

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/15/2022

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), 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 tr	ie certificate noider in lieu of s	uch endorsemen	t(S).			
PRODUCER			CONTACT NAME:			
Aon Risk Services Northeast, New York NY Office	inc.		PHONE (A/C. No. Ext):	(866) 283-7122	FAX (800) 363-01	05
One Liberty Plaza 165 Broadway, Suite 3201			E-MAIL ADDRESS:			
New York NY 10006 USA				INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED			INSURER A:	AIU Insurance Compa	ny	19399
Verizon Communications Inc. 1095 Avenue of the Americas			INSURER B:	National Union Fire	Ins Co of Pittsburgh	19445
New York NY 10036 USA			INSURER C:			
		L	INSURER D:			
			INSURER E:			
			INSURER F:			
COVERACES	CERTIFICATE NUMBER.	E70001621965	:	DEVICE	N 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.

NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	Х	COMMERCIAL GENERAL LIABILITY	INCL	****	1728890	06/30/2021		EACH OCCURRENCE	\$2,000,00
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,00
	х	Standard Contractual Liability						MED EXP (Any one person)	\$10,00
	Х	XCU Coverage is Included						PERSONAL & ADV INJURY	\$2,000,00
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,00
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,00
В	AUT	OTHER: OMOBILE LIABILITY			4594298	06/30/2021	06/30/2022	COMBINED SINGLE LIMIT	\$2,000,00
					AOS			(Ea accident)	\$2,000,00
В	Х	ANY AUTO			4594299	06/30/2021	06/30/2022	BODILY INJURY (Per person)	
_		OWNED SCHEDULED AUTOS			MA 4504300	06 /20 /2021	06/30/2022	BODILY INJURY (Per accident)	
В		HIRED AUTOS NON-OWNED			4594300 VA	06/30/2021	06/30/2022	PROPERTY DAMAGE (Per accident)	
В		ONLY AUTOS ONLY			See Next Page	06/30/2021	06/30/2022		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	
		DED RETENTION							
Α		RKERS COMPENSATION AND PLOYERS' LIABILITY			16393209	06/30/2021	06/30/2022	X PER STATUTE OTH	
Α	ANY	PROPRIETOR / PARTNER / EXECUTIVE	N/A		AOS 16393206	06/30/2021	06/30/2022	E.L. EACH ACCIDENT	\$2,000,00
	(Ma	ricer/MEMBER EXCLUDED?	N/A		CA	00, 50, 2022	00, 50, 2022	E.L. DISEASE-EA EMPLOYEE	\$2,000,00
		es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$2,000,00

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

City of Redondo Beach is included as Additional Insured with respect to the General Liability and Automobile Liability policies. The General Liability policy shall apply as Primary and Non-Contributory Insurance to each Additional Insured liste herein. Where permitted by law, the Named Insured parties listed herein waive all rights against City of Redondo Beach listed herein for recovery of damages to the extent these damages are covered by the above-referenced General Liability, Automobile Liability and Workers' Compensation policies and as further limited by written contract between the parties.

CERTIFICATE HOLDER	CANCELLATION

City of Redondo Beach 415 Diamond Street Redondo Beach CA 90277 USA

THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SHOULD ANY OF EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE POLICY PROVISIONS

Son Risk Services Northeast Inc

AGENCY CUSTOMER ID: 570000027366

LOC #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.	NAMED INSURED Verizon Communications Inc.	
POLICY NUMBER See Certificate Number: 570091621865		
CARRIER	NAIC CODE	
See Certificate Number: 570091621865		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		

ADDITIONAL POLICIESIf 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
	AUTOMOBILE LIABILITY						
В				4594301 NH - Primary	06/30/2021	06/30/2022	
В				4594302 NH - Excess	06/30/2021	06/30/2022	
	WORKERS COMPENSATION						
Α		N/A		16393207 NY	06/30/2021	06/30/2022	
A		N/A		16393208 MA,ND,OH,WI,WY	06/30/2021	06/30/2022	
Α		N/A		16393205 NJ,TX,VA	06/30/2021	06/30/2022	