrepaired, uncertified, and labeled as “Not for Clinical Use.”

Accidental Damage Coverage. The Service Plan purchased by Customer Includes one device outer housing replacement per year per device. Catastrophic damage beyond repair will not be covered. Cosmetic damage that does not affect the functionality of the device will not qualify for outer housing replacement.

BATTERY REPLACEMENT PROGRAM

1. Batteries must be maintained in accordance with ZOLL's battery maintenance program and instructions.
2. In the event that the Customer's battery and/or battery charger displays a fault during the term of the purchased Service Plan, ZOLL will, upon visual verification of the failure, replace the applicable battery with a new battery.
3. Battery failures must be evaluated and confirmed by ZOLL Technical Support or by a ZOLL on-site field service technician prior to replacement.
4. Only batteries identified as part of the Service Plan will be replaced.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/30/2025

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 Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 | |
| | E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED ZOLL Medical Corporation and Subsidiaries 269 Mill Road Chelmsford MA 01824-4105 USA | INSURER A: Tokio Marine America Insurance Company 10945 | |
| | INSURER B: Trans Pacific Ins Co 41238 | |
| | INSURER C: Mitsui Sumitomo Insurance USA Inc. 22551 | |
| | INSURER D: Allianz Global Risks US Insurance Co. 35300 | |
| | INSURER E: Sompo America Insurance Company 11126 | |
| | INSURER F: | |

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570113936409** **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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL INSURED | SUBROGATION WAIVED | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|--------------------|----------------|-------------------------|-------------------------|---|
| B | <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"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | CLL640976008 | 07/01/2025 | 07/01/2026 | 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 Excluded |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 | | | CA6409761-08 | 07/01/2025 | 07/01/2026 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| C | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | EXS5200217 | 07/01/2025 | 07/01/2026 | EACH OCCURRENCE \$7,000,000 AGGREGATE \$7,000,000 |
| E | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | N / A | LWL30091690500 | 07/01/2025 | 07/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000 |

Certificate No : 570113936409

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

| | |
|---|---|
| CERTIFICATE HOLDER Redondo Beach Fire Department Attn: Claudia Huizar 401 S. Broadway Redondo Beach CA 90277 USA | CANCELLATION 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 |
|---|---|





ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|---|--|
| AGENCY Aon Risk Services Northeast, Inc. | | NAMED INSURED ZOLL Medical Corporation | |
| POLICY NUMBER See Certificate Number: 570113936409 | | | |
| CARRIER See Certificate Number: 570113936409 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------------|-----------|----------|-----------------------------|------------------------------------|-------------------------------------|-----------------|-------------|
| | EXCESS LIABILITY | | | | | | | |
| D | | | | USL03153825 \$3M xs \$7M | 07/01/2025 | 07/01/2026 | Aggregate | \$3,000,000 |
| | | | | | | | Each Occurrence | \$3,000,000 |
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/15/2025

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 MARSH USA, LLC. 1166 Avenue of the Americas New York, NY 10036 | | CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C, No): E-MAIL ADDRESS: Carrier.certrequest@Marsh.com | |
| CN101609659--PROUM-25-26 PU | | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Federal Insurance Company 20281 | |
| INSURED ZOLL MEDICAL CORPORATION AND SUBSIDIARIES 269 MILL ROAD CHELMSFORD, MA 01824-4105 | | INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : | |

COVERAGES **CERTIFICATE NUMBER:** NYC-011575486-08 **REVISION NUMBER:** 0

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 | |
|----------|--|-----------|----------|------------------------------------|-------------------------|-------------------------|---|--------------------------|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | 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) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Products Liability Retro Date 10/1/2004 | | | 36066155 Deductible - \$200,000 | 07/15/2025 | 07/15/2026 | Prod/Comp Ops/Occ Prod/Comp Ops Agg | 10,000,000 10,000,000 |

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

Products Liability - claims made coverage.

CERTIFICATE HOLDER

Redondo Beach Fire Department
Attn: Claudia Huizar
401 S. Broadway
Redondo Beach, CA 90277

CANCELLATION

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

Marsh USA LLC

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