Client#: 463788 DEANWORM

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

,,,,,,							
PRODUCER	CONTACT Kim Ryder						
USI Insurance Services LLC	PHONE (A/C, No, Ext): 914 459-6226	FAX (A/C, No): 610 537-4537					
333 Westchester Ave, Suite 102	E-MAIL ADDRESS: Kim.Ryder@usi.com						
White Plains, NY 10604	INSURER(S) AFFORDING COVERAG	SE NAIC#					
914 459-6200	INSURER A: American Zurich Insurance Company	40142					
INSURED	INSURER B : American Guarantee & Liability Ins Co.	26247					
USI Insurance Services	INSURER C : Hartford Casualty Insurance Company	29424					
100 Summit Lake Drive	INSURER D : Hartford Fire Insurance Company	19682					
Suite 400	INSURER E : Zurich American Insurance Company	16535					
Valhalla, NY 10595	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X	CLAIMS-MADE X OCCUR	X	X	GLA675103500	01/01/2020	01/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$1,000,000
		CEANNO-WADE 21 OCCOR						MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Е	AUT	OMOBILE LIABILITY	X	X	GLA675103500	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	X	UMBRELLA LIAB X OCCUR	X	X	AUC690632700	01/01/2020	01/01/2021	EACH OCCURRENCE	\$25,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$25,000,000
		DED X RETENTION \$10000							\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY		X	16WECPK5850	01/01/2020	01/01/2021	X PER OTH- STATUTE ER	
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A	X	16WNS60600	01/01/2020	01/01/2021	E.L. EACH ACCIDENT	\$1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							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)
The General Liability, Commercial Auto and Umbrella policies include an automatic Additional Insured
endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written
contract that requires such status, and only with regard to work performed on behalf of the Named Insured.
Waiver of Subrogation is provided as required by written contract.

City of Redondo Beach is named as Additional Insured when required by written contract or agreement.

OEKTII IOATE HOEDEK	DANGELLATION				
City of Redondo Beach 415 Diamond Street 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				
	Ulle Scall				

CANCELL ATION

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CERTIFICATE HOLDER

Client#: 1420259 DEANWORM1

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/05/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

tl	nis certificate does not confer any righ	nts to	the	certificate holder in lieu o					
	DUCER					CT Lynn Ov	wen		
USI Insurance Services LLC					PHONE (A/C, No	o, Ext):		FAX (A/C, No):	
) Preston Avenue				E-MAIL ADDRE	ss: lynn.ow	en@usi.co	m	
Meriden, CT 06450					INSURER(S) AFFORDING COVERAGE INSURER A : XL Specialty Insurance Company				NAIC #
INICI	IDED						iaity insuranc	e Company	3/003
INS	USI Advantage Corp.				INSURER B:				
	100 Summit Lake Drive, St	uite -	400		INSURER C:				
	Valhalla, NY 10595				INSURER D:				
	,				INSURER E :				
	VED A OFO	TIFIC		NUMBER	INSURER F:				
	VERAGES CER' HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	/C DCC!	LICCLIED TO		REVISION NUMBER:	OLICY DEDICE
IN C E	IDICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH	QUIRI ERT <i>A</i> POL	EMEN AIN, T ICIES	IT, TERM OR CONDITION O THE INSURANCE AFFORDE . LIMITS SHOWN MAY HAV	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED F	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL MS.	WHICH THIS
INSR LTR		INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
								MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER:							COMBINED SINGLE LIMIT	
	AUTOMOBILE LIABILITY							(Ea accident) \$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMPRELLALIAR							\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							
	(Wandatory III NH) yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
Α	Professional			US00092401EO19B		12/31/2019	12/31/2020	\$15,000,000 per claim	
^	Liability (E&O)			000003240120135		12/01/2010	12/01/2020	\$15,000,000 aggregate	•
Pro US	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ofessional Liability / E&O coverag I Insurance Services LLC. All US ected by USI.	e is	exte	nded to all subsidiarie	s and	dba's of US	SI Advantag	e Corp. /	
CE	RTIFICATE HOLDER				CANO	ELLATION			
<u> </u>					JAI10				
	City of Redondo Beach 415 Diamond Street	77			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANC REOF, NOTICE WILL BE LICY PROVISIONS.	

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AUTHORIZED REPRESENTATIVE