



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/24/2020

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 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 VALLEY FORGE INSURANCE BROKERAGE 39427657 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730 FAX (888) 443-6112 (A/C, No, Ext): (A/C, No):	
	E-MAIL ADDRESS:	
INSURED TRANSPORTATION PLANNING & POLICY/ ROY E. GLAUTHIER 336 VISTA BAYA COSTA MESA CA 92627-1808	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentinel Insurance Company Ltd.	
	INSURER B:	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	X		39 SBA LX6068	10/22/2020	10/22/2021	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	X General Liability						MED EXP (Any one person) \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY			39 SBA LX6068	10/22/2020	10/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	X HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE
	CLAIMS-MADE						AGGREGATE
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT

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

Those usual to the Insured's Operations. Please Refer To Cover Page.

CERTIFICATE HOLDER

CITY OF REDONDO BEACH
 Attn: Diane Amaya
 415 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

Susan L. Castaneda

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ADDITIONAL REMARKS SCHEDULE

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AGENCY VALLEY FORGE INSURANCE BROKERAGE		NAMED INSURED TRANSPORTATION PLANNING & POLICY/ ROY E. GLAUTHIER 336 VISTA BAYA COSTA MESA CA 92627-1808	
POLICY NUMBER SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25	
CARRIER SEE ACORD 25	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

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

The CITY OF REDONDO BEACH, its officers, elected and appointed officials, employees, and volunteers are an Additional Insured and Coverage is Primary & Non-Contributory per the Business Liability Coverage form SS0008 with respect to liability arising out of work performed by or on behalf of the Consultant, also with respect to liability arising out of automobiles Hired and Non-owned Auto per the Business Liability Coverage form SS0008.

POLICY NUMBER: 39 SBA LX6068



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

THE CITY OF REDONDO BEACH, ITS OFFICERS, ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AND VOLUNTEERS ARE AN ADDITIONAL INSURED AND COVERAGE IS PRIMARY & NON-CONTRIBUTORY PER THE BUSINESS LIABILITY COVERAGE FORM SS0008 WITH RESPECT TO LIABILITY ARISING OUT OF WORK PERFORMED BY OR ON BEHALF OF THE CONSULTANT, ALSO WITH RESPECT TO LIABILITY ARISING OUT OF AUTOMOBILES HIRED AND NON-OWNED AUTO PER THE BUSINESS LIABILITY COVERAGE FORM SS0008.

415 DIAMOND ST
REDONDO BEACH, CA 90277

YUBA SUTTER TRANSIT AUTHORITY
2100 B ST
MARYSVILLE, CA 95901

LOC 001 BLDG 001
CITY OF PASADENA PURCHASING DIVISION, COUNCIL MEMBERS, COMMISSIONERS, OFFICER, EMPLOYEES, AGENTS, AND VOLUNTEERS
100 N GARFIELD AVE RM 328
PASADENA, CA 91101-1726

CITY OF LA MIRADA
ATTENTION: CITY CLERK'S OFFICE
13700 LA MIRADA BLVD
LA MIRADA, CA 90638

THE CITY OF LA MIRADA, INCLUDING BUT NOT LIMITED TO ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS AND AGENTS ARE ADDITIONAL INSURED PER THE BUSINESS LIABILITY COVERAGE FORM SS0008 ATTACHED TO THIS POLICY.

THE CITY OF ROSEMEAD, ITS OFFICIALS, EMPLOYEES AND AGENTS
8838 VALLEY BLVD
ROSEMEAD, CA 91770