

CERTIFICATE OF LIABILITY INSURANCE

MCGRAWM DATE (MM/DD/YYYY)

ENVISCI-05

											9/11/2019	
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 lieu of such endorsement(s).												
PRODUCER License # 0E67768 CONTACT Ali Smith												
IOA	Insเ	urance Services				PHONE (A/C, No, Ext): (619) 788-5795 50206 FAX (A/C, No): (619) 574-6288						
4370 Suit		Jolla Village Drive 0										
		go, CA 92122				INSURER(S) AFFORDING COVERAGE NAIC #						
											13056	
INSU	RED					INSURER B: Mt Hawley Insurance Company					37974	
		Environmental Science Ass	ociat	25		INSURER C: Greenwich Insurance Company					22322	
		550 Kearny St., Suite 800			INSURER D :							
		San Francisco, CA 94108				INSURER E :						
						INSURER F :						
CO	/FR	AGES CER	TIFIC	ATE	l				REVISION NUMBER:			
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,												
		JSIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,	
INSR TYPE OF INSURANCE				ADDL SUBR INSD WVD POLICY NUMBER			OLICY EFF W/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI			
A	Х	COMMERCIAL GENERAL LIABILITY						(IIIIII D D) T T T T	EACH OCCURRENCE	\$	2,000,000	
		CLAIMS-MADE X OCCUR	x		PSB0007416		12/1/2018	12/1/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	Х	Cont Liab/Sev of Int							MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
									PRODUCTS - COMP/OP AGG	\$	4,000,000	
									Deductible	\$	0	
									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	Х	ANY AUTO			PSA0002468	12	12/1/2018	12/1/2019	BODILY INJURY (Per person)	\$		
		AUTOS ONLY							BODILY INJURY (Per accident)			
		HIRED AUTOS ONLY Comp.: \$1,000							PROPERTY DAMAGE (Per accident)	\$		
	Х	Comp.: \$1,000 X Coll.: \$1,000							(i or acciacity	s		
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	3,000,000	
		EXCESS LIAB CLAIMS-MADE			PSE0003196	12	2/1/2018	12/1/2019	AGGREGATE	\$	3,000,000	
	DED X RETENTION \$ 10,000								\$			
Α									X PER OTH- STATUTE ER	-		
		V/N			PSW0004135	12	2/1/2018	12/1/2019	E.L. EACH ACCIDENT	\$	1,000,000	
		PROPRIETOR/PARTNER/EXECUTIVE N ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT		1,000,000	
С		Prof Liab/Ded. \$50K PEC001336816				12	2/1/2018	12/1/2019	Per Claim/Aggregate		5,000,000	
C Poll Liab/Ded. \$50K					PEC001336816	12	2/1/2018	12/1/2019	Occurrence/Aggregate		5,000,000	
		ION OF OPERATIONS / LOCATIONS / VEHIC 236.00	LES (A	CORE	0 101, Additional Remarks Schedule	e, may be atta	tached if more	e space is requir	red)			
		glewood is Additional Insured with	n resp	ect t	o General Liability per the a	ttached e	ndorseme	nt as require	ed by written contract.			
20 5		Notice of Concellation with 40 Days	n Nati	00 4-	r Non Doumont of Brow	in accort	donoc with	the nelieur	roviciona			
30 D	30 Days Notice of Cancellation with 10 Days Notice for Non-Payment of Premium in accordance with the policy provisions.											

CERTIFICATE HOLDER	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.					
City of Inglewood One West Manchester Boulevard Inglewood, CA 90301	AUTHORIZED REPRESENTATIVE T. Kully Howall					

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RLIPack[®] FOR PROFESSIONALS BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM - SECTION II – LIABILITY

- C. WHO IS AN INSURED is amended to include as an additional insured any person or organization that you agree in a contract or agreement requiring insurance to include as an additional insured on this policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by you or those acting on your behalf:
 - a. In the performance of your ongoing operations;
 - **b.** In connection with premises owned by or rented to you; or
 - c. In connection with "your work" and included within the "product-completed operations hazard".
- 2. The insurance provided to the additional insured by this endorsement is limited as follows:
 - a. This insurance does not apply on any basis to any person or organization for which coverage as an additional insured specifically is added by another endorsement to this policy.
 - b. This insurance does not apply to the rendering of or failure to render any "professional services".
 - c. This endorsement does not increase any of the limits of insurance stated in D. Liability And Medical Expenses Limits of Insurance.
- 3. The following is added to SECTION III H.2. Other Insurance – COMMON POLICY CONDITIONS (BUT APPLICABLE ONLY TO SECTION II – LIABILITY)

However, if you specifically agree in a contract or agreement that the insurance provided to an

additional insured under this policy must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such additional insured which covers such additional insured as a named insured, and we will not share with that other insurance, provided that:

- a. The "bodily injury" or "property damage" for which coverage is sought occurs after you have entered into that contract or agreement; or
- **b.** The "personal and advertising injury" for which coverage is sought arises out of an offense committed after you have entered into that contract or agreement.
- 4. The following is added to SECTION III K. 2. Transfer of Rights of Recovery Against Others to Us – COMMON POLICY CONDITIONS (BUT APPLICABLE TO ONLY TO SECTION II – LIABILITY)

We waive any rights of recovery we may have against any person or organization because of payments we make for "bodily injury", "property damage" or "personal and advertising injury" arising out of "your work" performed by you, or on your behalf, under a contract or agreement with that person or organization. We waive these rights only where you have agreed to do so as part of a contract or agreement with such person or organization entered into by you before the "bodily injury" or "property damage" occurs, or the "personal and advertising injury" offense is committed.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.