

**FIRST AMENDMENT TO THE HITECH SYSTEMS, INC. NON-EXCLUSIVE
SOFTWARE LICENSE AGREEMENT
MASTER LICENSE AGREEMENT NUMBER: SN93110111-0**

THIS FIRST AMENDMENT TO THE HITECH SYSTEMS, INC. NON-EXCLUSIVE SOFTWARE LICENSE AGREEMENT MASTER LICENSE AGREEMENT NUMBER: SN93110111-0 ("First Amendment") is made between the City of Redondo Beach, a Chartered Municipal Corporation ("City") and Hitech Systems, Inc., a California Corporation ("Consultant" or "Contractor").

WHEREAS, on November 1, 1993, the parties originally entered into the Hitech Systems, Inc. Non-Exclusive Software License Agreement Master License Agreement Number: SN93110111-0 (the "SafetyNet Software Agreement"); and

WHEREAS, on April 1, 1994, the parties entered into the Hitech Systems, Inc. Software Maintenance and Support Services Agreement (the "Support Services Agreement") to provide support and maintenance services for the modules and products provided under the SafetyNet Software Agreement; and

WHEREAS, from April 1, 1994 to the present, the parties entered into work orders incorporating certain modules as described in Exhibit "A-1" into the SafetyNet Software Agreement and the Support Services Agreement; and

WHEREAS, the parties wish to incorporate the SafetyNet Software Agreement and the Support Services Agreement under this First Amendment.

NOW THEREFORE, in consideration of the promises and mutual covenants contained herein, and intending to be legally bound, the parties hereby agree to make the following amendments to the Agreement:

1. **Scope of Services.** The SafetyNet Software Agreement is hereby amended to add Exhibit "A-1", which provides that Consultant shall (1) procure two HP DL360P Gen8 8SFF CTO servers each configured with one 3.5 GHz Intel 4-core CPU and two 146GB SAS hard drives and (2) complement the HP servers with an HP P2000 disk array configured with five 300GB hard drives and dual controllers and one HP LTO4 Ultrium internal tape drive. Exhibit "A-1" is attached hereto and incorporated by reference.
2. **Compensation.** The compensation of the SafetyNet Software Agreement is hereby amended to add Exhibit "C-1" to provide compensation in the amount of \$94,478.06 for Consultant's services described in Exhibit "A-1". Exhibit "C-1" is attached hereto and incorporated by reference.
3. **No Other Amendments.** Except as expressly stated herein, the SafetyNet Software Agreement and the Support Services Agreement shall remain unchanged and in full force and effect. The SafetyNet Software Agreement, the Support Services Agreement, and this First Amendment constitute the entire



agreement between the parties and supersede any previous oral or written agreement with respect to the subject matter hereof. In the event of any inconsistency between the terms of the SafetyNet Software Agreement, the Support Services Agreement, and this First Amendment, the terms of this First Amendment shall govern.



IN WITNESS WHEREOF, the parties have executed this First Amendment in Redondo Beach, California, as of this 16th day of June, 2015.

CITY OF REDONDO BEACH



Mayor

HITECH SYSTEMS, INC.

By: 

Name: Henry P. Vnger

Title: President

ATTEST:



City Clerk

APPROVED:



Risk Manager

APPROVED AS TO FORM:



City Attorney's Office



EXHIBIT "A-1"
SCOPE OF SERVICES

I. CONSULTANT'S DUTIES

Consultant shall perform the following duties.

- A. Replace City's current Dell hardware with a Hewlett-Packard (HP) server cluster.
- B. Provide two HP DL360P Gen8 8SFF CTO servers each configured with one 3.5 GHz Intel 4-core CPU and two 146GB SAS hard drives.
- C. Complement the HP servers with an HP P2000 disk array configured with five 300GB hard drives and dual controllers, and one HP LTO4 Ultrium internal tape drive.
- D. To complete the duties described in sections I.A through I.C, Consultant shall provide the following services.
 - 1. Assign a project manager to work with City staff for the duration of the project.
 - 2. Procure hardware and software.
 - 3. Configure the hardware.
 - 4. Install and configure RedHat Linux Version 7.
 - 5. Install and configure UniVerse.
 - 6. Assist City personnel with installing and mounting server hardware.
 - 7. Assist City personnel with installing and mounting modular smart disk array.
 - 8. Assist City personnel with installing and mounting tape drive.
 - 9. Migrate existing UniVerse license from old server to new server as part of cutover.
 - 10. Migrate existing SafetyNet Informer license from old server to new server as part of cutover.



11. Install and configure the City Police Department licensed SafetyNet products.
 12. Install HP Data Protector.
 13. Migrate current data to new server hardware.
 14. Prepare hardware and software test plan.
 15. Test and verify hardware and software.
 16. Prepare an applications test plan.
 17. Test and verify all SafetyNet applications.
 18. Work with the City system administrator to configure tape backup operations.
 19. Cutover to live operations.
- E. Provide all third-party documentation to the City.
- F. No formal training is anticipated for the services described in this Exhibit "A-1".
- G. Provide five year HP Foundation Care Service 24x7 of which four hours shall be onsite.
- H. Provide maintenance and support services for the modules and products described herein in accordance with the Support Services Agreement.
- I. Provide any other products and services described in Exhibit "C-1".

II. CITY'S DUTIES

City will perform the following duties.

- A. Designate a project manager to work with Consultant's staff for the duration of the project.
- B. Designate personnel required for installation and testing activities.
- C. Designate personnel to assist Consultant's staff with installing and mounting the server hardware.



- D. Designate personnel to assist Consultant's staff with installing and mounting the modular smart disk array.
- E. Designate personnel to assist Consultant's staff with installing and mounting the tape drive.
- F. Provide redundant SNMP-manageable UPSes.
- G. For each device with redundant power supplies, each power supply shall be connected to a different UPS
- H. Provide redundant Ethernet connections to separate Ethernet switches.
- I. Provide IP addresses.
- J. Test and verify all hardware operations and configuration.
- K. Test and verify all SafetyNet applications and interfaces, as well as third-party products, and identify any issues for correction prior to the cutover to live operations. The applications and interfaces to be tested include:
 - 1. SafetyNet CAD
 - 2. SafetyNet CAD Alphanumeric Paging Interface
 - 3. SafetyNet CAD E911 Interface
 - 4. SafetyNet CAD Mapping Interface
 - 5. SafetyNet CAD Message Switch Interface
 - 6. SafetyNet CAD Radio Interface
 - 7. SafetyNet CAD Website
 - 8. SafetyNet CAD Westnet First-In Interface
 - 9. SafetyNet CAD Zetron Model 25 Tone Encoder Interface
 - 10. SafetyNet COPLINK Interface
 - 11. SafetyNet Informer
 - 12. SafetyNet Live Scan Server
 - 13. SafetyNet Live Scan Import Interface
 - 14. SafetyNet Live Scan Export Interface
 - 15. SafetyNet Digital Mugshot Interface
 - 16. SafetyNet Mobile
 - 17. SafetyNet Mobile Mapping Interface
 - 18. SafetyNet Records Management (RMS) System
 - 19. SafetyNet RMS Website
 - 20. HP Data Protector
- L. Upgrade all SafetyNet client software on the City Police Department workstations.



- M. Provide support agreement to Consultant's staff for transfer of HP Data Protector.
- N. Notify and coordinate with users for installation, testing, and cutover activities.
- O. Document all issues on <https://my.hitech.com>.
- P. City will have ten (10) business days for testing prior to cutover. During the testing, City will report identified issues in the form of an Incident Report (IR) on <https://my.hitech.com>.
- Q. If the City uses the operating system and application software in a production environment for a period of five calendar days, the hardware and software will be deemed accepted.

III. MODULES INCORPORATED BY PRIOR WORK ORDERS

From April 1, 1994 to the present, the parties entered into work orders incorporating the following modules into the Agreement.

- SafetyNet CAD Mapping Interface Server
- SafetyNet CAD Mapping Interface Client
- SafetyNet CAD Message Switch Interface Server
- SafetyNet CAD Message Switch Interface Full Access User
- SafetyNet CAD Message Switch Interface Server (backup)
- SafetyNet CAD Message Switch Interface Full Access User (backup)
- SafetyNet CAD Westnet First-In Interface Server
- SafetyNet CAD Westnet First-In Interface Station
- SafetyNet Mobile Server
- SafetyNet Mobile Client (Win32)
- SafetyNet Mobile Mapping Interface Server
- SafetyNet Mobile Mapping Interface Client
- SafetyNet RMS Message Switch Server
- SafetyNet RMS Message Switch Full Access User
- SafetyNet Live Scan Server
- SafetyNet Live Scan Import Interface Server
- SafetyNet Live Scan Export Interface Server
- SafetyNet Live Scan Interface NIST Formatter Server
- SafetyNet Digital Mugshot Interface Server
- SafetyNet Digital Mugshot Interface View Only Client
- SafetyNet Windows Client
- MapInfo Professional Upgrade
- MapInfo Professional Runtime Upgrade
- SafetyNet CAD Website



- SafetyNet RMS Website
- SafetyNet CAD Alphanumeric Paging Interface Server
- SafetyNet CAD Alphanumeric Paging Interface Fully Access User
- UniVerse DBMS Enterprise Edition Server
- UniVerse DBMS Enterprise Edition
- SafetyNet CAD COPLINK Interface
- SafetyNet Informer
- UniVerse DBMS Enterprise Edition Server
- UniVerse DBMS Enterprise Edition
- SafetyNet CAD Radio Interface



EXHIBIT "C-1"
COMPENSATION

Provided Consultant is not in default under this Agreement, Consultant shall be compensated as provided below.

A. **AMOUNT.** Consultant shall be paid total compensation in the amount of \$94,478.06 in accordance with the following schedule.

QTY	DESCRIPTION	UNIT PRICE	TOTAL
	Hardware, Software, and Support		
2	HP DL360P GEN8 8-SFF CTO configured with one 3.5 GHz Intel 4-core CPU and two 146GB SAS hard drives. Includes 5-year HP Foundation Care Service 24x7, 4-hour onsite.	\$9,213.71	\$18,427.42
1	HP P2000 disk array with five 300GB hard drives and dual controllers. Includes 5 year HP Foundation Care Service 24X7, 4-hour onsite.	\$15,419.45	\$15,419.45
1	HP LTO4 Ultrium internal tape drive which includes: - (10X) LTO4 Ultrium 1.6TB RW data tapes - (1X) Ultrium universal cleaning tape - (2X) mini SAS cables, 2M Includes 5 year HP Foundation Care Service 9x5, NBD onsite	\$4,297.10	\$4,297.10
1	Aware NISTpack for 64-bit Linux OS including 1 year of maintenance	\$3,900.00	\$3,900.00
2	Red Hat Enterprise Linux Server Premium: 3 year 7x24 premium support subscription	\$3,803.33	\$7,606.66
2	HP Proliant Essentials Integrated Lights-Out Advanced Pack	\$299.00	\$598.00
2	HP 3 year 24X7 ILO Advanced Non-Blade software support	\$90.00	\$180.00
	Services		
2	Server Preparation, Installation, and Configuration (weeks)	\$9,104.00	\$18,208.00
1.5	Application Installation/Conversion (weeks)	\$9,104.00	\$13,656.00
1	Install and Configure HP Hardware (day)	\$2,023.00	\$2,023.00
3	Project Management (days)	\$2,426.00	\$7,278.00
	Hardware, Software, and Support		\$50,428.63
	Services		\$41,165.00
	Tax Rate		9.00%
	Taxes		\$2,684.43
	Shipping		\$200.00
	Total		\$ 94,478.06



- B. **HOURLY RATE.** If City requests any additional services (i.e. changes in the specifications), Consultant shall be paid an hourly rate of \$337.00. However, in no event shall Consultant's total compensation, including the amount described in Section I.A of this Exhibit "C" exceed \$100,000
- C. **METHOD OF PAYMENT.** Consultant shall provide invoices indicating the services and tasks performed after the completion of services to City for approval and payment. Invoices must be itemized, adequately detailed, based on accurate records, and in a form reasonably satisfactory to City. Consultant may be required to provide back-up material upon request.
- D. **SCHEDULE FOR PAYMENT.** City agrees to pay Consultant as follows.
1. \$41,799.78 within 30 days of the receipt of the hardware and software.
 2. \$52,678.28 within 30 days of the installation of the hardware and software.
- E. **NOTICE.** Written notices to City and Consultant shall be given by registered or certified mail, postage prepaid and addressed to or personally served on the following parties.

Consultant
Hitech Systems, Inc.
16030 Ventura Boulevard, Suite 120
Encino, CA 91436
Attention: Henry Unger

City
City of Redondo Beach
Information Technology Department
415 Diamond Street
Redondo Beach, CA 90277
Attention: Chris Benson





EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/1/2015

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS SullivanCurtisMonroe Insurance Services 1920 Main Street Suite 600 Irvine, CA 92614 www.SullivanCurtisMonroe.com License # 0E83670		PHONE (A/C, No, Ext): 949.250.7172	COMPANY NAME AND ADDRESS Federal Insurance Company NAIC NO: 20181	
FAX (A/C, No): 949.852.9762	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Package	
AGENCY CUSTOMER ID #:		LOAN NUMBER Ref: #1001454134		POLICY NUMBER 35796052WCE
NAMED INSURED AND ADDRESS Hitech Systems, Inc. 16030 Ventura Blvd., #120 Encino CA 91436		EFFECTIVE DATE 5/9/2015	EXPIRATION DATE 5/9/2016	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) ☐ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

☒ SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ See attached

DED: \$1,000

	YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?			<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: \$50,000 DED: \$1,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>			
REPLACEMENT COST	<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>		
COINSURANCE			<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: Must be abrupt - included DED: \$1,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
- Demolition Costs			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
- Incr. Cost of Construction			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
EARTH-MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>			

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.

ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		
NAME AND ADDRESS Bank of America, N.A. Insurance Division Mail Code: CT2-515-88-11 70 Batterson Park Road Farmington CT 06032		AUTHORIZED REPRESENTATIVE Christiane Manchego

Page 1 of 2

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ACORD 28 (2014/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2015

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 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 SullivanCurtisMonroe Insurance Services 1920 Main Street Suite 600 Irvine, CA 92614		CONTACT NAME: PHONE (A/C, No, Ext): 949.250.7172 FAX (A/C, No): 949.852.9762 E-MAIL: ADDRESS:	
www.SullivanCurtisMonroe.com License # 0E83670		INSURER(S) AFFORDING COVERAGE	
INSURED Hitech Systems, Inc. 16030 Ventura Blvd., #120 Encino CA 91436		INSURER A: Federal Insurance Company INSURER B: Various Hartford Companies INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 20281 Vrs	

COVERAGES

CERTIFICATE NUMBER: 24525608

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 INSD 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 OTHER:	<input checked="" type="checkbox"/>	35796052WCE	5/9/2015	5/9/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPI/OP AGG \$ Excluded
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> HIRED Auto <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS Phys Damage		74970373	5/9/2015	5/9/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Collision Ded. \$ 1,000
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0	<input checked="" type="checkbox"/>	79806822	5/9/2015	5/9/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 Pers/Adv Injury \$ Excluded
B	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	72WEC DH3323 CA CO FL NY OR TX	8/27/2014	8/27/2015	<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)

City of Redondo Beach, its officers, elected and appointed officials, employees and volunteers are named as additional insured with respect to any liability arising out of work or operations performed by or on behalf of the insured including materials, parts or equipment furnished in connection with such work or operations per attached endorsement.

CERTIFICATE HOLDER**CANCELLATION**

City of Redondo Beach
Department of Engineering and Building Services
415 Diamond Street, Door #A
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

Christiane Manchego

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ACORD 25 (2014/01)

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Liability Insurance

Endorsement

Policy Period 5/9/2015 5/9/2016

Effective Date 5/9/2015

Policy Number 35796052WCE

Insured Hitech Systems, Inc.

Name of Company Federal Insurance Company

Date Issued 5/1/2015

~~~~~  
This Endorsement applies to the following forms:

~~~~~  
Under Who Is An Insured, the following provision is added:

Who Is An Insured

Owners, Lessees Or Contractors

Any person or organization designated below is an **insured**; but they are **insureds** only with respect to their liability as owner, lessee or contractor arising out of your ongoing operations performed for that **insured**.

Who Is An Insured

**Owners, Lessees Or
Contractors**
(continued)

Designated Owners, Lessees Or Contractors

City of Redondo Beach
Department of Engineering and Building Services
415 Diamond Street, Door #A
Redondo Beach CA 90277

All other terms and conditions remain unchanged.

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 72WEC DH3323

Endorsement Number:

Effective Date: 8/27/2014 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: Hitech Systems, Inc.
16030 Ventura Blvd., #120
Encino CA 91436

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

ANY PERSON OR ORGANIZATION
FROM WHOM YOU ARE REQUIRED BY
WRITTEN CONTRACT OR AGREEMENT
TO OBTAIN THIS WAIVER OF
RIGHTS FROM US.

BLANKET AS REQUIRED BY
CONTRACT.

Countersigned by _____

Authorized Representative

Form WC 00 03 13 Printed in U.S.A.
Process Date: 5/1/2015

Policy Expiration Date: 8/27/2015

Conditions

(continued)

***Transfer Or Waiver Of
Rights Of Recovery
Against Others***

We will waive the right of recovery we would otherwise have had against another person or organization, for loss to which this insurance applies, provided the **insured** has waived their rights of recovery against such person or organization in a contract or agreement that is executed before such loss.

To the extent that the **insured's** rights to recover all or part of any payment made under this insurance have not been waived, those rights are transferred to us. The **insured** must do nothing after loss to impair them. At our request, the **insured** will bring **suit** or transfer those rights to us and help us enforce them.

This condition does not apply to **medical expenses**.

Reference Copy

Liability Insurance

Form 80-02-2000 (Rev. 4-01)

Contract

Page 24 of 32



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2015

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PRODUCER SullivanCurtisMonroe Insurance Services 1920 Main Street Suite 600 Irvine, CA 92614		CONTACT NAME:	
www.SullivanCurtisMonroe.com License # 0E83670		PHONE (A/C, No, Ext): 949.250.7172	FAX (A/C, No): 949.852.9762
INSURED Hitech Systems, Inc. 16030 Ventura Blvd., #120 Encino CA 91436		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Federal Insurance Company	
		INSURER B: Various Hartford Companies	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 24525615**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 OTHER:	<input checked="" type="checkbox"/>		35796052WCE	5/9/2015	5/9/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Hired Auto <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS Phys Damage			74970373	5/9/2015	5/9/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Collision Ded. \$ 1,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			79806822	5/9/2015	5/9/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 Prods/Compl Ops excluded Pers/Adv Injury \$ Excluded
B	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 checked="" type="checkbox"/> N	N/A	72WECDH3323 CA CO FL NY OR TX	8/27/2014	8/27/2015	<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)

Redondo Beach P.D. is named as additional insured per attached form

CERTIFICATE HOLDER**CANCELLATION**

Redondo Beach P.D. 401 Diamond St. 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 Christiane Manchego

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ACORD 25 (2014/01)

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Liability Insurance

Endorsement

Policy Period 5/9/2015 5/9/2016

Effective Date

Policy Number 35796052WCE

Insured Hitech Systems, Inc.
16030 Ventura Blvd., #120
Encino CA 91436

Name of Company Federal Insurance Company

Date Issued 5/1/2015

This Endorsement applies to the following forms:

Under Who Is An Insured, the following provision is added:

Who Is An Insured

Scheduled Person Or Organization

Subject to all of the terms and conditions of this insurance, any person or organization shown in the Schedule, acting pursuant to a written contract or agreement between you and such person or organization, is an **insured**; but they are **insureds** only with respect to liability arising out of your operations, or your premises, if you are obligated, pursuant to such contract or agreement, to provide them with such insurance as is afforded by this policy.

However, no such person or organization is an **insured** with respect to any:

- assumption of liability by them in a contract or agreement. This limitation does not apply to the liability for damages for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.
- damages arising out of their sole negligence.

Liability Endorsement
(continued)

Schedule

Liability Insurance
Form 80-02-2367(Rev. 8-04)

Additional Insured - Scheduled Person Or Organization
Endorsement

continued
Page 2

Liability Insurance

Endorsement

Effective Date

Policy Number

All other terms and conditions remain unchanged.

Authorized Representative

@ @ @ @



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/21/2018

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 SullivanCurtisMonroe Insurance Services 1920 Main Street Suite 600 Irvine, CA 92614 www.SullivanCurtisMonroe.com License # 0E83670		CONTACT NAME: RSPEXpress PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: ExpressIX@sullicurt.com	
INSURED Hitech Systems, Inc. dba Pulsiam 16030 Ventura Blvd., #250 Encino CA 91436		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company NAIC # 20281 INSURER B: Hartford Casualty Insurance Company 29424 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 42662870

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 INSD 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 OTHER:	<input checked="" type="checkbox"/>	35796052WCE	5/9/2017	8/27/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$Excluded GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$Excluded \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED Auto <input type="checkbox"/> Phys Damage		74970373	5/9/2017	8/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" 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 checked="" type="checkbox"/> RETENTION \$0		79806822 Prods/Compl Ops excluded	5/9/2017	8/27/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 Pers/Adv Injury \$Excluded
B	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 checked="" type="checkbox"/> N	72WBCRT9614	8/27/2017	8/27/2018	<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)

Redondo Beach P.D. is named as additional insured per attached form

CERTIFICATE HOLDER**CANCELLATION**

Redondo Beach P.D. 401 Diamond St. 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 Danielle Conkel

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ACORD 25 (2016/03)

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Liability Insurance

Endorsement

Policy Period 5/9/2017

TO 8/27/2018

Effective Date 5/9/2017

Policy Number 35796052WCE

Insured Hitech Systems, Inc.
dba Pulsiam

Name of Company FEDERAL INSURANCE COMPANY

Date Issued 6/21/2018

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

Who Is An Insured

Additional Insured - Scheduled Person Or Organization

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

Liability Endorsement
(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

Conditions

**Other Insurance –
Primary, Noncontributory
Insurance – Scheduled
Person Or Organization**

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

All other terms and conditions remain unchanged.

Authorized Representative





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2018

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 SullivanCurtisMonroe Insurance Services
1920 Main Street
Suite 600
Irvine, CA 92614

CONTACT NAME: RSPEXpress

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS: ExpressIX@sullicurt.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Federal Insurance Company

20281

INSURER B: Hartford Casualty Insurance Company

29424

INSURER C:

INSURER D:

INSURER E:

INSURER F:

www.SullivanCurtisMonroe.com

License # 0E83670

INSURED
Hitech Systems, Inc.
dba Pulsiam
16030 Ventura Blvd., #250
Encino CA 91436

COVERAGES

CERTIFICATE NUMBER: 43653167

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 OTHER:	<input checked="" type="checkbox"/>		35796052WCE	8/27/2018	8/27/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED Auto <input type="checkbox"/> Phys Damage			74970373	8/27/2018	8/27/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			79806822 Prods/Compl Ops excluded	8/27/2018	8/27/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 Pers/Adv Injury \$ Excluded
B	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 checked="" type="checkbox"/> N	N/A	72WBCRT9614	8/27/2018	8/27/2019	<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)

Redondo Beach P.D. is named as additional insured per attached form

CERTIFICATE HOLDER

Redondo Beach P.D.
401 Diamond St.
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

D- Danielle Conkel

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ACORD 25 (2016/03)

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Liability Insurance

Endorsement

Policy Period 8/27/2018

TO 8/27/2019

Effective Date 8/27/2018

Policy Number 35796052WCE

Insured Hitech Systems, Inc.
dba Pulsiam

Name of Company FEDERAL INSURANCE COMPANY

Date Issued 8/15/2018

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

Who Is An Insured

Additional Insured - Scheduled Person Or Organization

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

Liability Endorsement

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

Conditions

*Other Insurance –
Primary, Noncontributory
Insurance – Scheduled
Person Or Organization*

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

All other terms and conditions remain unchanged.

Authorized Representative

