



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2020

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

PRODUCER Rene Williams Agency 22837 Pacific Coast Hwy Ste D Malibu CA 90265-5841		CONTACT NAME: Esther Campos PHONE (A/C, No, Ext): 310-317-4433 E-MAIL ADDRESS: Rwilliams@farmersagent.com FAX (A/C, No):	
INSURED PACIFIC ARCHITECTURE AND ENGINEERING INC. 730 Arizona Ave Santa Monica CA 90401		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds of London INSURER B: FARMERS INSURANCE COMPANY INSURER C: INSURER D: INSURER E: 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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		PSF02222273	11/19/2020	11/19/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
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	Y		PSF02222273	11/19/2020	11/19/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
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/A	Y	B09478570	11/19/2020	11/19/2021	<input 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
A	PROFESSIONAL LIABILITY			PSF02222273	11/19/2020	11/19/2021	CLAIMS MADE 1,000,000	

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

CERTIFICATE HOLDER AND ADDITIONAL INSURED UNDER POLICY PSF02222273:
 CITY OF REDONDO BEACH THEIR OFFICER EMPLOYEES VOLUNTEERS, AND AGENTS
 415 DIAMOND STREET
 REDONDO BEACH, CA 90277

SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THE ISSUING INSURER WILL MAIL A WRITTEN NOTICE 30 DAYS IN ADVANCE.

CERTIFICATE HOLDER

CANCELLATION

CITY OF REDONDO BEACH THEIR OFFICER EMPLOYEES VOLUNTEERS, AND AGENTS 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 <i>Rene Williams</i>
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WC 99 06 19

**WORKERS' COMPENSATION AND EMPLOYERS'
LIABILITY INSURANCE POLICY**

Named Insured . PACIFIC ARCHITECTURE & ENGINEERING
. PACIFIC ARCHITECTURE AND ENGINEERING
. 25307 MALIBU ROAD
. MALIBU CA 90265

Effective Date 11/19/19

Agent
29-58-2AN

B0947-86-70
Policy Number
of the Company

2019
Policy
Year

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - BLANKET

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 for which you perform work under a written contract that requires you to obtain this agreement from us.

The additional premium for this endorsement shall be 3.0 % of the Workers' Compensation premium otherwise due for the state(s) listed below on such remuneration, subject to a minimum charge of _____.

All written contracts in the state(s) of.

CA

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

Countersigned _____
Authorized Representative



ADDITIONAL INSURED ENDORSEMENT

ATTACHING TO POLICY
NUMBER: PSJ0622577517

THE INSURED: Pacific Architecture & Engineering

WITH EFFECT FROM: 19 Nov 2020

It is understood and agreed that the following amendments are made to this Policy:

1. The following **DEFINITION** is added:

"Additional insured" means:

The City of Thousand Oaks (Effective From: 19 Feb 2020)
The City, its elected officials, officers, agents, employees, and volunteers
2100 Thousand Oaks Blvd
Thousand Oaks, CA 91362
US

City of Santa Monica (Effective From: 19 Feb 2020)
The City, its elected officials, officers, agents, employees, and volunteers
1635 Main St
Santa Monica, CA 90401
US

The City of Rolling Hills (Effective From: 19 Feb 2020)
The City, its elected officials, officers, agents, employees, and volunteers
2 Portugese Bend
Rolling Hills, CA 90274
US

City of South Gate and their appointed officials employees, agents, or volunteers
(Effective From: 05 Jun 2020)
8650 California Avenue
South Gate, CA 90280
US

THE CITY OF CARLSBAD, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND
AGENTS
(EFFECTIVE FROM: 06 APR 2017)
1200 CARLSBAD VILLAGE DRIVE
CARLSBAD, CA 92008
US

SUCity of Redondo Beach, their officers, (Effective From: 21 Dec 2015)
employees, volunteers and agents
415 Diamond St
St. Redondo Beach, CA 90277
US

City of Rancho Palos Verdes (Effective From: 21 Dec 2015)
30940 Hawthorne Blvd
Rancho Palos Verdes, CA 90272
US

El Segundo (Effective From: 23 Dec 2015)
City of El Monte and their elected & appointed (Effective From: 27 Apr 2016)
officials, officers, employees, agents or volunteers
11333 Valley Boulevard
El Monte, CA 91731
US

The Costa Mesa Sanitary District, its elected and appointed officials, agents,
officers,
volunteers and employees (Effective From: 15 Feb 2018)
290 Paularino Ave



Costa Mesa, CA 92626
US

THE CITY OF CARLSBAD, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND
AGENTS
(Effective From: 06 Apr 2017)
1200 CARLSBAD VILLAGE DRIVE
CARLSBAD, CA 92008
US

SUCity of Redondo Beach, their officers employees, volunteers and agents
(Effective From:
21 Dec 2015)
415 Diamond St
St. Redondo Beach
CA 90277
US

City of Rancho Palos Verdes (Effective From: 21 Dec 2015)
30940 Hawthorne Blvd
St. Redondo Beach
Rancho Palos Verdes, CA 90272
US

City of El Monte and their elected & appointed officials, officers, employees,
agents or
volunteers (Effective From: 27 Apr 2016)
11333 Valley Boulevard
El Monte, CA 91731
US

2. Where an "Additional insureds" **CONDITION** exists in this Policy, **additional insureds** are included as a **third party**.
3. Where an "Additional insureds" **CONDITION** does not exist in this Policy, the following **CONDITION** is added:

Additional Insureds

Additional insureds are indemnified under this Policy as if they were **you**, but only in respect of sums which they become legally obliged to pay (including liability for claimants' costs and expenses) as a result of any **claim** arising solely out of an act, error or omission committed by **you** or on **your** behalf, provided that had the **claim** been made against **you**, then **you** would be entitled to indemnity under this Policy.

Before **we** indemnify any **additional insured**, they must prove to **us** that the **claim** arose solely out of an act, error or omission committed by **you** or on **your** behalf and fully comply with **CONDITION 1** as if they were **you**.

When this **CONDITION** applies, it will be primary and non-contributory to the **additional insured's** own insurance but only if **you** and the **additional insured** have entered into a contract that contains a provision requiring this.

Whilst **additional insureds** are indemnified under this Policy, any **claim** made by **additional insureds** against **you** will be treated by **us** as if they were a **third party** and not as a named insured.

4. The following **CONDITION** is added:

Notice of cancellation to additional insureds

If **we** give **you** notice of cancellation in accordance with the "Cancellation" **CONDITION**, **we** will endeavour to provide the same notice of cancellation to **additional insureds**; however, not doing so will not place any additional liability upon **us**.

SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THE POLICY

Authorized Signatory

CFC Underwriting Ltd