

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/07/2020

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	URANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT CERTIFICATE HOLDER.	EXTER TE A C	ONTRACT	ER THE CON	VERAGE AFFORDED B HE ISSUING INSURER(	Y THE S), AU	POLICIES THORIZED	
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	to the	terms and conditions of th	e polic	y, certain po	olicies may r	AL INSURED provisions equire an endorsement	s or be . A sta	endorsed. atement on	
this certificate does not confer rights	o the co	ertificate holder in lieu of su	CONTA		).				
PRODUCER			NAME:	37.78		- EAN			
Hiscox Inc. d/b/a/ Hiscox Insurance / 520 Madison Avenue	Agency	in CA	PHONE (A/C, No	, Ext): (000)	202-3007	FAX (A/C, No):			
32nd Floor			E-MAIL	ss: conta	ct@hiscox.co	m			
New York, NY 10022			INSURER(S) AFFORDING COVERAGE NAIC #						
			INSURE	RA: Hisco	x Insurance C	Company Inc		10200	
INSURED	TEMP	and Dessue las	INSURE	RB:					
World Advancement of Technology f 1748 San Diego Avenue	or EIVIS	and Rescue, Inc	INSURER C :						
SAN DIEGO, CA 92110			INSURE	RD:					
			INSURE	RE:					
			INSURE	RF:					
COVERAGES CEF	TIFICA	TE NUMBER:				<b>REVISION NUMBER:</b>			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORDI ES. LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	CT TO V	WHICH THIS	
INSR LTR TYPE OF INSURANCE	INSD W			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,00 \$ 100,		
						MED EXP (Any one person)	\$ 5,00		
A X Primary & Noncontributory	Y	UDC-1507991-CGL-1	0	10/29/2019	10/29/2020	PERSONAL & ADV INJURY	\$ 2,00		
GEN'L AGGREGATE LIMIT APPLIES PER:	T	0DC-1507991-CGL-1	9	10/29/2019	10/29/2020	GENERAL AGGREGATE	\$ 2,00		
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		Gen. Agg	
OTHER:						PRODUCTS - COMP/OP AGG	\$	oen. Agg	
						COMBINED SINGLE LIMIT	\$		
ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED									
AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
			_				\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$						PER OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE	ANYPROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$			
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC The City, its officers, elected and appointed o f the Consultant. Policy is primary subject to	ficials, er	mployees, and volunteers are to b	e covere	ed as insureds v	with respect to I		formed b	oy or on behalf o	
CERTIFICATE HOLDER			CAN	CELLATION					
City of Redondo Beach 401 S. Broadway Redondo Beach CA 90278			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
			AUTHO	RIZED REPRESE	_	ORD CORPORATION.			

40	ORD		CERTIF		TE	OF LIAB	ILIT	Y INSUR	ANCE			DATE (MM/DD/YYYY) 07/23/2020
TH PC AL	IIS CERTIFICA DLICIES BELOV JTHORIZED RE	TE DO W. TH PRES	DES NOT AFI	FIRMA ATE O DR PR(	TIVEL F INS	OF INFORMATIO Y OR NEGATIV URANCE DOES ER, AND THE C	NOT C	MEND, EXTEND ONSTITUTE A CATE HOLDER	OR ALTER 1 CONTRACT E	THE COVERAG	SE AFFO	RDED BY THE G INSURER(S),
						DITIONAL INSU						
						cy, certain polici such endorseme		require an end	iorsement. A	statement on t	nis ceru	ncate does not
	UCER						CONTA					
7216	SH & MCLENN			/PHS			PHONE (A/C, N	. (866	FAX (A/C, No):	(888) 443-6112		
The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251							E-MAIL ADDRE					
oun		LUI						INSL	JRER(S) AFFORDI	NG COVERAGE		NAIC#
INSURED							INSURE	ERA: Hartfo	rd Accident and	d Indemnity Co	mpany	22357
	RLD ADVANCE CUE, INC.	MENT	OF TECHNO	DLOGY	FOR	EMS AND	INSURE	ER B :				
	SAN DIEGO A	VE					INSURE	ER C :				
	DIEGO CA 92		906				INSURE	ER D :				
							INSURE	ER E :				
							INSUR	ERF:				
	/ERAGES					E NUMBER:				ION NUMBER		
	DICATED.NOTWI	ITHSTA Y BE	ANDING ANY R	REQUIR MAY PE S OF S	EMEN RTAIN UCH P	, TERM OR CON	DITION C	OF ANY CONTRA ORDED BY THE MAY HAVE BEEN	CT OR OTHER POLICIES DES REDUCED BY F	DOCUMENT WIT	TH RESPE	HE POLICY PERIOD CT TO WHICH THIS JECT TO ALL THE
INSR	TYPE O	F INSUF	RANCE	ADDL	SUBR WVD	POLICY NUME	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)		LIMIT	S
Link	COMMERCIAL	L GENE	RAL LIABILITY							EACH OCCURRE		
	CLAIMS-N	MADE	OCCUR							DAMAGE TO REN PREMISES (Ea oc		
		_								MED EXP (Any on		
								PERSONAL & AD	V INJURY			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGR					
	POLICY	PRO- JECT	LOC							PRODUCTS - CO	MP/OP AGO	
	OTHER:									COMBINED SING	ELIMIT	
	AUTOMOBILE LIA	BILITY								(Ea accident)		\$1,000,00
	X ANY AUTO								01/15/2021	BODILY INJURY	(Per person)	
Α	ALL OWNED AUTOS		SCHEDULED AUTOS			72 UEC ZN	7243	243 01/15/2020		BODILY INJURY	(Per acciden	t)
	X HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAM (Per accident)	AGE	
			OCCUR							EACH OCCURRE	NCE	
	UMBRELLA I EXCESS LIAI	E	CLAIMS- MADE							AGGREGATE		
	DED RET	ENTION		1								
	WORKERS COMP	PENSAT	ION	-	-					PER	ОТН	1-
	AND EMPLOYERS	S' LIABI		N						STATUTE E.L. EACH ACCIE		
	PROPRIETOR/PA			N N/A								c .
OFFICER/MEMBER EXCLUDED?								E.L. DISEASE -E/				
	If yes, describe und DESCRIPTION OF	der	ATIONS below							E.L. DISEASE - P	OLICY LIMI	г
						DRD 101, Additional F e next page for a			tached if more spa	ce is required)		
CE	RTIFICATE HO	DLDE						CANCELL				
City of Redondo Beach 401 S BROADWAY							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
REDONDO BEACH CA 90277						ŀ	AUTHORIZED RE					
								Sugar J		uda		
								© 19	88-2015 ACO	RD CORPOR	ATION.	All rights reserve

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID:

LOC# :



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25				
CARRIER	NAIC CODE	SAN DIEGO CA 92110-1906				
SEE ACORD 25		1748 SAN DIEGO AVE				
POLICY NUMBER		RESCUE, INC.				
MARSH & MCLENNAN INS AGCY LLC/PHS		WORLD ADVANCEMENT OF TECHNOLOGY FOR EMS AND				
AGENCY		NAMED INSURED				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The City, its officers, elected and appointed officials, employees, and volunteers are to be covered as insureds with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of the Consultant.For any claims related to this project, the Consultant's insurance coverage shall be primary insurance as respects the City, its officers, elected and appointed officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, or volunteers shall be excess of the Consultant's insurance and shall not contribute with it.Each insurance policy required by this clause shall be endorsed to state that coverage shall not be canceled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the City.Each insurance policy shall be endorsed to state that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverages afforded shall apply as though separate policies had been issued to each insured.

40	ORD CERTIF		ATE	OF LIAB	ILIT	Y INSUR	ANCE		[	DATE (MM/DD/YYYY)
TH	IS CERTIFICATE IS ISSUED AS A IS CERTIFICATE DOES NOT AF DLICIES BELOW. THIS CERTIFIC, ITHORIZED REPRESENTATIVE C	A MAT FIRMA	TER ( TIVEL OF INS	OF INFORMATIO	N ONL	Y AND CONFE MEND, EXTEND CONSTITUTE A	RS NO RIGHT	THE COVERAG	E AFFOR	DED BY THE
	PORTANT: If the certificate hold							lorsed If SUBI	ROGATIO	NIS WAIVED
su	bject to the terms and conditions	of th	e poli	cy, certain polici	ies may	y require an en	dorsement. A	statement on t	his certifi	cate does not
CO	nfer rights to the certificate hold	er in li	eu of	such endorseme	ent(s).					
	UCER SH & MCLENNAN INS AGCY LLC	/DHC			CONT/					
	5836			PHON	e (866		388) 443-6112			
	Hartford Business Service Center				(A/C, N	lo, Ext):			(A/C, No):	
3600	Wiseman Blvd			E-MAIL						
San	Antonio, TX 78251				ADDR					
INSU	PED			-	INSU		NAIC#			
	RLD ADVANCEMENT OF TECHNO		FOR	EMS AND	INSUR		rd Fire and Its	P&C Affiliates		00914
	CUE, INC.	2001			INSUR					
1748	SAN DIEGO AVE				INSUR	ER C :				
SAN	DIEGO CA 92110-1906				INSUR	ERD:				
					INSUR	ERE:				
					INSUR	ERF:				
	VERAGES C			E NUMBER:				ION NUMBER:		
IN	DICATED.NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR M RMS, EXCLUSIONS AND CONDITION	EQUIR AY PE S OF S	EMEN	T, TERM OR CONE , THE INSURANC OLICIES. LIMITS S	E AFFC	OF ANY CONTRA	CT OR OTHER	DOCUMENT WIT	H RESPEC	T TO WHICH THIS
LTR		INSR		POLICY NUMB	SER	(MM/DD/YYYY)	(MM/DD/Y YYY)			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		
CLAIMS-MADE OCCUR								PREMISES (Ea occurrence)		
								MED EXP (Any one		
								PERSONAL & ADV	INJURY	
								GENERAL AGGREGATE		
						PRODUCTS - COM	IP/OP AGG			
	OTHER:		-							
								(Ea accident)		
ANY AUTO								BODILY INJURY (F	Per person)	
ALL OWNED SCHEDULED AUTOS AUTOS								BODILY INJURY (F	Per accident)	
	HIRED NON-OWNED							PROPERTY DAMA	GE	
	AUTOS							(Per accident)		
	OCCUR	-						EACH OCCURREN	ICE	
	EXCESS LIAB CLAIMS-							AGGREGATE	JL.	
	MADE	-						HOUREGATE		
	DED RETENTION \$	-						Inco		
	AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	
	ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE	1			0000	001101000		E.L. EACH ACCIDE	INT	\$1,000,000
A	OFFICER/MEMBER EXCLUDED?				2906	08/19/2020	08/19/2021	E.L. DISEASE -EA	EMPLOYEE	\$1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - PC	LICY LIMIT	\$1,000,000
	DESCRIPTION OF OPERATIONS below	-								+ , , , , , , , , , , , , , , , , , , ,
DESC	RIPTION OF OPERATIONS / LOCATIONS / \	/EHICLE	ES (ACO	RD 101, Additional Re	emarks S	chedule, may be att	ached if more space	ce is required)		
	se usual to the Insured's Operations									
	TIFICATE HOLDER					CANCELLA				
City of Redondo Beach										BE CANCELLED
401 S BROADWAY REDONDO BEACH CA 90277						BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
NEUVIDU BENUT UN BUZIT						AUTHORIZED REP				
						Sugart	Prot	,		
						© 198	8-2015 ACO	RD CORPORA	TION. AI	rights reserved

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AGENCY CUSTOMER ID:

LOC# :



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED					
MARSH & MCLENNAN INS AGCY LLC	C/PHS	WORLD ADVANCEMENT OF TECHNOLOGY FOR EMS AND					
POLICY NUMBER		RESCUE, INC.					
SEE ACORD 25		1748 SAN DIEGO AVE					
CARRIER	NAIC CODE	SAN DIEGO CA 92110-1906					
SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25					

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