



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/28/2016

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

|   |  |  |               |
|---|--|--|---------------|
| <b>PRODUCER</b><br>Aon Risk Services Northeast, Inc.<br>Aon Risk Services Northeast, Inc.<br>NY NY Office<br>199 Water Street<br>New York NY 10038-3551 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): 866-283-7122      FAX (A/C. No.): 800-363-0105 |  |               |
|   | <b>E-MAIL ADDRESS:</b>   |  |               |
| <b>INSURED</b><br>Bureau Veritas North America, Inc.<br>1665 Scenic Avenue, Ste. 200<br>Costa Mesa CA 92626 USA   | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
|   | INSURER A: Hartford Underwriters Insurance Company   |  | 30104         |
|   | INSURER B: Hartford Fire Insurance Co.   |  | 19682         |
|   | INSURER C: Allianz Global Risks US Insurance Co.   |  | 35300         |
|   | INSURER D: Twin City Fire Insurance Company  |  | 29459         |
|   | INSURER E: Trumbull Insurance Company  |  | 27120         |
|   | INSURER F: Sentinel Insurance Company, Ltd   |  | 11000         |

|                  |   |                         |
|------------------|---|-------------------------|
| <b>COVERAGES</b> | <b>CERTIFICATE NUMBER: 570064984835</b> | <b>REVISION NUMBER:</b> |
|------------------|---|-------------------------|

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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |                                |             |
|----------|---|-----------|----------|---|-------------------------|-------------------------|--|--------------------------------|-------------|
| C        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: |           |          | CGL2008089  | 01/01/2017              | 01/01/2018              | EACH OCCURRENCE  | \$2,000,000                    |             |
|          |   |           |          |   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | \$1,000,000                    |             |
|          |   |           |          |   |                         |                         |  | MED EXP (Any one person)       | \$10,000    |
|          |   |           |          |   |                         |                         |  | PERSONAL & ADV INJURY          | \$2,000,000 |
|          |   |           |          |   |                         |                         | GENERAL AGGREGATE  | \$2,000,000                    |             |
|          |   |           |          |   |                         |                         | PRODUCTS - COMP/OP AGG   | \$2,000,000                    |             |
| B<br>A   | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                      |           |          | 10 AB S41202<br>AOS                                     | 01/01/2017              | 01/01/2018              | COMBINED SINGLE LIMIT (Ea accident)  | \$2,000,000                    |             |
|          |   |           |          | 10 AB S41203<br>HI                                      | 01/01/2017              | 01/01/2018              | BODILY INJURY (Per person)   |                                |             |
|          |   |           |          |   |                         |                         |  | BODILY INJURY (Per accident)   |             |
|          |   |           |          |   |                         |                         |  | PROPERTY DAMAGE (Per accident) |             |
| C        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$10,000                     |           |          | ULA2008098  | 01/01/2017              | 01/01/2018              | EACH OCCURRENCE  | \$10,000,000                   |             |
|          |   |           |          |   |                         |                         | AGGREGATE  | \$10,000,000                   |             |
|          |   |           |          |   |                         |                         |  |                                |             |
| E<br>H   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below               |           |          | 10WNS41200<br>AOS                                       | 01/01/2017              | 01/01/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |                                |             |
|          |   |           |          | 10WNS41200<br>AK ID IL NJ NY                            | 01/01/2017              | 01/01/2018              | E.L. EACH ACCIDENT   | \$1,000,000                    |             |
|          |   |           |          |   |                         |                         |  | E.L. DISEASE-EA EMPLOYEE       | \$1,000,000 |
|          |   |           |          |   |                         |                         |  | E.L. DISEASE-POLICY LIMIT      | \$1,000,000 |
| C        | Archit&Eng Prof   |           |          | PPL2008139<br>SIR applies per policy terms & conditions | 01/01/2017              | 01/01/2018              | Each Claim   | \$2,000,000                    |             |
|          |   |           |          |   |                         |                         | Each Aggregate   | \$2,000,000                    |             |

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

RE: Project: as needed Building & Safety Inspection and Permit Technician Services. The Architects & Engineers policy includes coverage for Professional Liability and Contractors Pollution Liability. County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are included as Additional Insured in accordance with the policy provisions of the General Liability policy, General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers in accordance with the policy provisions of the General Liability and Automobile

### CERTIFICATE HOLDER

County of Los Angeles  
Dept. of Public Works  
Architectural and Engineering Division  
900 South Fremont Ave. 8th Floor  
Alhambra CA 91803 USA

### CANCELLATION

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

*Aon Risk Services Northeast, Inc.*

Holder Identifier :

Certificate No : 570064984835



**ADDITIONAL REMARKS SCHEDULE**

|   |           |   |  |
|---|-----------|---|--|
| AGENCY<br>Aon Risk Services Northeast, Inc.           |           | NAMED INSURED<br>Bureau Veritas North America, Inc. |  |
| POLICY NUMBER<br>See Certificate Number: 570064984835 |           |   |  |
| CARRIER<br>See Certificate Number: 570064984835       | NAIC CODE | EFFECTIVE DATE:                                     |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

| INSURER(S) AFFORDING COVERAGE                     | NAIC # |
|---|--------|
| INSURER G :Hartford Insurance Co of The Southeast | 38261  |
| INSURER H :Hartford Ins Co of the Midwest         | 37478  |
| INSURER I :Property & Casualty Ins Co of Hartford | 34690  |
| INSURER J :Hartford Accident & Indemnity Company  | 22357  |

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE    | ADDL INSD | SUBR WVD | POLICY NUMBER                         | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------|----------------------|-----------|----------|---------------------------------------|------------------------------------|-------------------------------------|--------|
|          | WORKERS COMPENSATION |           |          |                                       |                                    |                                     |        |
| A        |                      | N/A       |          | 10WNS41200<br>HI MA                   | 01/01/2017                         | 01/01/2018                          |        |
| J        |                      | N/A       |          | 10WNS41200<br>AZ GA KY MI MN NE OK SC | 01/01/2017                         | 01/01/2018                          |        |
| F        |                      | N/A       |          | 10WNS41200<br>IA                      | 01/01/2017                         | 01/01/2018                          |        |
| K        |                      | N/A       |          | 10WNS41200<br>CA NC                   | 01/01/2017                         | 01/01/2018                          |        |
| B        |                      | N/A       |          | 10WNS41200<br>FL NH ND OH WA WY       | 01/01/2017                         | 01/01/2018                          |        |
| G        |                      | N/A       |          | 10WNS41200<br>PA                      | 01/01/2017                         | 01/01/2018                          |        |
| I        |                      | N/A       |          | 10WNS41200<br>DE LA VT                | 01/01/2017                         | 01/01/2018                          |        |
| D        |                      | N/A       |          | 10WBRS41201<br>WI                     | 01/01/2017                         | 01/01/2018                          |        |
|          |                      |           |          |                                       |                                    |                                     |        |
|          |                      |           |          |                                       |                                    |                                     |        |
|          |                      |           |          |                                       |                                    |                                     |        |



# ADDITIONAL REMARKS SCHEDULE

|   |   |
|---|---|
| AGENCY<br>Aon Risk Services Northeast, Inc.           | NAMED INSURED<br>Bureau Veritas North America, Inc. |
| POLICY NUMBER<br>See Certificate Number: 570064984835 | EFFECTIVE DATE:                                     |
| CARRIER<br>See Certificate Number: 570064984835       | NAIC CODE   |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

| INSURER(S) AFFORDING COVERAGE             | NAIC # |
|---|--------|
| INSURER K :Hartford Casualty Insurance Co | 29424  |
| INSURER                                   |        |
| INSURER                                   |        |
| INSURER                                   |        |

**ADDITIONAL POLICIES**    If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE<br>(MM/DD/YYYY) | POLICY EXPIRATION DATE<br>(MM/DD/YYYY) | LIMITS |
|----------|-------------------|-----------|----------|---------------|---------------------------------------|--|--------|
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |
|          |                   |           |          |               |                                       |  |        |



# ADDITIONAL REMARKS SCHEDULE

|   |           |   |  |
|---|-----------|---|--|
| AGENCY<br>Aon Risk Services Northeast, Inc.           |           | NAMED INSURED<br>Bureau Veritas North America, Inc. |  |
| POLICY NUMBER<br>See Certificate Number: 570064984835 |           |   |  |
| CARRIER<br>See Certificate Number: 570064984835       | NAIC CODE | EFFECTIVE DATE:                                     |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:  
 Liability policies.