



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/22/2017

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 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 Van Oppen & Co. 2, Inc. VOCO 2 Insurance & Risk Control Services P.O. Box 793 Teton Village WY 83025		CONTACT NAME: Brenda Todd PHONE (A/C, No, Ext): 800-746-0048 E-MAIL ADDRESS: service@vanoppenco2.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Colony Insurance Company	
		INSURER B: Travelers Property Casualty Co	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 348305024

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CPL (Pollution) <input checked="" type="checkbox"/> Ded \$2.5K GL/CPL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	PACEP305417	7/1/2017	7/1/2018	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	PACEP305417	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0	Y	Y	EXC305418	7/1/2017	7/1/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 XS GL/CPL/E&O \$AL/EL
B	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	Y	UB-4685T99	7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE 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
A	Professional Liability "Claims Made"/\$2.5K per claim Ded Subject to GL Aggregate			PACEP305417	7/1/2017	7/1/2018	Each Claim 5,000,000 Aggregate 5,000,000 Retro: 9/2/1994

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

As needed Environmental Testing, Inspection and Monitoring Services. (RFP No. AED 7739959). Contract number, which is PW15025. The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agent, Employees and Volunteers are included as additional insured on the General Liability, for both ongoing and completed operations, as per written agreement. Coverage is primary and non-contributory and a waiver of subrogation applies.

30 Day Notice of cancellation is provided to certificate holder.

CERTIFICATE HOLDER

CANCELLATION

Department of Public Works
Contracts and Business Affairs Division
Contracts and Operations, 8th Floor
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

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION BY US – CERTIFICATE HOLDER(S)

This endorsement modifies insurance provided under the following:

EnviroPACE Insurance Policy

SCHEDULE

Certificate Holder(s):
<p>DEPARTMENT OF PUBLIC WORKS CONTRACTS AND BUSINESS AFFAIRS DIVISION CONTRACTS AND OPERATIONS, 8TH FLOOR 900 SOUTH FREMONT AVENUE ALHAMBRA, CA 91803</p>

Section **XXIII. CONDITIONS, 4. Cancellation** is amended by the addition of the following:

If we cancel this Policy before the expiration date thereof, we will mail 30 days written notice (10 days for non-payment of premium) to the Certificate Holder(s) indicated in the SCHEDULE above.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES
OR CONTRACTORS – SCHEDULED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

EnviroPACE Insurance Policy

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Where required by written contract	

A. Section XX. **WHO IS AN INSURED**, Coverage Part 1 and Part 2 is amended to include as an additional insured the person(s) or organization(s) shown in the SCHEDULE above, but only with respect to liability for **bodily injury, property damage, personal and advertising injury, environmental damage, or cleanup costs** caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to **bodily injury or property damage** occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of **your work** out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to section **XXI. LIMITS OF LIABILITY AND DEDUCTIBLE:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Liability shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Liability shown in the Declarations.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

EnviroPACE Insurance Policy

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Where required by written contract	

- A. Section **XX. WHO IS AN INSURED**, Coverage Part 1 and Part 2 is amended to include as an additional insured the person(s) or organization(s) shown in the SCHEDULE above, but only with respect to liability for **bodily injury, property damage, environmental damage, or cleanup costs** caused, in whole or in part, by **your work** at the location designated and described in the SCHEDULE of this endorsement performed for that additional insured and included in the **products-completed operations hazard**.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to section **XXI. LIMITS OF LIABILITY AND DEDUCTIBLE**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Liability shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Liability shown in the Declarations.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED GENERAL AGGREGATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

EnviroPACE Insurance Policy

- A. Section **XXI. LIMITS OF LIABILITY AND DEDUCTIBLE**, Paragraphs 1., 2. and 3. are deleted in their entirety and replaced with the following:

XXI. LIMITS OF LIABILITY AND DEDUCTIBLE

Regardless of the number of **claims, suits**, claimants or insureds, the following limits of liability apply:

1. Limits Applicable to Part 1 Coverages, Part 2 Coverages and Coverage 3

a. General Aggregate Limit and General Aggregate Cap

The General Aggregate Limit set forth in Item 3 of the Declarations is the most we will pay for all **loss** under all Part 1 Coverages, Part 2 Coverages and Coverage 3 except: (i) damages because of **bodily injury, property damage or environmental damage** included in the **products-completed operations hazard**, and (ii) **crisis management costs** that result from a **crisis management event** arising directly from **your product**.

- b. Subject to Paragraph 1.c. below, the General Aggregate Limit applies separately to: (i) **loss** covered under Coverages 1A and 1E arising from **occurrences** at any one **location** that you own or rent; and (ii) **loss** covered under Coverages 1A and 1E arising from your ongoing operations at any one **job site**.

- c. Regardless of the number of **locations or job sites**, the General Aggregate Cap set forth in Item 3 of the Declarations is the most we will pay for all **loss** under all Part 1 Coverages except: (i) damages because of **bodily injury, property damage or environmental damage** included in the **products-completed operations hazard**, and (ii) **crisis management costs** that result from a **crisis management event** arising directly from **your product**.

d. Products – Completed Operations Aggregate Limit

The Products-Completed Operations Aggregate Limit set forth in Item 3 of the Declarations is the most we will pay for all: (i) damages under Coverages 1A and 1D because of **bodily injury, property damage or environmental damage** included in the **products-completed operations hazard**, and (ii) **crisis management costs** that result from a **crisis management event** arising directly from **your product**.

e. Each Occurrence Limit

Subject to Paragraph 1.a. or 1.d. above, whichever applies, the Each Occurrence Limit set forth in Item 3 of the Declarations is the most we will pay for all **loss** under Coverages 1A, 1C, 1D and 1E arising out of the same, related, continuous or repeated **occurrence(s) or pollution condition(s)**.

f. Personal and Advertising Injury Limit

Subject to Paragraph 1.a. above, the Personal and Advertising Injury Limit set forth in Item 3 of the Declarations is the most we will pay for all **loss** under Coverage 1B sustained by any one person or organization.

g. Employee Benefits Administration Limit

Subject to Paragraph 1.a. above, the Employee Benefits Administration Limit of Liability set forth in Item 3 of the Declarations is the most we will pay under Coverage 1F for all **loss** sustained by any one **employee**, including **loss** sustained by such **employee's** dependents and beneficiaries, arising out of the same, related, continuous or repeated **wrongful act(s)**.

However, the amount paid under this Policy shall not exceed, and will be subject to, the limits and restrictions that apply to the payment of benefits in any plan included in the **employee benefits program**.

h. Crisis Management Costs Limit – Coverage 1G

Subject to Paragraph 1.a. or 1.d. above, whichever applies, the Crisis Management Costs Limit set forth in Item 3 of the Declarations is the most we will pay for all **crisis management costs** under Coverage 1G.

i. Damage to Premises Rented to You Limit

Subject to Paragraph 1.e. above, the Damage to Premises Rented to You Limit set forth in Item 3 of the Declarations is the most we will pay under Coverage 1A for all **loss** because of **property damage** to any one premises, while rented to you, or in the case of damage by fire while rented to you or temporarily occupied by you with permission of the owner.

j. Medical Expense Limit

Subject to Paragraph 1.e. above, the Medical Expense Limit set forth in Item 3 of the Declarations is the most we will pay under Coverage 1C for all **loss** because of **bodily injury** sustained by any one person.

k. Part 2 Coverages – Special Pollution Coverages – Individual Coverage Limits

Subject to Paragraph 1.a. above, the applicable Coverage Limit set forth in Item 3 of the Declarations is the most we will pay for all **loss** under the applicable Part 2 – Special Pollution Coverage.

l. Part 2 Coverages – Special Pollution Coverages – Each Pollution Condition Limit

Subject to Paragraphs 1.a. and 1.k. above, the Each Pollution Condition Limit set forth in Item 3 of the Declarations is the most we will pay for all **loss** arising out of the same, related, continuous or repeated **pollution condition(s)**.

m. Coverage 3 – Professional Liability – Each Wrongful Act Limit

Subject to Paragraph 1.a. above, the Each Wrongful Act Limit set forth in Item 3 of the Declarations is the most we will pay under Coverage 3 for all **loss** arising out of the same, related, continuous or repeated **wrongful act(s)**.

B. All references in the Declarations and the Policy to Pollution Liability Aggregate Limit and Professional Liability Aggregate Limit are deleted.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.