



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/28/2021

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 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).

<b>PRODUCER</b>  <b>Athos Insurance Services, LLC</b> <b>P.O. Box 61102</b> <b>Pasadena, CA 91116</b> <b>Lic: 0H94681</b>	<b>CONTACT NAME:</b> Katherine Wong	
	<b>PHONE (A/C, No, Ext):</b> 626-716-9800	<b>FAX (A/C, No):</b> 626-701-5047
	<b>E-MAIL ADDRESS:</b> service@athosinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> Great American E&S Insurance Co.	<b>NAIC #</b> 37532
<b>INSURED</b>  <b>Spohn Ranch, Inc.</b> <b>6824 S. Centinela Ave.</b> <b>Los Angeles, CA 90230</b>	<b>INSURER B :</b> Lloyds of London	
	<b>INSURER C :</b> Atlantic Specialty Insurance Co	<b>27154</b>
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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	<b>GENERAL LIABILITY</b>	Y	Y	PLE744167	07/22/2021 12:01am	07/22/2022 12:01am	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$1,000,000
							EACH OCCURRENCE	\$1,000,000
							FIRE DAMAGE (Any one fire)	\$500,000
							MED EXP (Any one person)	\$20,000
							GEN'L AGGREGATE LIMIT APPLIES PER:	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
A	<b>AUTOMOBILE LIABILITY</b>	Y	Y	PLE744167	07/22/2021 12:01am	07/22/2022 12:01am	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b>	Y	Y	XSE744168	07/22/2021 12:01am	07/22/2022 12:01am	EACH OCCURRENCE	\$5,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						DEDUCTIBLE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y / N	N / A				WC STATUTORY LIMITS	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)						E.I. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE	\$
							E.I. DISEASE - POLICY LIMIT	\$
C	<b>Inland Marine &amp; Prop</b>			710034749-0007	08/08/2021 12:01am	08/08/2022 12:01am	Rented/Leased Equipment: Deductible:	\$100,000 \$1,000
	<b>B Errors &amp; Omissions</b>						E&O Limits: Deductible:	\$2mil per Claim \$4mil Aggregate \$15,000
	ANE1023526.21				04/23/2021 12:01am	04/23/2022 12:01am		

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

Certificate Holder is included as Additional Insured and Loss Payee as their interests appear. The General Liability policy is on a primary and non-contributory basis. Blanket Additional Insured Endorsement and Blanket Waiver of Subrogation apply.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Redondo Beach Public Works Department Engineering Services Division 415 Diamond Street, Door 2 Redondo Beach, California 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 