

EXCAVATION/ENCROACHMENT PERMIT REQUIREMENTS

A. Contractors/Developers

- Provide plans for plan check if required by Engineering.
- Provide insurance naming City of Gardena as additional insured. Policy shall provide:
 1. General Liability - \$500,000 minimum
 2. Automobile Liability
 3. Workers' Compensation

Note: Under cancellation, have provider cross out the statement "endeavor to" and "but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agent or representatives".

Or include the following:

"This policy cannot be canceled except upon ten days written notice to the City of Gardena".

- Sign and acknowledge indemnification statement .
- Provide surety (cash or bond) as determined by the Engineer
- Provide permit fees as determined by the Engineer
- Provide contractor's State license number as required by the Engineer and City business license number.
- Complete and sign permit application.

B. Owner/Builder

- Provide copy of homeowner's insurance policy.
- Sign and acknowledge indemnification statement.
- Provide surety as determined by the Engineer
- Provide permit fees as determined by the Engineer.
- Complete and sign permit application.
(If homeowner, complete and sign Workers' Compensation waiver form).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/14/2015

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 [REDACTED] 7001 Wilshire Blvd # 200 Los Angeles CA 90010		CONTACT NAME: SOPHIE PARK PHONE (A/C, No, Ext): (213) 383-6100 FAX (A/C, No): (213) 386-5834 E-MAIL ADDRESS: anna@goins79.com	
INSURED [REDACTED] [REDACTED] SIERRA MADRE CA 91025		INSURER(S) AFFORDING COVERAGE	
		INSURER A: AMTRUST INTERNATIONAL UNDERWRITERS LTI	NAIC # AA-1780074
		INSURER B: STATE COMPENSATION INSURANCE FUND	35076
		INSURER C: FINANCIAL INDEMNITY COMPANY	19852
		INSURER D: NATIONAL UNION FIRE INSURANCE COMPANY	19445
		INSURER E:	
		INSURER F:	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	[REDACTED]	08/15/2015	08/15/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	Y	[REDACTED]	09/12/2015	09/12/2016	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	[REDACTED]	07/22/2015	10/29/2015	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	[REDACTED]	12/10/2014	12/10/2015	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

CITY OF GARDENA IS NAMED AS ADDITIONAL INSURED. THIS POLICY CANNOT BE CANCELED EXCEPT UPON TEN DAYS WRITTEN NOTICE TO THE CITY OF GARDENA.
 RE: 15400 S WESTERN AVE GARDENA CA 90249

CERTIFICATE HOLDER CITY OF GARDENA 1717 WEST 162ND ST GARDENA CA 90247	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
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ACORD 25 (2010/05)

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