



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/27/2017

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 Wood Gutmann & Bogart 15901 Red Hill Ave., Suite 100 License #0679263 Tustin CA 92780		CONTACT NAME: Dawn Stephens-Wright, CIC PHONE (A/C, No, Ext): 714-824-8348 E-MAIL ADDRESS: dawn@wgbib.com FAX (A/C, No): 714-573-1770	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: WESTCHESTER SURPLUS LINES INS CO	10172
		INSURER B: OHIO SECURITY INS CO	24082
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 287754240

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors Poll GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			G4663357A001	5/1/2017	5/1/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAS56690362	5/11/2017	5/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof. Liab/E&O			G4663357A001	5/1/2017	5/1/2018	Occurrence 2,000,000 Aggregate 2,000,000

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

RE: As-Needed Environmental Testing, Inspection, and Monitoring Services (RFP No. AED7739959); Contract No. PW15020

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) are named as additional insured on the General Liability per attached ENV 3100 08-04 and ENV 3225 10-08 as required by written contract subject to the terms and conditions of the policy. Primary and Non-Contributory applies on the General Liability per attached ENV3101 08-04 and ENV 3226 10 -08 . Waiver of Subrogation applies to the General Liability per attached ENV3143 03-05.

CERTIFICATE HOLDER

CANCELLATION

County of Los Angeles
Department of Public Works
900 South Fremont Avenue
Alhambra CA 91803

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

Ralph M. Maffei

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Named Insured A-Tech Consulting, Inc.			Endorsement Number
Policy Symbol ECP	Policy Number G4663357A 001	Policy Period 05/01/2017 to 05/01/2018	Effective Date of Endorsement 05/01/2017
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED ENDORSEMENT - OWNERS, LESSEES OR CONTRACTORS
(PRIMARY AND NON-CONTRIBUTORY)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE
CONTRACTOR'S POLLUTION LIABILITY COVERAGE

SCHEDULE:

Name of Person or Organization:

Any person or organization that is an owner of real property or personal property on which you are performing operations, or a contractor on whose behalf you are performing operations, and only at the specific written request of such person or organization to you, wherein such request is made prior to commencement of operations.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SECTION II - WHO IS AN INSURED is amended to include:

- A. SECTION II - WHO IS AN INSURED** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B.** With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to **bodily injury** or **property damage** occurring after:

- (1) 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 site 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.
- C.** The coverage provided hereunder shall be primary and not contributing with any other insurance available to those designated above under any other third party liability policy.

Named Insured A-Tech Consulting, Inc.			Endorsement Number
Policy Symbol ECP	Policy Number G4663357A 001	Policy Period 05/01/2017 to 05/01/2018	Effective Date of Endorsement 05/01/2017
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTORS POLLUTION LIABILITY COVERAGE PART**

SCHEDULE

Name of Person or Organization:

Any person or organization that is an owner of real property or personal property on which you are performing operations, or a contractor on whose behalf you are performing operations, and only at the specific written request of such person or organization to you, wherein such request is made prior to commencement of operations.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The **TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or **your work** done under a contract with that person or organization and included in the **products-completed operations hazard**. This waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain the same.

**ADDITIONAL INSURED ENDORSEMENT – PRODUCTS-COMPLETED OPERATIONS HAZARD
PRIMARY & NON-CONTRIBUTORY**

Named Insured A-Tech Consulting, Inc.			Endorsement Number
Policy Symbol ECP	Policy Number G4663357A 001	Policy Period 05/01/2017 to 05/01/2018	Effective Date of Endorsement 05/01/2017
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTOR'S POLLUTION LIABILITY COVERAGE PART

SCHEDULE

Any person or organization that is an owner of real property or personal property on which you are performing operations, or a contractor on whose behalf you are performing operations, and only at the specific written request of such person or organization to you, wherein such request is made prior to commencement of operations.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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** or **property damage** caused, in whole or in part, by **your work** performed for that additional insured and included in the **products-completed operations hazard**.

Furthermore, the coverage provided hereunder shall be primary and not contributing with any other insurance available to those designated above under any other third party liability policy.

All other terms and conditions remain the same.



CERTIFICATE OF LIABILITY INSURANCE

Acct#: 1946919

DATE (MM/DD/YYYY)
10/07/2016

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 Lockton Companies, LLC 5847 San Felipe, Suite 320 Houston, TX 77057	CONTACT NAME:	
	PHONE (A/C No.Ext): 888-828-8365	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER-A: Ace American Insurance Co.	
	NAIC 22667	
INSURED A-TECH CONSULTING, INC. 1748 W KATELLA AVE STE 112 ORANGE, CA 92867-3429	INSURER-B:	
	INSURER-C:	
	INSURER-D:	
	INSURER-E:	
	INSURER-F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	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						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per Person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE	\$
							AGGREGATE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> MANDATORY IN NH <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	x	C49189424	10/01/2016	10/01/2017	<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)

WAIVER OF SUBROGATION IN FAVOR OF THE COUNTY OF LOS ANGELES, ITS SPECIAL DISTRICTS, ELECTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS WHEN REQUIRED BY WRITTEN CONTRACT

CERTIFICATE HOLDER**CANCELLATION**

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS 900 SOUTH FREMONT AVENUE ALHAMBRA, CA 91803	1946919	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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Workers' Compensation and Employers' Liability Policy

Named Insured Insperity, Inc. L/C/F A-TECH CONSULTING, INC. 19001 Crescent Springs Drive Kingwood TX 77339	Endorsement Number
	Policy Number Symbol: RWC Number: C49189424
Policy Period 10/01/2016 TO 10/01/2017	Effective Date of Endorsement 10/11/2016
Issued By (Name of Insurance Company) Ace American Insurance Co.	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.	

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

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

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, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

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

Schedule**1. (X) Specific Waiver**

Name of person or organization:


COUNTY OF LOS ANGELES, DEPARTMENT OF PUBLIC WORKS, ITS SPECIAL DISTRICTS,
ELECTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES & VOLUNTEERS
900 SOUTH FREMONT AVENUE
ALHAMBRA, CA 91803

() Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

**2. Operations:
WHEN REQUIRED BY WRITTEN CONTRACT****3. Premium:**

The premium charge for this endorsement shall be INCLUDED percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Minimum Premium : INCLUDED

Authorized Representative

LIABILITY COVERAGE PART DECLARATIONS

This policy consists of the following coverages for which a limit of insurance is indicated. Where "NOT COVERED" is shown, there is no coverage.

Limits of Insurance

Policy Aggregate Limit	\$3,000,000	
Commercial General Liability Coverage Part		
Each Occurrence Limit	\$2,000,000	
General Aggregate Limit	\$3,000,000	
(other than Products/Completed Operations)		
Products/Completed Operations Aggregate Limit	\$3,000,000	
Personal and Advertising Injury Limit	\$2,000,000	Any One Person or Organization
Damage to Premises Rented to You Limit	\$100,000	Any One Premise
Medical Expenses Limit	\$10,000	Any One Person
Contractors Environmental Liability Coverage Part		
Contractors Pollution Liability	\$2,000,000	Each Pollution Condition
Transportation Pollution Liability	\$2,000,000	Each Pollution Condition
Non-Owned Disposal Site Liability	Not Covered	
Short-Term Environmental Premises Liability	Not Covered	
Professional Services Liability Coverage Part		
Professional Services Liability	\$2,000,000	Each Professional Services Wrongful Act

Deductibles

Commercial General Liability Coverage Part	\$2,500	Each Occurrence
Contractors Environmental Liability Coverage Part		
Contractors Pollution Liability	\$2,500	Each Pollution Condition
Transportation Pollution Liability	\$2,500	Each Pollution Condition
Non-Owned Disposal Site Liability	Not Covered	
Short-Term Environmental Premises Liability	Not Covered	
Professional Services Liability Coverage Part		
Professional Services Liability	\$2,500	Each Claim

Coverage Retroactive Date(s)

This policy consists of the following coverages for which a Retroactive Date may be applicable.
If Not Covered is shown, no Retroactive Date applies.

Contractors Environmental Liability Coverage Part	
Non-Owned Disposal Site Liability	Not Covered
Professional Services Liability Coverage Part	
Professional Services Liability	May 01, 2002

A.M. Best Rating Services

Homeland Insurance Company of New York (?)

A.M. Best #: 010604 NAIC #: 34452 FEIN #: 521568827

Administrative Office

[View Additional Address Information](#)

605 Highway 169 North Suite 800

Plymouth, MN 55441

[United States](#)Web: www.onebeacon.com

Phone: 781-332-7000

Fax: 781-332-7969



Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, [058167 - White Mountains Insurance Group Ltd](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating:	A (Excellent)
Affiliation Code:	r (Reinsured)
Financial Size Category:	X (\$500 Million to \$750 Million)
Outlook:	Stable
Action:	Affirmed
Effective Date:	October 30, 2015
Initial Rating Date:	June 30, 1989

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term:	a
Outlook:	Stable
Action:	Affirmed
Effective Date:	October 30, 2015
Initial Rating Date:	June 30, 2005

u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
 Senior Financial Analyst: Adrienne Tortoriello
 Senior Director: Gregory T. Williams

Disclosure Information



View A.M. Best's [Rating Disclosure Form](#)



[A.M. Best Affirms Ratings of White Mountains Insurance Group, Ltd., OneBeacon Insurance Group, Ltd. and U.S. Subsidiaries](#)
 October 30, 2015

Rating History

A.M. Best has provided ratings & analysis on this company since 1989.

Financial Strength

Effective Date	Rating
10/30/2015	A
10/3/2014	A
10/4/2013	A
10/5/2012	A
10/7/2011	A

Long-Term Issuer Credit

Effective Date	Rating
10/30/2015	a
10/3/2014	a
10/4/2013	a
10/5/2012	a
10/7/2011	a

AMB Credit Reports



AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 6/8/2016 (represents the latest significant change).



Historical Reports are available in [AMB Credit Report Archive](#).

View additional [news](#), [reports](#) and [products](#) for this company.

Press Releases

Date	Title
Oct 30, 2015	A.M. Best Affirms Ratings of White Mountains Insurance Group, Ltd., OneBeacon Insurance Group, Ltd. and U.S. Subsidiaries
Oct 04, 2013	A.M. Best Affirms Ratings of White Mountains Insurance Group Ltd., Its Subsidiaries and OneBeacon Insurance Group, Ltd.
Oct 19, 2012	A.M. Best Places Ratings of Certain Subsidiaries of OneBeacon Insurance Group Ltd. Under Review With Negative Implications
Oct 05, 2012	A.M. Best Affirms Rating of White Mountains Insurance Group, Ltd., OneBeacon Insurance Group, Ltd. and Its Subsidiaries
Oct 07, 2011	A.M. Best Affirms Ratings of White Mountains Insurance Group, Ltd. and Its Subsidiaries
Sep 13, 2010	A.M. Best Affirms Ratings of White Mountains Insurance Group, Ltd. and Its Subsidiaries
Jul 31, 2009	A.M. Best Affirms Ratings of White Mountains Insurance Group, Ltd and Its Subsidiaries
Nov 26, 2008	A.M. Best Affirms Ratings of White Mountains Insurance Group, Ltd., OneBeacon Insurance Group and Esurance Insurance Group
Nov 19, 2007	A.M. Best Assigns and Affirms Ratings of White Mountains Insurance Group, Ltd. and OneBeacon Insurance Group, Ltd.
1 2	Page size: 10
13 items in 2 pages	

European Union Disclosures

A.M. Best - Europe Rating Services Limited (AMBERS), a subsidiary of A.M. Best Rating Services, Inc., is an External Credit Assessment Institution (ECAI) in the European Union (EU). Therefore, Credit Ratings issued and endorsed by AMBERS may be used for regulatory purposes in the EU as per Directive 2006/48/EC.

Australian Disclosures

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Credit Ratings determined and disseminated by AMBAP are the opinion of AMBAP only and not any specific credit analyst. AMBAP Credit Ratings are statements of opinion and not statements of fact. They are not recommendations to buy, hold or sell any securities or any other form of financial product, including insurance policies and are not a recommendation to be used to make investment /purchasing decisions.

Important Notice: A.M. Best's Credit Ratings are independent and objective opinions, not statements of fact. A.M. Best is not an Investment Advisor, does not offer investment advice of any kind, nor does the company or its Ratings Analysts offer any form of structuring or financial advice. A.M. Best's credit opinions are not recommendations to buy, sell or hold securities, or to make any other investment decisions. For additional information regarding the use and limitations of Credit Rating opinions, as well as the rating process, information requirements and other rating related terms and definitions, please view [Understanding Best's Credit Ratings](#).

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A.M. Best Rating Services

Liberty Mutual Insurance Company (?)

A.M. Best #: 002283 NAIC #: 23043 FEIN #: 041543470

Domiciliary Address

175 Berkeley Street
Boston, MA 02117[United States](#)Web: www.LibertyMutualGroup.com

Phone: 617-357-9500

Fax: 617-574-5955



Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, [051114 - Liberty Mutual Holding Company Inc.](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating:	A (Excellent)
Affiliation Code:	p (Pooled)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Affirmed
Effective Date:	October 08, 2015
Initial Rating Date:	June 30, 1922

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term:	a
Outlook:	Stable
Action:	Affirmed
Effective Date:	October 08, 2015
Initial Rating Date:	November 23, 2004

u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
 Senior Director: Michael J. Lagomarsino, CFA, FRM
 Managing Director: John Andre

Disclosure Information



View A.M. Best's [Rating Disclosure Form](#)

Guarantor(s) - also see the Rating Disclosure Form for the following companies, as they guarantee rated debt issues for this company.

[051114 - Liberty Mutual Holding Company Inc.](#)



[A.M. Best Affirms Ratings of Liberty Mutual Holding Company Inc. and Its Subsidiaries](#)
 October 08, 2015

Rating History

A.M. Best has provided ratings & analysis on this company since 1922.

Financial Strength

Effective Date	Rating
10/8/2015	A
9/24/2014	A
8/14/2013	A
7/26/2012	A
6/16/2011	A

Long-Term Issuer Credit

Effective Date	Rating
10/8/2015	a
9/24/2014	a
8/14/2013	a
7/26/2012	a
6/16/2011	a

Rated Issues**Issue Ratings**

<u>Date Issued</u>	<u>Amount</u>	<u>Coupon</u>	<u>Issue</u>	<u>Type</u>	<u>Rating</u>	<u>Effective Date</u>	<u>Outlook / Implication</u>
05/11/1995	150,000,000 USD	8.505%	Surplus Notes		bbb+	10/08/2015	Stable
10/09/1997	500,000,000 USD	7.697%	Surplus Notes		bbb+	10/08/2015	Stable
10/16/1996	250,000,000 USD	7.875%	Surplus Notes		bbb+	10/08/2015	Stable

(i) Denotes Indicative Rating

Related Financial and Analytical Data

The following links provide access to related data records that A.M. Best utilizes to provide financial and analytical data on a consolidated or branch basis.

AMB #	Company Name	Company Description
<u>087060</u>	Liberty Mutual Insurance Company CAB	Represents the Property/ Casualty financials for the Canada Branch of this legal entity.

AMB Credit Reports

AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 8/10/2016 (represents the latest significant change).



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1 2	Page size: 10
20 items in 2 pages	

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