



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/07/2025

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 Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED Accenture Infrastructure and Capital Projects, LLC 529 E Crown Point Rd., Suite 170 Ocoee FL 34761 USA	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Allianz Global Risks US Insurance Co.</td><td>35300</td></tr><tr><td>INSURER B: Zurich American Ins Co</td><td>16535</td></tr><tr><td>INSURER C: National Union Fire Ins Co of Pittsburgh</td><td>19445</td></tr><tr><td>INSURER D: American Zurich Ins Co</td><td>40142</td></tr><tr><td>INSURER E: The Continental Insurance Company</td><td>35289</td></tr><tr><td>INSURER F: Valley Forge Insurance Co</td><td>20508</td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Allianz Global Risks US Insurance Co.	35300	INSURER B: Zurich American Ins Co	16535	INSURER C: National Union Fire Ins Co of Pittsburgh	19445	INSURER D: American Zurich Ins Co	40142	INSURER E: The Continental Insurance Company	35289	INSURER F: Valley Forge Insurance Co	20508
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COVERAGES**CERTIFICATE NUMBER:** 570112457472**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
F	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			8018369816	01/17/2025	01/17/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			8018367435 BAP 9376191 21 5M xs 1M	01/17/2025 11/15/2024	01/17/2026 11/15/2025	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 <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			BE017247267	11/15/2024	11/15/2025	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
D	<input checked="" type="checkbox"/> 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	WC929926224 Workers Comp - AOS WC929926324 Workers Comp - MA, NM, WI	01/01/2025 01/01/2025	01/01/2026 01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$5,000,000 E.L. DISEASE-EA EMPLOYEE \$5,000,000 E.L. DISEASE-POLICY LIMIT \$5,000,000
A	E&O - Professional Liability - Primary			USZ000017240M SIR applies per policy terms & conditions	06/01/2024	06/01/2025	EachClaim/Aggregate \$20,000,000

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

Coverage includes cyber liability.

CERTIFICATE HOLDER**CANCELLATION**

City of Redondo Beach Engineering Division 415 Diamond Street Redondo Beach CA 90277 USA	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 <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier :

Certificate No : 570112457472



ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Anser Advisory, LLC	
POLICY NUMBER See Certificate Number: 570112457472			
CARRIER See Certificate Number: 570112457472	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

Additional Coverage

General Liability policy below is the conduit connecting policy 8018369816 to policy BE017247267 through a difference in condition endorsement.

Policy #: GLO937619221

Carrier: Zurich American Insurance Company

Term: 11/15/2024 - 11/15/2025

Limits:

Each Occurance: \$2,000,000

Damage to Rented Premise: \$300,000

Med Exp: \$10,000

Personal & Adv Injury: \$2,000,000

General Aggregate: \$20,000,000

Products - Comp/Op Agg: \$4,000,000

Auto Liability policy below is the conduit connecting policy 8018367435 to policy BE017247267 through an Exclusion, Excess Coverage Hazards Otherwise Insured endorsement.

Policy #: BAP 9376191 21

Carrier: Zurich American Insurance Company

Term: 11/15/2024 - 11/15/2025

Limit: \$5,000,000