

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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				CONTAC NAME:	CT					
INSURANCE COMPANY NAME					PHONE FAX (A/C, No, Ext): (A/C, No):					
INSURANCE AGENT NAME				E-MAIL ADDRESS:						
ADDRESS				INSURER(S) AFFORDING COVERAGE NAIC #						
CITY, STATE, ZIP CODE				INSURER A :						
INSURED				INSURER B:						
COMPANY / VENDOR / ORGANIZATION NAME.					INSURER C :					
ADDRESS					INSURER D :					
CITY, STATE, ZIP CODE					INSURER E :					
TELEPHONE NUMBER					INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT THE POLICIES REDUCED BY	OR OTHER D	OCUMENT WITH RESPEC	T TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
X COMMERCIAL GENERAL LIABILITY						100	PREMISES (Ea occurrence)	\$	100,000	
CLAIMS-MADE X OCCUR						ALC: N	MED EXP (Any one person)	\$	1,000,000	
				-000	A PORT	1	PERSONAL & ADV INJURY	\$	1,000,000	
						A W	GENERAL AGGREGATE	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						A STATE OF THE PARTY OF THE PAR	PRODUCTS - COMP/OP AGG	\$	1,000,000	
POLICY PRO- JECT LOC				What				\$		
AUTOMOBILE LIABILITY			1000	1			COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO				A VIII			BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS			THE REAL PROPERTY.	D A	and the second		BODILY INJURY (Per accident)	\$		
HIRED AUTOS NON-OWNED AUTOS			10 4000 1	Sales .			PROPERTY DAMAGE (Per accident)	\$		
	- 1		V 18 42					\$		
UMBRELLA LIAB OCCUR			(B) (B)				EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE		100					AGGREGATE	\$		
DED RETENTION \$		Visi						\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		l W					WC STATU- TORY LIMITS OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA	l h					E.L. EACH ACCIDENT	\$		
(Mandatory In NH)	1						E.L. DISEASE - EA EMPLOYEE	S		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC REQUIRED LANGUAGE: THE CIT ARE NAMED AS ADDITIONAL IN	YO	FC					ES AND VOLUNTE	ERS	e e e	

CERTIFICATE HOLDER	CANCELLATION
CITY OF CERRITOS 18125 BLOOMFIELD AVENUE CERRITOS. CA 90703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERRITOS, CA 90703	AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person (s) or Organization (s)

REQUIRED LANGUAGE: THE CITY OF CERRITOS, ITS AGENTS, OFFICERS, EMPLOYEES AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED.

CITY OF CERRITOS 18125 BLOOMFIELD AVENUE CERRITOS, CA 90703