

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/9/2015

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		CONTACT NAME: Sharon McNay		
Nickerson Insurance Se	ervices, Inc.	PHONE (A/C, No. Ext): (310)326-6333	FAX (A/C, No): (310)3	26-5416
LIC #0491589		E-MAIL ADDRESS:		
2106 West Lomita Blvd	•	INSURER(S) AFFORDIN	NAIC #	
Lomita C.	A 90717	INSURER A :American States	Ins Company	19704
INSURED		INSURER B:		
Metropolitan Neighborh	nood Gardens and Farms,	INSURER C :		
DBA: Metro Farms Inc		INSURER D :		
1943 Monon Street		INSURER E :		
Los Angeles C.	A 90027-3201	INSURER F:		
COVEDACES	CERTIFICATE NUMBER 15 OF	DE	VICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: 15-16 GL 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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP									
LTR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	GEN	NERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	Х	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
A		CLAIMS-MADE X OCCUR	х		01CI72738830	8/30/2015	8/30/2016	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	3,000,000
	x	POLICY PRO- JECT LOC							\$	
	_	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							WC STATU- OTH- TORY LIMITS ER		
			N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		117.7					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is hereby automatic Additional Insured/Landlord in respect to covered location:
Hermosa Beach Community Garden, 425 Valley Drive, Hermosa Beach, Ca. 90254 per Liberty Mutual Liability
Plus CG7635-02/07; Non-Profit Insurplus IL0056-01/11 when required by written executable contract

CERTIFICATE HOLDER	CANCELLATION			
sburrell@hermosabch.org City of Hermosa Beach Steve Burrell, City Manager	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
1315 Valley Dr. Hermosa Beach, CA 90254	AUTHORIZED REPRESENTATIVE			
	Sarah Kelly/DMP Sarah Selly			