

# City of El Segundo Insurance Requirements

In order for insurance for contractors to be valid then following items are required on the insurance certificate:

- A. Insurance Company name and phone number & Contractor Insured name and address
- B. General liability policy number
- C. General liability policy expiration date
- D. Minimum \$1,000,000.00 coverage per each occurrence
- E. City of El Segundo named as additionally insured
- F. Only one of the following three options needs to occur:
  - a. The words "By registered or certified mail" must be placed in the cancellation policy.  
OR
  - b. The words "By registered or certified mail" must be placed in the description of operations box. OR
  - c. The two pages attached to the "Notice to Contractors Working in the Public Right-of-Way" must be completed by the Insurance Agency
- G. Homeowner's insurance is acceptable for work not involving any excavation, trenching, lane closure or placing of utilities. It is intended for temporary encroachment such as a dumpster, moving pod, no parking for a moving van or draining a pool.

The homeowner (or his/her insurance broker) needs to provide the City with an endorsement that names the City as additionally insured.

Commercial general liability insurance, or its equivalent, with limits not less than \$500,000.00 per occurrence. If a general aggregate limit applies, either the general aggregate limits shall apply separately to this project/location or be twice the required occurrence limit. Such insurance shall be primary and not contribute with any insurance or self-insurance maintained by the City. Such insurance shall be endorsed to designate City, its elected and appointed officials, employees, and volunteers as additional insured.

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
8/24/2015

PRODUCER

CODE                      SUB-CODE

INSURED

[THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.]

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** PREFERRED CONTRACTORS INSURANCE COMPANY

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

**COVERAGES**

[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 RESPECTS 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.]

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	
A	GENERAL LIABILITY	B	12/9/2014	12/9/2015	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENRL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MEDICAL EXPENSE (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	AGGREGATE
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$	\$
B	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY	
					\$ (EACH ACCIDENT)	
					\$ (DISEASE-POLICY LIMIT)	
					\$ (DISEASE-EACH EMPLOYEE)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS

Certificate holder is additional insured per the attached form

\*10 days notice of cancellation for non-payment of premium by registered or certified mail.

**CERTIFICATE HOLDER**

City of El Segundo  
Public Works Department  
350 Main Street  
El Segundo Ca 90245

**CANCELLATION**

[SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL]

[MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE]

[LEFT, BY REGISTERED MAIL **F1**]

AUTHORIZED REPRESENTATIVE  
Kevin Arita





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/3/2014

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  <b>A</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext): 215-255-2000	FAX (A/C, No): 215-255-1886
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: LIBERTY MUTUAL FIRE INSURANCE COMPANY	
INSURED  <b>A</b>	INSURER B: LIBERTY INSURANCE CORPORATION	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

### COVERAGES

CERTIFICATE NUMBER: 2144978614

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	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Broad Form Contractual  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>B</b>	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				8/1/2014	8/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				8/1/2014	8/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is listed as additional insured as required by written contract but only according to policy terms, conditions and exclusions. Operations performed by or on behalf of the named insured. We will not cancel or non-renew this policy or make changes that reduce the insurance afforded by this policy until written notice of cancellation or reduction has been mailed by registered or certified mail or delivered to the named insured. a) 10 days before the effective date of cancellation, if we cancel for non-payment of premium; or b) 90 days before the effective date of the cancellation or reduction if we cancel or reduce the insurance afforded by this policy for any other reason.

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<b>CERTIFICATE HOLDER</b> City of El Segundo 350 Main St. El Segundo, CA 90245 <b>E</b>	<b>CANCELLATION</b> 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/18/2015

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	CONTACT NAME: Susan Smith	PHONE (A/C, No, Ext): <b>A</b>	FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Associated Industries Ins. Co., Inc.		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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	ADJUTORS INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	<b>B</b>	05/17/2015	<b>C</b>	05/17/2015
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC					05/17/2016
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Service & Repair Plumbing/Sewers

Attached is City of El Segundo Additional Insured endorsement

CERTIFICATE HOLDER  City of El Segundo Public Works Dept., El Segundo City Hall 350 Main Street El Segundo, CA 90245	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  



**GENERAL LIABILITY  
ADDITIONAL INSURED ENDORSEMENT  
CITY OF EL SEGUNDO**

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows:

1. **ADDITIONAL INSURED.** The City of El Segundo, its officers, agents and employees are included as additional insured with regard to liability and defense of suits arising from "your work" performed by or on behalf of the named insured regardless of whether liability is attributable to the named insured or a combination of the named and the additional insured.
2. **CONTRIBUTION NOT REQUIRED.** Any other insurance maintained by the City of El Segundo is excess of this insurance and will not contribute with it.
3. **SEVERABILITY OF INTEREST.** This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company's limits of liability. The inclusion of any person or organization as an insured does not affect any right which such person or organization would have as a claimant if not so included.
4. **CANCELLATION NOTICE.** With respect to the interests of the City of El Segundo, this insurance may not be canceled, reduced in coverage or limits or non-renewed, except after thirty (30) days prior written notice by **REGISTERED OR CERTIFIED MAIL** has been given to the Public Works Director of El Segundo addressed as follows: Public Works Department, El Segundo City Hall, 350 Main Street, El Segundo, CA 90245.
5. **APPLICABILITY.** The insurance pertains to the operations and/or instances of the named insured under all written agreements in force with the City of El Segundo unless checked here ( ) in which case only the following specific agreements with the City of El Segundo are covered:
6. **MAILING ADDRESS:** Completed endorsements shall be issued to the City of El Segundo as follows:

**PUBLIC WORKS DEPARTMENT**  
El Segundo City Hall  
350 Main Street  
El Segundo, CA 90245

7. **CLAIMS:** Underwriter's representative for claims pursuant to this insurance.

Except as stated above, nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements, or exclusions of the policy to which this endorsement is attached.

\_\_\_\_\_, (print type name), warrant that I have authority to bind the below-listed insurance company and by my signature hereon do so bind this company to this endorsement.

8. Signature: \_\_\_\_\_  
Authorized Representative  
(original signature required or copy furnished to the City Attorney)

TITLE: \_\_\_\_\_

9. ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(area code) (telephone number)

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GENERAL LIABILITY  
ADDITIONAL INSURED ENDORSEMENT  
CITY OF EL SEQUOIA

(CONTINUED)

10. Includes (check as applicable):

- Broad Form Liability Endorsement
- Broad Form Property Damage
- Personal Injury
- Independent Contractors
- Premises and Operations
- Explosion Hazard
- Collapse/Underground Hazard
- Products/Completed Operations
- Watercraft Liability
- Garage Keeper's Legal Liability
- Incidental Medical Malpractice
- Coparties Liability
- Owned Automobiles
- Non-Owned Automobiles
- Hired Automobiles
- Fire Legal Liability
- 
- 

- 11. Type Coverage: Commercial General Liability
- 12. Limits of Liability: \$1,000,000 Occurrence / 2,000,000 Aggregate
- 13. Policy Period: From 5/17/15 To 5/17/16
- 14.  Deductible  Self-insured Retention (check which)  
of \$ 2,500 applies to BI/PD coverage.  Per Claim  Per Occurrence
- 15. Other provisions:
- 16. Names Insured and Address:
- 17. Insurance Company:
- 18. Policy Number:
- 19. Endorsement Number:
- 20. Effective Date of Endorsement: 5/17/15

F3

\* indicates required information

G

DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

\* Policy Number  
Named Insured and Mailing Address

\*  
A Stock Company with Home Offices in Bloomington, Illinois.

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

11/03/2012 Effective Date  
12months-Policy Period  
11/03/2013 Expiration of Policy Period

Automatic Renewal - If the Policy Period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Limit of Liability - Section 1  
\$ 282,500 Dwelling (Coverage A)

Deductibles - Section 1 \$2000  
ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Policy Type  
Homeowners Policy  
Dwell Repl Cost - Similar Construction  
Increase Dwlg Up to \$56,500 - Option ID

Location of Premises  
518 CALIFORNIA ST  
EL SEGUNDO, CA 90245-3212

Policy Premium \$837.00

Forms, Options, & Endorsements

FP-7955.CA	HOMEOWNERS POL	LSP B1	LMT RPLC COST-B
OPT OL	BLD ORD/LAW-10%	LSP A1	SMLR CONST-A
OPT ID	COV A-INCR DWLG	FE-3422	HO-W POL END

Additional Insured

Agent Name & Address

\*  
Loan Number:

Prepared: March 21, 2013

3172

Agent's Code

559-916.5

MORTGAGEE COPY