ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	-		- 1 \							8/	5/2016
C B	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.										
th	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).										
PRO	PRODUCER CONTACT Tina Cowie										
		stone Specialty Insurar	nce	Ser	vices, Inc.	PHONE (A/C, No.	Ext): (714)	731-7700	FAX (A/C, No): especialty.com	(714)7	31-7750
144	252	Culver Drive, A299				ADDRES					
_		~~ ~~							DING COVERAGE		NAIC #
	/ine								erty Casualty Co		25674
	RED	JASON ADDISON SMITH C	CONS	OP.L.	ING SERVICES,				nity Co of Conn		25682
		, DBA: JAS PACIFIC				INSURER	c:Contin	ental Cas	sualty Company		20443
P.(). E	30x 2002				INSURER					
Up]	land	1 CA 917	/86			INSURER					
			TIFIC	CATE	NUMBER:16/17 COVI				REVISION NUMBER:		
IN CI E)	DICA ERTII	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	equir Pert Poli	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY DED BY T E BEEN R	CONTRACT	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	x								EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	x	ADDITIONAL INSURED	х		680-7384P218		8/8/2016	8/8/2017	MED EXP (Any one person)	\$	5,000
	x	BLNKT WVR OF SUBRO							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
в	х	ANY AUTO							BODILY INJURY (Per person)	\$	
_		ALL OWNED SCHEDULED AUTOS			BA-0C906515		8/8/2016	8/8/2017	BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
										\$	
	х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
А		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000
		DED RETENTION \$			CUP-3429T370		8/8/2016	8/8/2017		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	1,000,000
А	(Man	CER/MEMBER EXCLUDED?			XJUB-3642T261		8/8/2016	8/8/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Pro	ofessional Liability			AEH114007309		8/8/2016	8/8/2017	Each Claim		\$2,000,000
-		aims Made							Annual Aggregate		\$2,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
	Re: PW13983 As-Needed Building & Safety Plan Check and Related Services Certificate Holder is Additional Insured for General Liability but only if required by written contract										
	with Named Insured prior to an occurence and as per attached Endorsement. Coverage subject to all policy										
	terms & conditions. 30 days Notice of Cancellation *Except 10 days notice of cancellation for non-payment										
	of premium. For Professional Liability coverage, the aggregate limit is the total insurance available										
	for all covered claims reported within the policy period.										
CEI	RTIF	ICATE HOLDER				CANC	ELLATION				
(62	26)	979-5311									
							ILD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE

Los Angeles County Dept of Public Works Architectural Engineering Division Contra 900 S. Fremont Street	
P.O. Box 1460	Γ
Alhambra, CA 91802	

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

Tina Cowie/TCOWIE

Tina Con

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CERTIFICATE OF LIADILITY INSURANCE 8/5/2016											
C B	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.											
th	e ter		ns of the policy	, cert	ain p	DITIONAL INSURED, the policies may require an er						
PRO	PRODUCER											
NAME: IIIa Covie Cornerstone Specialty Insurance Services, Inc. PHONE PHONE (714)731-7750												
14252 Culver Drive, A299												
			-				ADDILL					NAIC #
Irv	rine	9	CA 926	504		-	INSURF			erty Casualty Co		25674
INSU	RED	JASON ADDI	SON SMITH	CONS	ULT	ING SERVICES,			-	nity Co of Conn		25682
II	ιC.,	, DBA: JAS PA	CIFIC							sualty Company		20443
р.(). Е	3ox 2002					INSURE					
							INSURE				-	
Upl	and	1	CA 917	786			INSURE				-	
CO	VER	AGES	CER	TIFIC	CATE	NUMBER:16/17 COVE				REVISION NUMBER:		
						RANCE LISTED BELOW HAY						
С	ERTI	FICATE MAY BE IS	SUED OR MAY	PERT POLI	CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBE	D HEREIN IS SUBJECT T		
INSR LTR		TYPE OF INSU	RANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENER	AL LIABILITY							EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	х	ADDITIONAL IN	SURED	x		680-7384P218		8/8/2016	8/8/2017	MED EXP (Any one person)	\$	5,000
	х	BLNKT WVR OF	SUBRO							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT OTHER:	LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
		OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
в	х	ANY AUTO								BODILY INJURY (Per person)	\$	
Б		ALL OWNED AUTOS	SCHEDULED AUTOS			BA-0C906515		8/8/2016	8/8/2017	BODILY INJURY (Per accident)	\$	
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
	х	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	\$	5,000,000
А		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	5,000,000
		DED RETENTIO				CUP-3429T370		8/8/2016	8/8/2017		\$	
		KERS COMPENSATION	v							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER CER/MEMBER EXCLUDE		N/A						E.L. EACH ACCIDENT	\$	1,000,000
A	(Man	datory in NH) datory in NH)				XJUB-3642T261		8/8/2016	8/8/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	n yes DESC	CRIPTION OF OPERATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Pro	ofessional Lial	bility			AEH114007309		8/8/2016	8/8/2017	Each Claim		\$2,000,000
	Cla	aims Made								Annual Aggregate		\$2,000,000
Re: Add pri 30 Pro	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re:PW13542 & PW13384 As-Needed B&S Inspection and Permit Technician Services. Certificate Holder is Additional Insured for General Liability but only if required by written contract with Named Insured prior to an occurence and as per attached Endorsement. Coverage subject to all policy terms & conditions. 30 days Notice of Cancellation *Except 10 days notice of cancellation for non-payment of premium. For Professional Liability coverage, the aggregate limit is the total insurance available for all covered claims reported within the policy period.											
CERTIFICATE HOLDER CANCELLATION												
(62	26)9	979-5311					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEI	LED BEFORE
	1	Los Angeles	County De	pt	of	Public Works				EREOF, NOTICE WILL I		

(626)979-5311							
Los Angeles County Dept of Public Works Architectural Engineering Division Contra Attn: Grace Stohs	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
900 S. Fremont Street	AUTHORIZED REPRESENTATIVE						
P.O. Box 1460 Alhambra, CA 91802	Tina Cowie/TCOWIE Sina Corrie						

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ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<u> </u>		/			- ' `	•••						8/	/5/2016
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PRO	DUCE	R						CONTAC NAME:	^{CT} Tina Co	wie			
	Cornerstone Specialty Insurance Services, Inc. PHONE (714)731-7700 FAX (A/C, No): (714)731-7750 14252 Culver Drive, A299 E-MAIL DDRESS: tina@cornerstonespecialty.com												
		041101 211		,				ADDRES					
T	vine			CA 926	:04								NAIC #
					-	TTT m	ING GEDUTGES				erty Casualty Co		25674
					ONS	ULT.	ING SERVICES,				nity Co of Conn		25682
	-	, DBA: JAS	PA	CIFIC				INSURE	RC:Contin	ental Cas	sualty Company		20443
P.0). I	30x 2002						INSURE	RD:				
								INSURE	RE:				
Up]				CA 917				INSURE					
CO	VER	AGES		CER	TIFIC	CATE	NUMBER:16/17 COVE	ERAGE	S		REVISION NUMBER:		
IN CI E)	DICA ERTI	TED. NOTWITH	HST. E IS	ANDING ANY RE SUED OR MAY	quir Pert Poli	EME AIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	x		Г								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
Α		CLAIMS-MAD		X OCCUR	x		C00 72045210		0/0/2016	0 /0 /0017	PREMISES (Ea occurrence)	\$	-
	x	ADDITIONAL			^		680-7384P218		8/8/2016	8/8/2017	MED EXP (Any one person)	\$	5,000
	x	BLNKT WVR									PERSONAL & ADV INJURY	\$	1,000,000
	GEN			PPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PR JE	ĊŤ	LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT X	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
в		ALL OWNED		SCHEDULED			BA-0C906515		8/8/2016	8/8/2017	BODILY INJURY (Per accident)	\$	
		AUTOS		AUTOS NON-OWNED			BR-00900515		0/0/2010	0/0/201/	PROPERTY DAMAGE	\$	
		HIRED AUTOS		AUTOS							(Per accident)	\$ \$	
	x	UMBRELLA LIAB		X OCCUR							EACH OCCURRENCE	\$	5,000,000
А		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	5,000,000
		DED RETE	NTIC	DN \$			CUP-3429T370		8/8/2016	8/8/2017		\$	
		KERS COMPENSA EMPLOYERS' LIAE		v							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PAR	TNER								E.L. EACH ACCIDENT	\$	1,000,000
А		CER/MEMBER EXCI datory in NH)	LUDE	D?	N/A		XJUB-3642T261		8/8/2016	8/8/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPER	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
С		ofessional I					م ح تا 14007200		8/8/2016	8/8/2017	Each Claim		\$2,000,000
C			Tai	STILLY			AEH114007309		8/8/2016	8/8/2017			
	CI	aims Made									Annual Aggregate		\$2,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: PW 133084 Building Plan Check and Related Services Certificate Holder is Additional Insured for													
General Liability but only if required by written contract with the Named Insured prior to an occurrence and as per attached endorsement. Coverage is subject to all policy terms and conditions. *30 days notice													
of cancellation, except for 10 days notice for non-payment of premium. For Professional Liability													
coverage, the aggregate limit is the total insurance available for all covered claims reported within the													
	policy period.												
<u></u>	CERTIFICATE HOLDER CANCELLATION												
		<u>1CATE HOLD</u> 979-5311	ĒŔ	10000	on@/	3000	lacounty gov	CANC					

CERTIFICATE HOLDER	CANCELLATION
<pre>(626)979-5311 Inguyen@dpw.lacounty.gov Los Angeles County 900 S. Fremont Street P.O. Box 1460</pre>	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 91802	AUTHORIZED REPRESENTATIVE
	Tina Cowie/TCOWIE Sina Corrie

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