

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 08/27/2020

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 fied of such endorsement(s).						
PRODUCER	_	CONTACT NAME:				
Aon Risk Services Central, In Pittsburgh PA Office EQT Plaza ~ Suite 2700 625 Liberty Avenue Pittsburgh PA 15222-3110 USA		PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363			05	
		E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAGE			
INSURED		INSURER A:	American Casualty Co.	of Reading PA	20427	
Michael Baker International, 2729 Prospect Park Drive Suite 220 Rancho Cordova CA 95670 USA	Inc.	INSURER B:	Transportation Insuran	ce Co.	20494	
		INSURER C:	Continental Casualty C	ntinental Casualty Company		
		INSURER D:	Allied World National	10690		
		INSURER E:	SURER E: Allied World Surplus Lines Insurance Co			
		INSURER F:				
COVERACEC	OFFICIOATE NUMBER, E7000000000	20	DEVICION	MUMPED.		

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.

	CLUSIONS AND CONDITIONS OF SUCH	-				S. Limits sh	own are as requested
INSR LTR	TYPE OF INSURANCE	ADDL S INSD		(MM/DD/YYYY) (MM	LICY EXP (/DD/YYYY)	LIMITS	3
С	X COMMERCIAL GENERAL LIABILITY		6078988730	08/30/2020 08/	· .	EACH OCCURRENCE	\$2,000,000
В	CLAIMS-MADE X OCCUR		General Liability 6079257181	08/30/2020 08/		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
			20-21 Stop Gap (US)	10, 10, 100, 100, 100, 100, 100, 100,		MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				Ī	GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:						
С	AUTOMOBILE LIABILITY		BUA 6078988680	08/30/2020 08/		COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	X ANY AUTO					BODILY INJURY ( Per person)	
	OWNED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
	No ros one:						
D	X UMBRELLA LIAB X OCCUR		03124809	08/30/2020 08/	30/2021	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE				,	AGGREGATE	\$10,000,000
	DED X RETENTION \$10,000						
Α	WORKERS COMPENSATION AND		wC6078988713	08/30/2020 08/	30/2021	X PER STATUTE OTH-	
_	EMPLOYERS' LIABILITY  ANY PROPRIETOR / PARTNER / EXECUTIVE  N		AOS	08 /30 /3030 08 /	20 /2021	E.L. EACH ACCIDENT	\$1,000,000
В	OFFICER/MEMBER EXCLUDED?	N / A	WC6078988727 WI	08/30/2020 08/		E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				1	E.L. DISEASE-POLICY LIMIT	
Е	E&O-PL-Primary		03124806	08/30/2020 08/	30/2021	Per Claim	\$1,000,000 \$5,000,000
			Claims Made			Aggregate	\$5,000,000
			SIR applies per polic	cy terms & condition	ıs		
DECC	PRINTION OF OPERATIONS / LOCATIONS / VEHICL	EC (ACC	ADD 101 Additional Demonto Cabadula	may be attached if may anacc	a ia raguirad'		

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

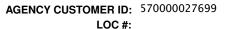
Projecs as on file with the insured including but not limited to CDBG Administration Services. City of Redondo Beach, its officers, elected and appointed officials, employees and designated volunteers are named as additional insureds on the general liability policy.

CERTIFICATE HOLDER	CANCELLATION

City of Redondo Beach 415 Diamond St. Redondo Beach CA 90277 USA 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

Aon Rish Services Central Inc.



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## **ADDITIONAL REMARKS SCHEDULE**

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AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Michael Baker International, Inc.
POLICY NUMBER See Certificate Number: 570083686500		
CARRIER NAIC CODE		FEFFORING DATE
See Certificate Number: 570083686500	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of Liability Insurance	

	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER		

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
Α		N/A		WC6078988694 CA	08/30/2020	08/30/2021		
		+						