ACORD <sup>®</sup> C	ERTI	FICATE OF LIA	BILITY INS	URANC		e (mm/dd/yyyy) 29/2017	
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 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 t					require an endorsement. A	statement on	
PRODUCER LOCKTON COMPANIES							
444 W. 47TH STREET, SUITE KANSAS CITY MO 64112-190	PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
(816) 960-9000			INS	INSURER(S) AFFORDING COVERAGE NAIC #			
INSURED 1426517 STANTEC CONSULTING SERVICES INC. 8211 SOUTH 48TH STREET DUOENIX A7 85044			INSURER A : Zurich American Insurance Company			16535	
			INSURER B: Travelers Property Casualty Co of America			25674	
			INSURER C : American Guarantee and Liab. Ins. Co.			26247	
			INSURER E :				
F			INSURER F :				
COVERAGES CERTIFICATE NUMBER: 14663764 REVISION NUMBER: XXXXXXX							
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 SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CONTRACTUAL/CROSS X XCU COVERED GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- DUICY X LOC OTHER:	Y	N GLO5415704	5/1/2017	5/1/2018	DAMAGE TO RENTED     PREMISES (Ea occurrence)   \$ 30     MED EXP (Any one person)   \$ 25     PERSONAL & ADV INJURY   \$ 2,     GENERAL AGGREGATE   \$ 4,	000,000 0,000 ,000 000,000 000,000 000,000	
B AUTOMOBILE LIABILITY B X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY	Y	N TC2J-CAP-8E086819 TJ-BAP-8E086820 TC2J-CAP-8E087017	5/1/2017 5/1/2017 5/1/2017	5/1/2018 5/1/2018 5/1/2018	BODILY INJURY (Per person) \$ X BODILY INJURY (Per accident) \$ X PROPERTY DAMAGE \$ X	000,000 XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX	
C X UMBRELLA LIAB X OCCUR   X EXCESS LIAB X CLAIMS-MADE   DED X RETENTION \$ 10,000		N AUC9184637	5/1/2017	5/1/2018	AGGREGATE \$ 5,	000,000 000,000 XXXXXX	
B AND EMPLOYERS' LIABILITY B ANY PROPRIETOR/PARTNER/EXECUTIVE B OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N TC2J-UB-8E08592 (AOS) TRJ-UB-8E08593 (MA, W EXCEPT FOR OH ND W	VI) 5/1/2017	5/1/2018 5/1/2018	X PER STATUTE OTH- ER   E.L. EACH ACCIDENT \$ 1,   E.L. DISEASE - EA EMPLOYEE \$ 1,	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC SANTA BARBARA, CA. PROJECT # 206402 AE3. COUNTY OF LOS ANGELES IS INCLU	0087. Cl DED AS	LIENT PROJECT # PW 13555. S ADDITIONAL INSURED AS	. RE: AS-NEEDED M S RESPECTS GENERA	APPING & SU AL LIABILITY	JRVEY SERVICES/ L.A. FILE Y, AUTO LIABILITY AND		
UMBRELLA/EXCESS LIABILITY IF REQUIRED BY WRITTEN CONTRACT. 30 DAYS NOTICE OF CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER PER POLICY ENDORSEMENT.							
CERTIFICATE HOLDER CANCELLATION							
<b>14663764</b> COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC W ARCH ENG DIV - CONT & OF 900 SOUTH FREMONT AVE, 8 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.						
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