

AGREEMENT BIBLIOGRAPHY

Agreement With:	B&D Towing, Inc. dba Balcaceres Towing
Agreement Type:	To provide towing services on an on-call basis
Date Approved:	10 04 2016
Start Date:	10 04 2016
End Date:	01 27 2018
Contract Amount:	N/A
Comments	File No. 55 Amendment No. 1 Police Department
Insurance Expiration:	07 19 2017
Date Archived:	ARCHIVED 10/06/2016



**CITY OF GARDEN GROVE
OFFICE OF THE CITY CLERK**

*Safeguard all official records of the City.
Conduct municipal elections and oversee legislative administration.
Provide reliable, accurate, and timely information to the
City Council, staff, and the general public.*

Bao Nguyen
Mayor

Steven R. Jones
Mayor Pro Tem

Christopher V. Phan
Council Member

Phat Bui
Council Member

Kris Beard
Council Member

October 6, 2016

B&D Towing Inc.
dba Balcaceres Towing
1502 N. Susan Street
Santa Ana, CA 92703

Enclosed is a copy of Amendment No. 1 to the Agreement by and between the City of Garden Grove and B&D Towing to provide towing services on an on-call basis for the City of Garden Grove Police Department.

Sincerely,

Kathleen Bailor, CMC
City Clerk

By: 
Teresa Pomeroy, CMC
Deputy City Clerk

Enclosure

c: Finance Department
Finance Department/Purchasing
Police Department

**CITY OF GARDEN GROVE
AMENDMENT NO. 1**

To: Professional Services Agreement to Provide Police Rotational Towing and Storage Services to the City of Garden Grove on an On-Call Basis.

This Amendment No. 1 to Professional Services Agreement to Provide Police Rotational Towing and Storage Services to the City of Garden Grove on an On-Call Basis., is made and entered into this 4th day of October 2016, by and between the **CITY OF GARDEN GROVE**, hereinafter referred to as "CITY", and **B & D Towing Inc., dba Balcaceres and Davalos Towing** hereinafter referred to as "CONTRACTOR".

RECITALS

WHEREAS, CONTRACTOR and CITY are parties to that certain Professional Services Agreement entered into on January 28, 2014 , pursuant to which CONTRACTOR agreed provide towing and storage services an on-call basis for the City of Garden Grove (the "Agreement"); and

WHEREAS, CONTRACTOR and CITY desire to amend the Agreement to extend the Term through January 27, 2018 as provided herein.

Now, therefore, it is mutually agreed, by and between the parties as follows:

1. Extension of Term

The Term of the Agreement shall be extended through January 27, 2018.

IN WITNESS WHEREOF, the parties have caused this Amendment No. 1 to the Agreement to be executed by their respective officers duly authorized on the date first written above.

Date: ~~09/13/2016~~
10/3/16

"CITY"
CITY OF GARDEN GROVE

By: [Signature]
City Manager

ATTESTED:

[Signature]
City Clerk

Date: 10/4/14

"CONTRACTOR"
B & D Towing Inc., dba Balcaceres and
Davalos Towing

By: [Signature]

Name: EFRAIN DAVALOS JR.

Title: PRESIDENT

Date: 09/13/16

If CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to CITY.

APPROVED AS TO FORM:

[Signature]
Garden Grove City Attorney

9-20-16
Date

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/23/2016

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 CENTERPOINTE INSURANCE SERVICES, LTD CALIFORNIA LICENSE #0735759 807-B CAMARILLO SPRINGS RD. CAMARILLO, CA 93012 <i>Cecilia Urcan</i> 800-451-8760 x120 805-384-1166 x120 CeciliaU@cpins.com	CONTACT NAME: MARION URCAN PHONE (A/C No. Ext): 805-384-1166 FAX (A/C No): 805-384-8036 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: NATIONWIDE MUTUAL INS. CO NAIC # 23787 INSURER B: TOPA INSURANCE COMPANY 18031 INSURER C: INSURER D: INSURER E: INSURER F:
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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	ADCL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ACP 7836214975	07/19/2016	07/19/2017	EACH OCCURRENCE \$ 1,000,000 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/PROP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ACP 7836214975	07/19/2016	07/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			EXCESS POLICY TO FOLLOW FORM. ON ADDITIONAL INSURED IN RESPECTS TO LIABILITY XL6602203-06	07/19/2016	07/19/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	ON-HOOK GARAGEKEEPERS CARGO			ACP 7836214975	07/19/2016	07/19/2017	1,200,000/150k PER VEH SCH. 1,000 DED 1,200,000/150K PER LOC LIST 1,000 DED. 100,000/1,000 DEDUCTIBLE

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

THE CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND VOLUNTEERS IS ADDED AS ADDITIONAL INSURED. GARAGEKEEPERS LEGAL LIABILITY - LOC 1) 1502 N. SUSAN ST., SANTA ANA, CA -\$1,200,000 LIMIT; LOC 2) 1424 N. SUSAN ST. #F, SANTA ANA, CA 92703-1405-\$150,000 LIMIT; LOC 3) 1424 N. SUSAN ST. C&D SANTA ANA, CA 92703-1405-\$1, 101 FORM ATTACHED. GARAGE LIABILITY, GARAGE KEEPERS, AND THE ON-HOOK COVERAGE PARTS FALL UNDER THE GENERAL LIABILITY POLICY.

CERTIFICATE HOLDER CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS EMPLOYEES, AGENTS AND VOLUNTEERS 11222 ACACIA PARKWAY, ROOM 220 GARDEN GROVE, CA 92840	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Reviewed and approved as to insurance language and/or requirements.

 Risk Management
 9/26/16

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY Centerpointe Insurance Services, Ltd.		NAMED INSURED	
POLICY NUMBER ACP 7836214975/XL660220306		B & D TOWING, INC. 1502 N SUSAN STREET SANTA ANA, CA. 92703	
CARRIER NATIONWIDE MUTUAL INS. CO./TOPA INS. CO.	NAIC CODE 23787/18031	EFFECTIVE DATE: 07/19/2016	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: **25** FORM TITLE: **Certificate of Liability Insurance**

For compliance reasons, the attached document includes:

1. 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, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
2. Should any of the above described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

B) EXCESS POLICY IS FOLLOWING FORM

CARGO LIMIT \$ 100,000/\$1,000 DEDUCT.

GARAGEKEEPERS LEGAL LIABILITY

- LOC 1) 1502 N. SUSAN ST., SANTA ANA, CA - \$1,200,000 LIMIT
- LOC 2) 1424 N. SUSAN ST., #F, SANTA ANA, CA 92703-1405 - \$150,000 LIMIT
- LOC 3) 1424 N. SUSAN ST., #C&D SANTA ANA, CA 92703-1405 - \$150,000 LIMIT

POLICY NUMBER: ACP 7836214975 ✓

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND
VOLUNTEERS
11222 ACACIA PARKWAY ROOM 220
GARDEN GROVE, CA 92840

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

Reviewed and approved as to insurance language
and/or requirements.

Heidi M. Jany
Risk Management
9-20-16

POLICY NUMBER: ACP 7836214975 ✓

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

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:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

**Name Of Additional Insured Person(s)
Or Organization(s):**

**Location And Description Of Completed
Operations**

all applicable locations

CITY OF GARDEN GROVE, ITS OFFICERS,
OFFICIALS, EMPLOYEES, AGENTS & VOLUNTEERS.

ANY AND ALL LOCATIONS AS RESPECTS
THE INTERESTS OF THE CITY OF GARDEN GROVE,

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" 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".

Reviewed and approved as to insurance language
and/or requirements.

Neidi on Jay
Risk Management
9-26-16

POLICY NUMBER: ACP 7836214975 ✓

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY

PRIMARY AND NON-CONTRIBUTING INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM

The following is added to SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS,
Paragraph 4:

Section IV: Commercial General Liability Conditions

4. Other Insurance:

Notwithstanding the provisions of sub-paragraphs a, b, and c of this paragraph 4, with respect to the Third Party as defined below, it is understood and agreed that in the event of a claim or "suit" arising out of the Named Insured's negligence, this insurance shall be primary and any other insurance maintained by the additional insured named as the Third Party below shall be excess and non-contributory.

This endorsement applies only to those third parties required to be named as an Additional Insured as Primary and Non-Contributory coverage specified in a written contract with the Named Insured under this policy, entered into prior to the "loss" or "occurrence".

The Third Party to whom this endorsement applies is:

City of Garden Grove, its officers, officials, employees, agents, and volunteers

11222 Acacia Parkway Room 220

Garden Grove, CA 92840

All other terms, conditions and exclusions under this policy remain unchanged.

Reviewed and approved as to insurance language
and/or requirements.

William Jay
Risk Management
9-26-16

POLICY NUMBER: ACP 7836214975 ✓

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND VOLUNTEERS

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV - Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

All terms and conditions of this policy apply unless modified by this endorsement.

POLICY NUMBER: ACP 7836214975 ✓

COMMERCIAL AUTO
CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

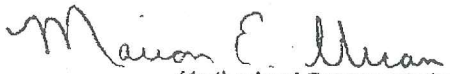
This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 07/19/2016-07/19/2017	Countersigned By:  (Authorized Representative)
Named Insured: B & D TOWING, INC - DBA: BALCACERES & DAVALOS TOWING	

SCHEDULE

Name of Person(s) or Organization(s): CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND VOLUNTEERS 11222 ACACIA PARKWAY 220, GARDEN GROVE, CA 92840
--

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE

Name of Person(s) or Organization(s):

CITY OF GARDEN GROVE, ITS OFFICERS EMPLOYEES AND AGENTS

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

A. **Who Is An Insured for COVERED AUTOS LIABILITY COVERAGE** is amended to include as an "insured" for Covered Autos Liability Coverage:

Each person or organization shown in the Schedule, but only to the extent that person or organization qualifies as an "insured". The "accident" must arise out of ongoing operations performed for the Named Insured.

B. **Changes in CONDITIONS**

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary and will not seek contribution from any other insurance available to the person or organization named in the Schedule under your policy provided that:

- (1) The person or organization is a Named insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to them.

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Page 1 of 1

ACP BA 78-3-6214975 ✓ LI2U 16259

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Reviewed and approved as to insurance language
and/or requirements.

William Jay
Risk Management
9-26-16

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

CITY OF GARDEN GROVE
ITS OFFICERS EMPLOYEES AND AGENTS

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

All terms and conditions of this policy apply unless modified by this endorsement.

Reviewed and approved as to insurance language
and/or requirements.

Heidi M. Jay
Risk Management
9-26-16

CA 04 44 03 10

© Insurance Services Office, Inc., 2009

Page 1 of 1

ACP BA 78-3-6214975 ✓

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16259

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78 0009176

EXCESS LIABILITY POLICY



24025 Park Sorrento, Suite 300, Calabasas, CA 91302-1389 Telephone: (818) 466-5900 www.topa-ins.com

In consideration of the stipulation herein named and of the premium hereinafter stated, the Company does insure this:

Policy Number: **XL - 6602203-06**

DECLARATIONS

RENEWAL OF: XL 6602203-05

Item 1.

Named Insured: **B & D TOWING, INC.
DBA: BALCACERES & DAVALOS TOWING**

Address: **1502 N. SUSAN ST.
SANTA ANA, CA 92707**

Named Insured is: Individual Corporation Limited Liability Company
 Partnership / J. V. Other

Producer's Name, Address & Zip Code: **RPS/ LEMAC
5900 WILSHIRE BLVD., #520
LOS ANGELES, CA 90036**

The operation of the Insured is: **VEHICLE TOWING & STORAGE**

Item 2. Policy Period: (Mo, Day, Yr.) From: **07/19/2016** To: **07/19/2017** Term: **One Year**
12:01 A.M. standard time at the time the address of the **Named Insured** as stated herein.

Item 3. Premium **\$8,115** CIGA **N/A** Limited Terrorism Coverage **\$N/A**
Audit Period: Annual, unless otherwise stated. **N/A**
Adjustable at: Flat Rate

Item 4. Description of Coverage: **Following Form Excess Commercial General Liability, Automobile Liability**

Item 5. Limit of Liability: (applicable only where designated)

<input checked="" type="checkbox"/>	\$4,000,000	Each Occurrence
	\$4,000,000	Aggregate, (see definitions)

each in excess of limits shown in the Schedule of Underlying Insurance, whether collectible or not, plus the applicable limits of any other insurance policy(ies) at or below the level of said Underlying Insurance, whether collectible or not, after such limits are fully used and exhausted solely by payment of claims.

<input type="checkbox"/>	Difference between	\$	Each Occurrence
		\$	Aggregate, (see definitions)

and the limits shown in the Schedule of Underlying Insurance.

Other - As per attached endorsement number:

Item 6. **SCHEDULE OF UNDERLYING INSURANCE**

See Extension Schedule Attached

Endorsements: **SEE FORM CTPFE**

Retroactive Date (if applicable): **N/A**

This policy is made and accepted subject to the foregoing provisions and stipulations and those hereinafter stated, which are hereby made a part of this policy, together with any other provisions, stipulations and agreements as may be added hereto, as provided in this policy.

Date of Issue: **07/20/2016**

XL-1(Rev 09/09)

Authorized Representative

To Report a Loss

- Dial toll-free #1 (844)777-8323 or visit our
- Website: <https://my.rpsins.com/claimsfnol>
- Contact Insurer directly (see policy section)

RPSLOSA/SC/2016.08.05

Handwritten: 9-26-16

Extension Schedule

Item 6. SCHEDULE OF UNDERLYING INSURANCE		
Type of Coverage	Insurer/Policy Period	Limits or Amount of Insurance
General Liability	NATIONWIDE MUTUAL Policy Term: 07/19/2016 TO 07/19/2017 Policy Number: ON FILE WITH COMPANY	\$1,000,000 Each Occurrence \$2,000,000 General Aggregate \$2,000,000 Products - Completed Operations Aggregate
Automobile Liability	NATIONWIDE MUTUAL Policy Term: 07/19/2016 TO 07/19/2017 Policy Number: ON FILE WITH COMPANY	\$1,000,000 BI/PD CSL Each Accident or Occurrence

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

TOPA INSURANCE COMPANY

ATTACHED TO AND FORMING PART OF: XL - 6602203-06

ISSUED TO: BALCACERES & DAVALOS TOWING

BY



EFFECTIVE: 7/19/16

XL1 01/12



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2016

GROUP:
POLICY NUMBER: 1943071-2016
CERTIFICATE ID: 2
CERTIFICATE EXPIRES: 10-01-2017
10-01-2016/10-01-2017

CITY OF GARDEN GROVE
11222 ACACIA PKWY
GARDEN GROVE CA 92840-5208

SP

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2015-10-12 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED:
CITY OF GARDEN GROVE

EMPLOYER

REAL FENCING, INC. (A NON-PROFIT MUTUAL BEN. CORP) DBA: SOUTH COAST FENCING CENTER
3518 W LAKE CENTER DR STE C
SANTA ANA CA 92704

Reviewed and approved as to insurance language and/or requirements.

9-20-16
Risk Management

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the schedule.

The additional premium for this endorsement shall be 5% of the California Workers' Compensation premium otherwise due on such remuneration, subject to a minimum premium of \$50.00.

Schedule

Person or Organization	Job Description
City of Garden Grove 11301 Acacia Parkway Garden Grove CA 92840	Re: Towing

Reviewed and approved as to insurance language
and/or requirements.

William Jay
Risk Management
9-26-16

Policy Number: WSD 5024711 02

Insured: B & D Towing Inc

Endorsement Effective: 10/1/15

Coverage Provided by: Insurance Company of the West

Issue Date: 10/1/15

Countersigned by:

2016-2017 Work Comp. Renewal.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KA

DATE (MM/DD/YYYY)

09/21/2016

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 Rubin Insurance Agency Inc. CA#0645355 6363 Greenwich Dr, #120 San Diego, CA 92122 Michael Rubin	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #:	B&DTO-1	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Insurance Company of the West <i>A-XI</i>	27847
INSURER B:			
INSURER C:			
INSURER D:			
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (PER ACCIDENT)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WSD5024711 03	10/01/2016	10/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							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)
Proof of insurance. Waiver of subrogation endorsement WC990637(0502) attached.

CERTIFICATE HOLDER **CANCELLATION**

CITY020 City of Garden Grove 11301 Acacia Parkway Garden Grove, CA 92840	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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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT .CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the schedule.

The additional premium for this endorsement shall be 5% of the California Workers' Compensation premium otherwise due on such remuneration, subject to a minimum premium of \$50.00.

Schedule

Person or Organization	Job Description
City of Garden Grove 11301 Acacia Parkway Garden Grove CA 92840	Re: Towing

Policy Number: WSD 5024711 03

Insured: B & D Towing Inc

Endorsement Effective: 10/1/16

Coverage Provided by: Insurance Company of the West

Issue Date: 9/15/16

Countersigned by: