



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2016

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 Poms & Associates Insurance Brokers CA License #0814733 5700 Canoga Ave. #400 Woodland Hills CA 91367		CONTACT NAME: Amy Kelly PHONE (A/C, No, Ext): (800) 578-8802 FAX (A/C, No): (818) 449-9321 E-MAIL ADDRESS: akelly@PomsAssoc.com	
INSURED The Converse Professional Group 717 S. Myrtle Avenue Monrovia CA 91016		INSURER(S) AFFORDING COVERAGE INSURER A: AXIS Surplus Insurance INSURER B: Travelers Property Casualty INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 26620 25674	

COVERAGES

CERTIFICATE NUMBER: 16-18 GL AU PROF 1-2

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Y	ELZ761118/01/2016	6/30/2016	6/30/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/> X <input type="checkbox"/> Y	810 153D8596-TIL-16	8/17/2016	8/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
						Medical payments \$ 5,000
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> OCCUR					\$
	<input type="checkbox"/> CLAIMS-MADE					
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
A	Professional Liability		ELZ761118/01/2016	6/30/2016	6/30/2018	Per Claim \$1,000,000
	Retro Date: 8/14/1984					Aggregate \$2,000,000

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

Contract No. PW15027- As-Needed Environmental Testing, Inspection and Monitoring Services - (RFP No. AED7739959)

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) are named as additional insureds with respect to General Liability and Automobile Liability per the attached endorsements, as per written contract. Waivers of Subrogation apply in favor of the Certificate Holder and the above named additional insured per the

CERTIFICATE HOLDER**CANCELLATION**

DEPARTMENT OF PUBLIC WORKS
CONTRACTS AND BUSINESS AFFAIRS DIVISION
CONTRACTS AND OPERATIONS SECTION, 8TH FL
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

John Loef/JLOEF

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COMMENTS/REMARKS

attached endorsements, as per written contract.

Deductibles:

General Liability - \$50,000.00 per occurrence

Professional Liability - \$50,000.00 per claim

Automobile Liability - Comprehensive - \$1,000

Collision - \$1,000

Endorsement No. _____

Effective Date: 06/30/2016 @12:01 a.m. Standard Time at the address of the **Named Insured**

Policy Number: ELZ761118/01/2016

Insured Name: Converse Professional Group

Issuing Company: AXIS Surplus Insurance Company

Additional (Return) Premium \$0

If the Endorsement Effective Date is blank, then the effective date of this Endorsement is the Inception Date of the Policy.

**ADDITIONAL INSURED/PRIMARY COVERAGE
INCLUDING COMPLETED OPERATIONS
(CGL & CONTRACTORS POLLUTION COVERAGE)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies the Specialty Package Policy.

In consideration of the premium charged, it is agreed that:

SECTION III – WHO IS AN INSURED is amended to include as an Additional Insured the person or organization shown in the schedule below as respects Coverages A, B and D, but only for liability arising out of **Your Work** or **Covered Operations** performed by you or on your behalf for that Additional Insured and not due to any actual or alleged independent liability of said Additional Insured.

This endorsement does not apply to **Bodily Injury**, **Property Damage** or **Loss** arising out of the sole negligence or willful conduct of, or for defects in design furnished by the Additional Insured.

As respects the coverage afforded the Additional Insured, this insurance is primary and non-contributory where a written contract or written agreement in effect prior to any related **Claim** requires you to provide such coverage. When this insurance is primary and non-contributory, our obligations are not affected by any other insurance carried directly by such additional insured whether it is primary or excess coverage.

However, regardless of the provisions above:

We will not extend any insurance coverage to the additional Insured person or organization:

- (1) That is not provided to you in this Policy; or
- (2) That is broader coverage than you are required to provide to the additional Insured person or organization in the written contract or written agreement.

This endorsement does not increase the Company's Limits of Insurance as specified in the Declarations of the Policy.

SCHEDULE OF ADDITIONAL INSUREDS

As required by written contract in effect prior to any related **Claim**

Endorsement No. 57

Effective Date: 06/30/2016 @12:01 a.m. Standard Time at the address of the **Named Insured**

Policy Number: ELZ761118/01/2016

Insured Name: Converse Professional Group

Issuing Company: AXIS Surplus Insurance Company

Additional (Return) Premium \$0

If the Endorsement Effective Date is blank, then the effective date of this Endorsement is the Inception Date of the Policy.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

SPECIALTY PACKAGE POLICY

SCHEDULE

Name Of Person Or Organization:

As required by written contract in effect prior to any related **Claim**

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

The following is added to Paragraph 12. **Subrogation of Section VI – Common Conditions:**

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.

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CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to the **Section II – Liability Coverage, Paragraph A.1. Who Is An Insured** Provision:

Any person or organization that you are required to include as additional insured on the Coverage Form in

a written contract or agreement that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period is an "insured" for Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

AS REQUIRED BY WRITTEN CONTRACT PRIOR TO ANY RELATED CLAIM

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:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract executed prior to any "accident", provided that the "accident" arises out of operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

As required by written contract.

Endorsement No. _____

Effective Date: 06/30/2016 @12:01 a.m. Standard Time at the address of the **Named Insured**

Policy Number: ELZ761118/01/2016

Insured Name: Converse Professional Group

Issuing Company: AXIS Surplus Insurance Company

Additional (Return) Premium \$0

If the Endorsement Effective Date is blank, then the effective date of this Endorsement is the Inception Date of the Policy.

NOTICE OF CANCELLATION OR MATERIAL CHANGE

THIS ENDORSEMENT MODIFIES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies the Specialty Package Policy

In consideration of the premium charged, it is agreed that the Policy is amended by the following additions:

1. The following is added to **SECTION VI, COMMON CONDITIONS**:

We shall provide 30 days written notice (except 10 days for nonpayment of premium) prior to a **Material Change Of Policy Terms** or Cancellation of the Policy to

As required by written contract in effect prior to any related Claim

2. The following is added to **SECTION VIII, DEFINITIONS**:

Material Change of Policy Terms means a change of the Declarations regarding:

- a. A change in the **Policy Period**, or
- b. A removal of a Coverage Section, or
- c. A removal of any **Named Insured** or Insured specifically identified by name in the policy, or
- d. A reduction of the amount of Limits of Insurance, where said reduction is not the result of the payment of **Claims** or **Claim Expenses**, or
- e. A reduction in the amount of the Policy Aggregate, where said reduction is not the result of the payment of **Claims** or **Claim Expenses**.

All other terms and conditions of the Policy shall apply and remain unchanged.

A.M. Best Rating Services

Travelers Property Casualty Company of America (2)

A.M. Best #: 004461 NAIC #: 25674 FEIN #: 362719165

Domiciliary Address

One Tower Square
Hartford, CT 06183

[United States](#)

Web: www.travelers.com

Phone: 860-277-0111

Fax: 860-277-7002



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

Based on A.M. Best's analysis, [058470 - Travelers Companies, 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++ (Superior)
Affiliation Code:	g (Group)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Affirmed
Effective Date:	July 22, 2016
Initial Rating Date:	June 30, 1972

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

Long-Term:	aa+
Outlook:	Stable
Action:	Affirmed
Effective Date:	July 22, 2016
Initial Rating Date:	April 18, 2005

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

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.

Director: Jennifer Marshall, CPCU, ARM

Disclosure Information



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



[A.M. Best Affirms Ratings of The Travelers Companies, Inc. and Its Subsidiaries](#)
July 22, 2016

Rating History

A.M. Best has provided ratings & analysis on this company since 1972.

Financial Strength

Effective Date	Rating
7/22/2016	A++
5/28/2015	A++
5/23/2014	A++
5/30/2013	A+
5/10/2012	A+

Long-Term Issuer Credit

Effective Date	Rating
7/22/2016	aa+
5/28/2015	aa+
5/23/2014	aa+
5/30/2013	aa
5/10/2012	aa

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: 7/22/2016 (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
Jul 22, 2016	A.M. Best Affirms Ratings of The Travelers Companies, Inc. and Its Subsidiaries
May 28, 2015	A.M. Best Affirms Ratings of The Travelers Companies, Inc. and Its Subsidiaries
May 23, 2014	A.M. Best Upgrades Ratings of The Travelers Companies, Inc. and Most of Its Subsidiaries
May 30, 2013	A.M. Best Revises Outlook to Positive for The Travelers Companies, Inc. and Most of Its Subsidiaries
May 10, 2012	A.M. Best Affirms Ratings of The Travelers Companies, Inc. and Its Subsidiaries
May 26, 2011	A.M. Best Affirms Ratings of The Travelers Companies, Inc. and Its Subsidiaries
Jun 08, 2010	A.M. Best Upgrades Issuer Credit Ratings of Travelers Group
Jun 03, 2008	A.M. Best Affirms Ratings of Travelers Insurance Companies and Several of Its Subsidiaries
Jun 18, 2007	A.M. Best Affirms Ratings of Travelers Insurance Companies and Several of Its Subsidiaries
May 30, 2006	A.M. Best Affirms Ratings of St. Paul Travelers Insurance Cos. and Several Subsidiaries; Downgrades Rating of First Floridian

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Page size: 10

18 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

A.M. Best Asia-Pacific Limited (AMBAP), Australian Registered Body Number (ARBN No.150375287), is a limited liability company incorporated and domiciled in Hong Kong. AMBAP is a wholesale Australian Financial Services (AFS) Licence holder (AFS No. 411055) under the Corporations Act 2001. Credit Ratings emanating from AMBAP are not intended for and must not be distributed to any person in Australia other than a wholesale client as defined in Chapter 7 of the Corporations Act. AMBAP does not authorize its Credit Ratings to be disseminated by a third-party in a manner that could reasonably be regarded as being intended to influence a retail client in making a decision in relation to a particular product or class of financial product. AMBAP Credit Ratings are intended for wholesale clients only, as defined.

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.

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A.M. Best Rating Services

AXIS Surplus Insurance Company (2)

A.M. Best #: 012515 NAIC #: 26620 FEIN #: 630941128

Administrative Office

11680 Great Oaks Way Suite 500

Alpharetta, GA 30022

United States

[View Additional Address Information](#)



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

Web: www.axiscapital.com

Phone: 678-746-9400

Fax: 678-746-3420

Based on A.M. Best's analysis, [051089 - AXIS Capital Holdings Limited](#) 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+ (Superior)
Affiliation Code:	g (Group)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Affirmed
Effective Date:	November 03, 2016
Initial Rating Date:	June 20, 2002

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

Long-Term:	aa-
Outlook:	Stable
Action:	Affirmed
Effective Date:	November 03, 2016
Initial Rating Date:	May 16, 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: Scott Mangan

Director: Greg Reisner

Disclosure Information



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



[A.M. Best Affirms Credit Ratings of AXIS Specialty Limited and AXIS Capital Holdings Limited](#)
November 03, 2016

Rating History

A.M. Best has provided ratings & analysis on this company since 2002.

Financial Strength

Effective Date	Rating
11/3/2016	A+
8/4/2015	A+
1/26/2015	A+ u
9/30/2014	A+
9/25/2013	A+
9/21/2012	A
11/22/2011	A

Long-Term Issuer Credit

Effective Date	Rating
11/3/2016	aa-
8/4/2015	aa-
1/26/2015	aa- u
9/30/2014	aa-
9/25/2013	aa-
9/21/2012	a+
11/22/2011	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: 11/3/2016 (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
Nov 03, 2016	A.M. Best Affirms Credit Ratings of AXIS Specialty Limited and AXIS Capital Holdings Limited
Aug 04, 2015	A.M. Best Removes From Under Review and Affirms Ratings of AXIS Capital Holdings Limited and Its Subsidiaries
Jan 26, 2015	A.M. Best Places the Ratings of AXIS Capital Holdings Limited and its Subsidiaries Under Review with Negative Implications
Sep 30, 2014	A.M. Best Affirms Ratings of AXIS Specialty Limited and AXIS Capital Holdings Limited
Sep 25, 2013	A.M. Best Upgrades Ratings of AXIS Capital Holdings Limited
Nov 22, 2011	A.M. Best Revises Outlook to Positive for AXIS Specialty Limited and Its Operating Affiliates
Nov 12, 2010	A.M. Best Affirms Ratings of AXIS Specialty Limited and AXIS Capital Holdings Limited
Aug 10, 2009	A.M. Best Affirms Ratings of AXIS Specialty Limited and AXIS Capital Holdings Limited
Aug 05, 2008	A.M. Best Affirms Ratings of AXIS Specialty Limited and AXIS Capital Holdings Limited
Jul 24, 2007	A.M. Best Affirms and Upgrades Ratings of AXIS Specialty Limited and AXIS Capital Holdings Limited

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16 items in 2 pages

European Union Disclosures

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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](#).



CERTIFICATE OF LIABILITY INSURANCE

CON500M

OP ID: KR

DATE (MM/DD/YYYY)

11/15/2016

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PRODUCER Brakke Schafnitz / Mackenzie License #0K07568 28202 Cabot Rd 600 Laguna Niguel, CA 92677 Bruce MacKenzie	CONTACT NAME: Bruce MacKenzie	
	PHONE (A/C, No, Ext): 949-365-5100	FAX (A/C, No): 949-365-5161
INSURED TheConverse Professional Group dba: Converse Consultants 717 S. Myrtle Avenue Monrovia, CA 91016	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Alaska National Ins. Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC # 38733		

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
	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 <input type="checkbox"/> 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 \$						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 <input checked="" type="checkbox"/> N	N/A	X 15L WS 40161	12/31/2015	12/31/2016	<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)

*Contracts & Business Affairs Division, Contracts & Operations Section.
Blanket Waiver of Subrogation applies, see attached form #WC 040306 (04 84)
Reference Contract No: PW15027, as needed environmental testing, inspection and monitoring services(RFP No AED7739959).Alaska National Best Financial Strength Rating A. Cancellation Wording End.attached, #WC040601A (12 93)

CERTIFICATE HOLDER**CANCELLATION**

COUNLOS

County of Los Angeles
Dept.of Public Works *(above)
Attn: Ms. Erayna Chang
900 S. Fremont Ave.8th Floor
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

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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

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**

Blanket Waiver;

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

This endorsement changes the policy to which it is attached and, unless otherwise stated, is effective on the date issued at 12:01 A.M. standard time at your mailing address shown in the policy. **The information below is required only when this endorsement is issued subsequent to commencement of the policy.**

Endorsement Effective December 31, 2015

Policy No. 15L WS 40161

Insured Converse Consultants

Endorsement No. 8

Countersigned By Bernie Raven

Brakke-Schafitz / Laguna Niguel

CALIFORNIA CANCELATION ENDORSEMENT

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

The cancellation condition in Part Six (Conditions) of the policy is replaced by these conditions:

Cancellation:

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy for one or more of the following reasons:
 - a. Non-payment of premium;
 - b. Failure to report payroll;
 - c. Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
 - d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
 - e. Material misrepresentation made by you or your agent;
 - f. Failure to cooperate with us in the investigation of a claim;
 - g. Failure to comply with Federal or State safety orders;
 - h. Failure to comply with written recommendations of our designated loss control representatives;
 - i. The occurrence of a material change in the ownership of your business;
 - j. The occurrence of any change in your business or operations that materially increases the hazard for frequency or severity of loss;
 - k. The occurrence of any change in your business or operation that requires additional or different classification for premium calculation;
 - l. The occurrence of any change in your business or operation which contemplates an activity excluded by our reinsurance treaties.
3. If we cancel your policy for any of the reasons listed in (a) through (f), we will give you 10 days advance written notice, stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. If we cancel your policy for any of the reasons listed in Items (g) through (l), we will give you 30 days advance written notice; however, we agree that in the event of cancellation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
4. The policy period will end on the day and hour stated in the cancellation notice.

This endorsement changes the policy to which it is attached and, unless otherwise stated, is effective on the date issued at 12:01 A.M. standard time at your mailing address shown in the policy. **The information below is required only when this endorsement is issued subsequent to commencement of the policy.**

Endorsement Effective

Policy No.

Insured

Endorsement No. 18

Countersigned By _____