ACORD	

CERTIFICATE OF LIABILITY INSURANCE

			ATE OF LIADILIT	1 111	SURANCI			4/3/2	017							
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMAT CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVEL	YAMEN	ID, EXT	TEND OR ALTER THE COVERAGE AF	FORDED B	Y THE POLICIES											
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT REPRESENTATIVEOR PRODUCER, AND THE CERTIFICATE			A CONTRACT BETWEEN THE ISSUIN	IG INSURE	R(S), AUTHORIZED	1										
IMPORTANT: If the certificateholder is an ADDITIONALINSUF			(ies)must be endorsed. If SUBROGATIO		D subject to											
the terms and conditions of the policy certain policies may requi certificate holder in lieu of such endorsement(s).																
PRODUCER				CONTACT NAME:	DINA A	THEY										
ISU INS SERV - BC ENV BROKE	RAG	ε		PHONE (A/C, No, E	Ext): (916)	939-1080	FAX (A/C, No):	(916)9	39-1085							
1037 Suncast Ln Ste 103				E-MAIL ADDRESS	i:											
El Dorado Hills, CA 95762			INSURER(S) AFFORDING COVERAGE			S COVERAGE NAIC#										
							SURANCE COMPANY 24856					INSURERA: ADMIRAL INSURANCE COMPANY 24				
SURED AMBIENT ENVIRONMENT	AMBIENT ENVIRONMENTAL, INC.				B: UNITED	FINANCIAI	L CASUALTY CO.		11770							
1464 SIXTH ST.				INSURER	c: STATE	COMPENS	ATION INS.FUND		35076							
NORCO, CA 92860				INSURER	D :											
				INSURER	E :											
				INSURER	F:											
			JMBER:				REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM																
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU																
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO		HAVE B	BEEN REDUCED BYPAID CLAIMS.		POLICY EFF	POLICY EXP	i									
R TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS								
X COMMERCIAL GENERAL LIABILITY		1					EACH OCCURRENCE DAMAGE TO RENTED	\$ 2 ,	000,000							
CLAIMS-MADE X OCCUR		1					PREMISES (Ea occurrence)	\$	50,000							
X CONT. POLLUTION		1	FEI-ECC-17100-03	}	08/29/16	08/29/17	MED EXP (Any one person)	\$	5,000							
							PERSONAL & ADV INJURY		000,000							
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	-	000,000							
POLICY X JECT LOC		1					PRODUCTS - COMP/OP AGG	-	000,000							
OTHER: AUTOMOBILE LIABILITY	<u> </u>	<u> </u>					COMBINED SINGLE LIMIT	\$	000 000							
— I		1					(Ea accident) BODILY INJURY (Per person)	s ⊥,	,000,000							
X ANYAUTO ALL OWNED SCHEDULED		1	01978135-4		12/26/16	12/26/17	BODILY INJURY (Per person) BODILY INJURY (Per accident)	s								
B AUTOS AUTOS NON-OWNED		1					PROPERTY DAMAGE	s								
X HIRED AUTOS X AUTOS		1					(Per accident)	s								
X PHY DAM UMBRELLA LIAB OCCUR	<u> </u>	\vdash				<u> </u>	EACH OCCURRENCE	s								
EXCESS LIAB CLAIMS-MADE							AGGREGATE	s								
DED RETENTION \$	1	1					ASONEONIE	s								
WORKERS COMPENSATION							X PER OTH- STATUTE ER	Ŷ								
AND EMPLOYERS'LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			1419632-17		04/01/17	04/01/18	E.L. EACH ACCIDENT	. 1.	000,000							
C OFFICER/MEMBER EXCLUDED? (Mandatoryin NH)	N/A						E.L. DISEASE - EA EMPLOYEE		000,000							
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		000,000							
PROFESSIONAL LIAB.		\square	FEI-ECC-17100-03	}		1			- 1							
A (CLAIMS MADE)			RETRO: 08/29/07		08/29/16	08/29/17	\$ 2,000,000 occ	URREN	CE							
							\$ 2,000,000 AGO									
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Ad	ditional R	emarks S	chedule, may be attached if more space is requir	red)	-	-	-									
E: MASTER SERVICE AGREEMENT																
HE COUNTY OF LOS ANGELES AN																
ITH RESPECT TO THE GENERAL				VER (OF SUBROO	GATION AP	PPLIES.									
BLANKET GL AND AUTO ENDORSE	MEN	TS	ATTACHED)													
ERTIFICATE HOLDER				CANCE	LLATION											
	E.C.			01101												
COUNTY OF LOS ANGELES							DLICIES BE CANCELLED BEFORE OTICE WILL BE DELIVERED IN	I								
DEPARTMENT OF PUBLIC WORKS ARCHITECTURAL ENGINEERING DIV.						POLICY PROVISIONS										
				<u> </u>												
900 S. FREMONT AVEN ALHAMBRA, CA 91803		01	п гы.	AUTHORIZ	ZED REPRESENTATI											
ALIANDAA, CA 3100.	•			1	In	INTA	ucide	su								
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CERTIFICATE OF LIABILITY INSURANCE

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THIS CERTIFICATEIS ISSUED AS A MATTER OF INFORMATIONONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATEHOLDER. 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									
REPRESENTATIVEOR PRODUCER, AND THE CERTIFICATE									
IMPORTANT: If the certificateholder is an ADDITIONALINSU	-		, ,						
the terms and conditions of the policy certain policies may requ	irean enc	dorseme	ent. A statementon thiscertificatedoes no	ot conferr	ights to the				
certificateholder in lieu of such endorsement(s).				CONTACT					
PRODUCER				NAME:	DINA A	THEY	EAV		
ISU INS SERV - BC ENV BROK	SRAG	i Ei		PHONE (A/C, No, I	Ext): (916)	939-1080	FAX (A/C, N	_{lo):} (916)9	39-1085
1037 Suncast Ln Ste 103				E-MAIL ADDRESS	š:				
El Dorado Hills, CA 95762					INS	URER(S) AFFORDING	COVERAGE		NAIC#
				INSURER		AL INSUR	ANCE COMPANY		24856
INSURED AMBIENT ENVIRONMENT	יאד.	TN	c	INSURER	TINTTEE		CASUALTY CO.		11770
1464 SIXTH ST.	,	TIM	C .		CTT A TTE	COMDENC	ATION INS.FUND		35076
				INSURER	0.	COMPENS	ATION INS.FOND	,	33070
NORCO, CA 92860				INSURER	D :				<u> </u>
				INSURER	E :				ļ
				INSURER	F:				
COVERAGES CERT	IFICA	<u>TE_N</u> L	JMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS									
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM									
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHO				REIN IS S	UBJECT TO ALL TH	IE TERMS,			
INCO		SUBR			POLICY EFF	POLICY EXP	1		
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	ł	LIMITS	
X COMMERCIAL GENERAL LIABILITY	1						EACH OCCURRENCE DAMAGE TO RENTED	\$ 2 ,	000,000
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	s	50,000
X CONT. POLLUTION							MED EXP (Any one person)	\$	5,000
A LIABILITY			FEI-ECC-17100-03		08/29/16	08/29/17	PERSONAL & ADV INJURY	s 2,	000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		000,000
									-
POLICY X JECT LOC							PRODUCTS - COMP/OP AGG		000,000
OTHER:							COMBINED SINGLE LIMIT	\$	
AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,	000,000
ΧΑΝΥΑυΤΟ			01078135 4		12/26/16	12/26/17	BODILY INJURY (Per person)	\$	
B ALL OWNED SCHEDULED AUTOS			01978135-4		12/20/10	12/20/1/	BODILY INJURY (Per accident)	\$	
X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	s	
X PHY DAM								s	
							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS'LIABILITY							X PER OT STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		1419632-17		04/01/17	04/01/18	E.L. EACH ACCIDENT	s 1,	000,000
C OFFICER/MEMBER EXCLUDED? (Mandatoryin NH)	N/A						E.L. DISEASE - EA EMPLOYEE	s 1,	000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	. 1,	000,000
PROFESSIONAL LIAB.	1	1	FEI-ECC-17100-03		İ	İ			
A (CLAIMS MADE)	1	I	RETRO: 08/29/07		08/29/16	08/29/17	\$ 2,000,000 0	איז ס ס זו׳׳׳׳	CE
A (CHAIND MADE)			KHIKO: 00/25/0/		00/20/20	00/20/1/			
<u> </u>	1	1					\$ 2,000,000 A	GGREGAT	<u>n</u>
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, AC					UT MOD THE	d IDD I I C C C			
RE: AS-NEEDED ENVIRONMENTAL				MO. ע	NTIORING	SERVICES)		
(RFP NO. AED7739959). CONTRA	ACT#	PW	15019						
COUNTY OF LOS ANGELES, ITS	SPEC	IAL	DISTRICTS, ELECT	ED O	FFICIALS	, OFFICER	S, AGENTS,		
EMPLOYEES, AND VOLUNTEERS H	AVE	BEE	N NAMED AS ADDITI	ONAL	INSURED	WITH RES	PECT TO THE		
GENERAL LIABILITY. WAIVER OF	F SU	BRO	GATION APPLIES.						
(BLANKET ENDORSEMENTS ATTAC	HED)								
CERTIFICATE HOLDER				CANCE	LLATION				
COUNTY OF LOS ANGE	LES						DLICIES BE CANCELLED BEFORE		
DEPARTMENT OF PUBLIC WORKS						TE THEREOF, NO POLICY PROVISIONS	OTICE WILL BE DELIVERED	IN	
900 SOUTH FREMONT	AVEN	ΠŪΕ		7000			•		
ALHAMBRA, CA 91803				AUTHOP	ZED REPRESENTATI	VE			
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					In	HATTAN	remore	Jah	
					angerer is	-unin			ACMO

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CERTIFICATE OF LIABILITY INSURANCE

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REPRESENTATIVEOR PRODUCER, AND THE CE											
IMPORTANT: If the certificateholder is an ADDITION the terms and conditions of the policy certain polici											
certificateholder in lieu of such endorsement(s).	,				- 3						
PRODUCER				CONTACT NAME:	DINA A	THEY					
ISU INS SERV - BC ENV		GE		PHONE (A/C, No, I	Ext): (916)	939-1080	FA) (A/C	x _{C,No):} (916)9	39-1085		
1037 Suncast Ln Ste 1				E-MAIL ADDRESS	3:						
El Dorado Hills, CA 95	762				INS	URER(S) AFFORDING	COVERAGE		NAIC#		
				INSURER			ANCE COMPANY		24856		
INSURED AMBIENT ENVIRO	AMBIENT ENVIRONMENTAL, INC.						INSURER B: UNITED FINANCIAL CASUALTY CO. 117				
1464 SIXTH ST.				INSURER	C: STATE	E COMPENSATION INS.FUND 35076					
NORCO, CA 9286	0			INSURER	D :						
				INSURER	E :						
				INSURER	F:						
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSU	CERTIFICA RANCE LISTED B					PERIOD	REVISION NUMBER:				
INDICATED. NOTWITHSTANDING ANY REQUIREME											
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.				EREIN IS S	UBJECT TO ALL TH	E TERMS,					
	ADDL	SUBR			POLICY EFF	POLICY EXP	1	LIMITS			
LTR I YPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE		000,000		
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 2,	50,000		
X CONT. POLLUTION							MED EXP (Any one person)	s	5,000		
A LIABILITY			FEI-ECC-17100-03	3	08/29/16	08/29/17	PERSONAL & ADV INJURY	s 2,	000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2,	000,000		
POLICY X PRO- JECT LOC	;						PRODUCTS - COMP/OPAGG	s 2,	000,000		
OTHER:								\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1 ,	000,000		
ΧΑΝΥΑυΤΟ			01978135-4		12/26/16	5 12/26/17	BODILY INJURY (Per person)	\$			
B ALL OWNED SCHEDULED AUTOS AUTOS			01970133 4		12/20/10		BODILY INJURY (Per accident)	\$			
X HIRED AUTOS X NON-OWNED AUTOS	J						PROPERTY DAMAGE (Per accident)	\$			
X PHY DAM		_						\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
CEANVIS	-MADE						AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION							X PER STATUTE	\$ OTH-			
	Y / N		1419632-17		04/01/17	04/01/18	E.L. EACH ACCIDENT	ER . 1,	000,000		
C OFFICER/MEMBER EXCLUDED? (Mandatoryin NH)	Y N/A						E.L. DISEASE - EA EMPLOYEE	÷ -	000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		000,000		
PROFESSIONAL LIAB.			FEI-ECC-17100-03	3							
A (CLAIMS MADE)			RETRO: 08/29/07		08/29/16	08/29/17	\$ 2,000,000	OCCURREN	CE		
							\$ 2,000,000	AGGREGAT	Е		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A											
RE: AS-NEEDED ENVIRONME	NTAL TE	STIN	G, INSPECTION, AN	ND MO.	NITORING	SERVICES	5				
(RFP NO. AED7739998).	דייר כייד	7 7 7 7		י רישיי	PRICINIC	OPPTOPT					
COUNTY OF LOS ANGELES, ITS SPECIAL DISTRICTS, ELECTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS HAVE BEEN NAMED AS ADDITIONAL INSURED WITH RESPECT TO THE											
GENERAL LIABILITY. WAIV				LOIVAL	INSURED	WIIN KES	PECI IO IHE				
(BLANKET ENDORSEMENTS A											
		-									
CERTIFICATE HOLDER				CANCE	ELLATION						
COUNTY OF LOS	ANGELES			SHOU	JLD ANY OF THE AB	OVE DESCRIBED PO	DLICIES BE CANCELLED BEFOR	RE			
DEPARTMENT OF		WORK	s	THE	EXPIRATION DAT	TE THEREOF, N	OTICE WILL BE DELIVER				
900 SOUTH FREE				ACCO	ORDANCE WITH THE	POLICY PROVISIONS	i.				
ALHAMBRA, CA S				AUTHORI	ZED REPRESENTATI	VE					
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