Client#: 475947 ALLCITYMAN

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/27/2021

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 Marsh & McLennan Agency LLC		CONTACT Nick Newell				
		PHONE (A/C, No, Ext): 949 425 7312 FAX (A/C, No):				
Marsh & McLennan Ins. Agency LLC		E-MAIL ADDRESS: nick.newell@marshmma.com				
350 S Grand Ave, Ste 3410		INSURER(S) AFFORDING COVERAGE				
Los Angeles, CA 90071		INSURER A: Landmark American Insurance Company				
INSURED		INSURER B : Mercer Insurance Company				
All City Management Services, Inc. 10440 Pioneer Blvd., Suite 5 Santa Fe Springs, CA 90670	, Inc.	INSURER C : Berkshire Hathaway Homesta	20044			
		INSURER D : Lexington Insurance Compan	19437			
		INSURER E : Everest National Insurance Company		10120		
		INSURER F: James River Insurance Comp	12203			

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.

	TYPE OF INSURANCE				POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
X	COMMERCIAL GENERAL LIABI	LITY			LHA141150	08/01/2020	08/01/2021	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCC	CUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
GEN		PER:						GENERAL AGGREGATE	\$2,000,000
X	POLICY PRO- L	.oc						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:								\$
AUT	OMOBILE LIABILITY				CF8CA00199201	08/01/2020	08/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO				CA43601328	08/01/2020	08/01/2021	BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS							,	\$
X	HIRED AUTOS ONLY X NON-ON AUTOS	WNED ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
X	UMBRELLA LIAB X OCC	CUR			27307647	08/01/2020	08/01/2021	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB CLA	AIMS-MADE						AGGREGATE	\$3,000,000
	DED RETENTION\$								\$
					ALWC238792	01/01/2021	01/01/2022	X PER OTH-	
ANY	PROPRIETOR/PARTNER/EXECU	JTIVE	J / A					E.L. EACH ACCIDENT	\$1,000,000
(Mai	ndatory in NH)	LIN IN	• / ^					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		w						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Exc	cess Layer				080877908	08/01/2020	08/01/2021	\$1,000,000	
	GEN X X X X WORD AND OFFI	CLAIMS-MADE X OCCURRENCE AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X AUTOS ON	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT JECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X AUTOS AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION  AND EMPLOYER'S LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODIECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY  X HIRED AUTOS ONLY X AUTOS ONLY  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PAGTNER/EXECUTIVE NOFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  LHA141150  LHA141150  LHA141150  CF8CA00199201  CA43601328  CF8CA00199201  CA43601328  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  ALWC238792	CLAIMS-MADE   X OCCUR	COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X OCCUR	COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X OCCUR   CAMBINED STRICT   CAMBINED SINGLE LIMIT   CRASSINGLE LIMIT APPLIES PER:   X POLICY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Redondo Beach is included as additional insured as respects to General Liability per attached endorsement.

CERTIFICATE HOLDER	CANCELLATION
City of Redondo Beach 415 Diamond St. 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
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POLICY#: LHA141150 POLICY PERIOD: 08/01/2020 TO: 08/01/2021

COMMERCIAL GENERAL LIABILITY CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

## **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations			
Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.	•			
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

- **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:
  - This insurance does not apply to "bodily injury" or "property damage" occurring after:
  - All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.