

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

									/2/2021	
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 ri	ghts to th	e cer	tificate holder in lieu of su	uch end	dorsement(s).				
PRODUCER	anala In			CONTACT NAME:						
Lafayette CA 94549					PHONE (A/C, No, Ext): 714-427-6810 FAX (A/C, No): 714-427-6810					
					E-MAIL ADDRESS: DesignProCerts@AssuredPartners.com					
					INSURER(S) AFFORDING COVERAGE NAIC					
					INSURER A : Evanston Insurance Company				35378	
INSURED					INSURER B : Travelers Property Casualty Company of America				25674	
Vendor ABC					INSURER C :					
123 Roadway					RD:					
Lancaster, CA 93534					INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER: 875811990					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							D HEREIN IS SUBJECT IN	JALL	THE TERMS,	
NSR TYPE OF INSURANCE		DL SUBR D WVD POLICY NUMBER			POLICY EFF POLICY E (MM/DD/YYYY) (MM/DD/YY					
B X COMMERCIAL GENERAL LIABILITY			6805H209983		9/1/2022	9/1/2023	EACH OCCURRENCE	\$ 1,000	0,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,	
							MED EXP (Any one person)	\$ 10,00	-	
							PERSONAL & ADV INJURY	\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000			
X POLICY X PRO- LOC Coverage can be per policy or per projection				ct, or lo	cation		PRODUCTS - COMP/OP AGG	\$ 2,000	-	
								\$		
B AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,000	,000	
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$,	
OWNED SCHEDULE	D						BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWN							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ON	LY						(Per accident)	\$		
B UMBRELLA LIAB OCCUF							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS							AGGREGATE	\$		
DED RETENTION \$							AGGREGATE	\$		
B WORKERS COMPENSATION							PER OTH-	φ		
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT \$1,000,000		
OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE			
If ves, describe under										
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
I		1	1				1			
Name and Date of Event:										
City of Lancaster, its elected officials, officers, employees and volunteers are included as additional covered										
parties, but only insofar as th										
				2311						
CERTIFICATE HOLDER					CANCELLATION 30 Day Cancel/ 10 Day non pay					
SERTINGATE HOLDER						of Day Call	o., to bay non pay			
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
City of Lancaster 44933 Fern Avenue Lancaster, CA 93534							CY PROVISIONS.		LIVENCED IN	
					AUTHORIZED REPRESENTATIVE					
)		00 2045 40		All #1-1	to record	
					© 19	00-2015 AC	ORD CORPORATION.	All righ	nts reserved.	

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Names of Additional Insured Person(s) or Organization(s):

Any person or organization that you agree in a written contract, on this Coverage Part, provided that such written contract was signed and executed by you before, and is in effect when the "bodily injury" or "property damage" occurs or the "personal injury" or "advertising injury" offense is committed.

Location of Covered Operations:

Any project to which an applicable written contract with the described in the Name of Additional Insured Person(s) or Organization(s) section of this Schedule applies.

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" caused, in whole or in part, by:
 - **1.** Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring, or "personal injury" or "advertising injury" arising out of an offense committed, after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.