Client#: 25380 TRCCOMPA

 $ACORD_{in}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Jerry Noyola				
Greyling Ins. Brokerage/EPIC	PHONE (A/C, No, Ext): 770-552-4225 FAX (A/C, No): 86	6-550-4082			
3780 Mansell Road, Suite 370	E-MAIL ADDRESS: jerry.noyola@greyling.com				
Alpharetta, GA 30022	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : National Union Fire Ins. Co.	19445			
INSURED	INSURER B : XL Specialty Insurance Co.	37885			
TRC Solutions, Inc., TRC Companies, Inc.	INSURER C : New Hampshire Ins. Co.	23841			
17911 Von Karman Avenue, Suite 400	INSURER D : Steadfast Insurance Company	26387			
Irvine, CA 92614	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 18-19 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)	LIMIT	s
Α	Χ	COMMERCIAL GENERAL LIABI	LITY			5341999	04/01/2018		EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCC	CUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	X	Contractual Liab.							MED EXP (Any one person)	\$25,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES F	PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT X L	ос						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	AUT	OMOBILE LIABILITY				4773667 (AOS)	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
Α	X	ANY AUTO				4773668 (MA)			BODILY INJURY (Per person)	\$
		OWNED SCHED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$
	Χ	HIRED AUTOS ONLY X NON-ON AUTOS	WNED						PROPERTY DAMAGE (Per accident)	\$
									, ,	\$
В	Χ	UMBRELLA LIAB X OCC	CUR			US00075712LI18A	04/01/2018	04/01/2019	EACH OCCURRENCE	\$9,000,000
		EXCESS LIAB CLA	IMS-MADE						AGGREGATE	\$9,000,000
		DED X RETENTION \$10,0	000							\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY				022298274 (AOS)	04/01/2018	04/01/2019	X PER OTH-	
Α	ANY	PROPRIETOR/PARTNER/EXECU	TIVE Y/N			022298275 (CA)	04/01/2018	04/01/2019	E.L. EACH ACCIDENT	\$1,000,000
Α	(Mar	CER/MEMBER EXCLUDED? Idatory in NH)	N	N/A		022298276 (ME)		l l	E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIONS belo	w			, ,			E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Pro	f. Liab. incl.				PEC019684302	04/01/2018	04/01/2019	Per Claim \$5,000,00	0
	Pol	I. Liab.							Aggregate \$5,000,00	00
DEC	DIDT	ION OF OPERATIONS (I COATIO	NC / VELUC	LEC /A	CODE	101 Additional Remarks Schodule			d\	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: As-needed environmental assessment, remediation and compliance services RFP No AED7739998. The County of Los Angeles, its Special Districts, Elected Officials, officers, agents, employees and volunteers are additional insureds as respects the general liability policy where required by written contract. Should any of the above described policies cancelled by the issuing insurer before the expiration date thereof, 30 days' written notice(except 10 days for nonpayment of premium) will be provided to the Certificate Holder. (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION			
County of Los Angeles Department of Public Works 900 South Fremont Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Alhambra, CA 91803	AUTHORIZED REPRESENTATIVE			
	DAN. Gllings			

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DESCRIPTIONS (Continued from Page 1)
The above referenced liability policies with the exception of workers compensation and professional liability are primary & non-contributory where required by written contract. Waiver of Subrogation is applicable where required by written contract & allowed by law.