

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

						6/	2/2020
THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
IMPORTANT: If the certificate holder i If SUBROGATION IS WAIVED, subject	s an AD	DITIONAL INSURED, the					
this certificate does not confer rights to					- 1		
PRODUCER Marsh Wortham,	CONTACT NAME: Marsh Wortham, a division of Marsh USA, Inc						
a division of Marsh USA, Inc			PHONE (A/C, No, Ext): 713-526-3366 FAX (A/C, No): 713-521-1951				
2929 Allen Parkway Houston, TX 77019			E-MAIL ADDRESS:				
www.marsh.com					NAIC #		
INSURED	INSURER A : Great Northern Insurance Company				20303		
Norton Rose Fulbright US, LLP 1301 Mckinney Street, Suite 5100 Houston TX 77010-3095			INSURER B : Federal Insurance Company				20281
			INSURER C :				
			INSURER D :				
			INSURER E :				
	INSURER F :						
		E NUMBER: 55797287			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH		ENT, TERM OR CONDITION , THE INSURANCE AFFORD 5. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPEC	ст то и	VHICH THIS
INSR LTR TYPE OF INSURANCE	INSD WV	D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
A COMMERCIAL GENERAL LIABILITY		35165349	6/1/2020	6/1/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000	,000
CLAIMS-MADE 🖌 OCCUR					PREMISES (Ea occurrence)	\$1,000	,000
✓ Host Liquor Liability					MED EXP (Any one person)	\$10,00	0
					PERSONAL & ADV INJURY	\$1,000	,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000),000
✓ POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ Inclue	bed
OTHER:					Combined Total Agg	\$10,00	0,000
A AUTOMOBILE LIABILITY		73514472	6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0,000
ANY AUTO					BODILY INJURY (Per person)	\$	·
OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$					AGGREGATE	\$	
B WORKERS COMPENSATION		71712478	6/1/2020	6/1/2021	✓ PER OTH- STATUTE ER	φ	
		Includes CA			V STATULE ER	¢ 1 000	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$1,000	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE		,
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000	1,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (ACOR	RD 101, Additional Remarks Schedu	Ile, may be attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER	CANCELLATION						
-							
City of Redondo Beach City Attorney's Office Attn: Michael W. Webb, City Attorn	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
415 Diamond Street Redondo Beach CA 90277	AUTHORIZED REPRESENTATIVE						
			Marsh Wortham, a	division of M			
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