



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/22/2021

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 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 Sargeant Insurance Agency, LLC. 7740 Painter Avenue #210 Whittier CA 90602		CONTACT NAME: Cathy Service Van Wyke-Stahl PHONE (A/C, No. Ext): (818) 561-2600 FAX (A/C, No): (818) 436-5988 E-MAIL ADDRESS:	
INSURED BARTEL ASSOCIATES, LLC 411 BOREL AVE STE 620 SAN MATEO CA 94402		INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford INSURER B: Indian Harbor Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 29424 36940	

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	57SBABN8199	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000.00 MED EXP (Any one person) \$ 15,000.00 PERSONAL & ADV INJURY \$ 2,000,000.00 GENERAL AGGREGATE \$ 4,000,000.00 PRODUCTS - COMP/OP AGG \$ 4,000,000.00	
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	N		57SBABN8199	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	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	N/A	Y	72 WEC AH2RPZ	09/01/2021	09/01/2022	☒ PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00
B	Professional Liability			MPP001715217	09/01/2021	09/01/2022	Dam Lim (Ea Claim) 5,000,000.00 Dam Lim (Pol Agg) 5,000,000.00	

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

CITY OF REDONDO BEACH, IT'S OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE HEREBY NAMED AS AN ADDITIONAL INSURED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT ON POLICY # 57SBABN8199 AS RESPECTS TO OPERATIONS OF THE NAMED INSURED COVERAGE IS PRIMARY AND NON-CONTRIBUTORY ABOVE ANY OTHER INSURANCE THE CERTIFICATE HOLDER(S) MAY CARRY. 30 DAY NOTICE OF CANCELLATION.

CERTIFICATE HOLDER

CANCELLATION

City of Redondo Beach 415 Diamond Street Redondo Beach, CA 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
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BARTEL ASSOCIATES LLC
POLICY NUMBER: 57 SBA BN8199
ENDORSEMENT NUMBER: 1

THIS ENDORSEMENT SUMMARIZES THE POLICY LANGUAGE,
PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED
WHEN REQUIRED BY WRITTEN CONTRACT**

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

Name of Organization: City of Redondo Beach it's officers, officials, employees,
agents, and volunteers.

(Section C6) WHO IS AN INSURED: The person(s) or organization(s) identified is (are) included as an Additional Insured to the person or organization shown in the Declarations, by written contract or written agreement provided the injury or damage occurs subsequent to the execution of the contract or agreement; but only with respect to liability arising out of "your work" for that additional insured by or for you.

A person or organization is an additional insured under this provision only for that period of time required by the contract or agreement.

ADDITIONAL PROVISIONS

PRIMARY AND NON-CONTRIBUTORY

If agreed by written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and the Insurer will not seek contribution from that other insurance.

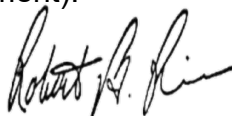
WAIVER OF RIGHTS OF RECOVERY (Waiver of Subrogation)

The Insurer named above waives any right of recovery the Insurer may have against the Additional Insured(s) when the Insured has waived their rights of recovery against any such person or organization in a written contract or written agreement that was executed prior to the injury or damage.

NOTICE OF CANCELLATION

The insurance afforded by this policy shall not be canceled except after thirty (30) days' advance written notice has been given to the Additional Insured(s). (10 days advance written notice for non-payment).

Signature-Authorized Representative:



Note: Any discrepancy between this certificate addendum and the policy language shall be found in favor of the Insurer policy language.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER FROM
OTHERS ENDORSEMENT - CALIFORNIA**

Policy Number: 72 WEC AH2RPZ

Endorsement Number:

Effective Date: 09/01/21

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: Bartel Associates, LLC.

411 BOREL AVE STE 620
SAN MATEO CA 94402

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2 % of the California workers' compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization

Job Description

Any person or organization for whom you are required by written contract or agreement to obtain this waiver of rights from us

Countersigned by

Authorized Representative