

## AGREEMENT BIBLIOGRAPHY

Agreement With:	Cron & Associates Transcription, Inc.
Agreement Type:	Transcription services for the Garden Grove Police Department
Date Approved:	04 21 2016
Start Date:	04 01 2016
End Date:	03 31 2018
Contract Amount:	\$260,000
Comments	Amendment No. 1 Police Department
Insurance Expiration:	04 11 2017
Date Archived:	<b>ARCHIVED 04/26/2016</b>



**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

April 26, 2016

Cron & Associates Transcription, Inc.  
10352 Miralago Place  
Santa Ana, CA 92705

Attention: Cristine Cron, President

Enclosed is a copy of Amendment No. 1 to the Agreement by and between the City of Garden Grove and Cron & Associates Transcription, Inc., to provide transcription services for the 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

### **FOR: Provide Transcription Services for the Records Department at the City of Garden Grove Police Department.**

This Amendment No. 1 to Contract is made and entered into this 21<sup>st</sup> day of April, 2016, by and between the City of Garden Grove, hereinafter referred to as the "CITY", and **Cron & Associates Transcription Inc.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract No. 153655 effective April 1, 2015, and;

WHEREAS, Contractor and CITY desire to amend the Existing Contract as provided herein.

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

Section 1, Term and Termination, shall be revised as follows:

The CITY hereby extends the performance period from April 1, 2016 to March 31 2018.

Section 3.1, Compensation, shall be revised as follows:

The contract Amount is hereby increased from \$130,000.00 to a new Not to Exceed Amount of \$390,000.00. This is an increase of \$260,000.00 to exercise the first two option years of the contract.

Section 4.0. INSURANCE - shall be revised as follows:

- 4.1 COMMENCEMENT OF WORK. CONTRACTOR shall not commence work under this Agreement until all certificates and endorsements have been received and approved by the CITY. All insurance required by this Agreement shall contain a Statement of Obligation on the part of the carrier to notify the CITY of any material change, cancellation, or termination at least thirty (30) days in advance.
- 4.2 WORKERS COMPENSATION INSURANCE. During the duration of this Agreement, CONTRACTOR and all subcontractors shall maintain Workers Compensation Insurance in the amount and type required by law, if applicable.

4.3 INSURANCE AMOUNTS. CONTRACTOR shall maintain the following insurance for the duration of this Agreement:

- (a) Commercial general liability in an amount of \$1,000,000.00 per occurrence (**claims made and modified occurrence policies are not acceptable**); Insurance companies must be acceptable to CITY and have a Best's Guide Rating of A-, Class VII or better, as approved by the CITY.
- (b) Automobile liability in an amount of \$1,000,000.00 combined single limit (**claims made and modified occurrence policies are not acceptable**); Insurance companies must be acceptable to CITY and have a Best's Guide Rating of A-, Class VII or better, as approved by the CITY.
- (c) Professional liability in an amount not less than \$1,000,000. Insurance companies must be admitted and licensed In California and have a Best's Guide Rating of A-, Class VII or better, as approved by the City. If the policy is written on a "claims made" basis, the policy shall be continued in full force and effect at all times during the term of the agreement, and for a period of three (3) years from the date of the completion of services provided. In the event of termination, cancellation, or material change in the policy, professional/consultant shall obtain continuing insurance coverage for the prior acts or omissions of professional/consultant during the course of performing services under the term of the agreement. The coverage shall be evidenced either by a new policy evidencing no gap in coverage, or by obtaining separate extended "tail" coverage with the present or new carrier

An **On-Going and Completed Operations Additional Insured Endorsement** for the policy under section 4.3 (a) shall designate CITY, it's officers, officials, employees, agents, and volunteers as additional insureds for liability arising out of work or operations performed by or on behalf of the CONTRACTOR. CONTRACTOR shall provide to CITY proof of insurance and endorsement forms that conform to CITY's requirements, as approved by the CITY.

An Additional Insured Endorsement for the policy under section 4.3 (b) shall designate CITY, it's officers, officials, employees, agents, and volunteers as additional insureds for automobiles, owned, leased, hired, or borrowed by the CONTRACTOR. CONTRACTOR shall provide to CITY proof of insurance and endorsement forms that conform to CITY's requirements, as approved by the CITY.

For any claims related to this Agreement, CONTRACTOR's insurance coverage shall be primary insurance as respects CITY, it's officers, officials, employees, agents, and volunteers. Any insurance or self-insurance maintained by the CITY, it's officers, officials, employees, agents, and volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.

*If CONTRACTOR maintains higher insurance limits than the minimums shown above, CONTRACTOR shall provide coverage for the higher insurance limits otherwise maintained by the CONTRACTOR.*

Except as expressly amended hereby, the Existing Contract remains in full force and effect as originally executed.

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

Date: 4/21/16

**"CITY"**  
**CITY OF GARDEN GROVE**

By: [Signature]  
**City Manager**

**ATTESTED:**

[Signature]  
**City Clerk**

Date: April 25, 2016

**"CONTRACTOR"**  
**Cron & Associates**  
**Transcription Inc.,**

By: [Signature]  
Name: Cristine M. Cron  
Title: President  
Date: 4.12.16

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

4-19-16  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/12/2016

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).

<b>PRODUCER</b> Ken La Tourette, Lic #0A88911 <i>Ken La Tourette</i> State Farm Insurance State Farm 1032 Irvine Blvd Tustin, CA 92780		<b>CONTACT NAME:</b> Ken La Tourette, <b>PHONE (A/C, No, Ext):</b> (714) 544-6730 <b>FAX (A/C, No):</b> (714) 544-6730 <b>E-MAIL ADDRESS:</b> ken@kenlatourette.net	
<b>INSURED</b> CRON & ASSOCIATES TRANSCRIPTION INC 10352 MIRALAGO PL <i>Cris cron</i> SANTA ANA, CA 92705 <i>714-573-7172</i> <i>Cris@crontranscription.com</i>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <i>Att, XV</i> NAIC # 25178 <b>INSURER B:</b> State Farm General Insurance Company <i>A, XV</i> 25151 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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
B	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			92-D7-3148-5 G	04/11/2016	04/11/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			V53 5148-F23-75R	12/23/2015	06/23/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Vehicle Description:  
13 FORD EXPLORER SPORT  
VIN: 1FM5K8GT5DGB44442

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

*Heidi M. Jay*  
Risk Management  
4-20-16

<b>CERTIFICATE HOLDER</b> City of Garden Grove 11222 Acacia Pkwy Garden Grove, CA 92840	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> <i>Ken La Tourette</i>

Policy No.: 92-D73148-5 ✓

FE-6609

**SECTION II ADDITIONAL INSURED ENDORSEMENT**



Policy No.: 92-D73148-5

Named Insured: CRON & ASSOCIATES TRANSCRIPTION SERVICES

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**Additional Insured (include address):**

CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES,  
AGENTS AND VOLUNTEERS  
11222 ACACIA PARKWAY  
GARDEN GROVE, CA 92840

**WHO IS AN INSURED**, under SECTION II DESIGNATION OF INSURED, is amended to include as an insured the Additional Insured shown above, but only to the extent that liability is imposed on that Additional Insured solely because of **your work** performed for that Additional Insured shown above.

Any insurance provided to the Additional Insured shall only apply with respect to a claim made or a suit brought for damages for which you are provided coverage.

The Primary Insurance coverage below applies only when there is an "X" in the box.

- Primary Insurance.** The insurance provided to the Additional Insured shown above shall be primary insurance. Any insurance carried by the Additional Insured shall be noncontributory with respect to coverage provided to you.

All other policy provisions apply.

Reviewed and approved as to insurance language  
and/or requirements.  
*Heidi M. Jay*  
Risk Management  
A-20-16

FE-6609

Printed in U.S.A.





STATE FARM INSURANCE COMPANIES®

900 Old River Road  
Bakersfield CA 93311-9501

DATE OF NOTICE: JUN 24 2013  
CODE:

AT1                    23                    276A                    A

001100 0093  
THE CITY OF GARDEN GROVE  
C/O HEIDI JANZ RISK  
MANAGEMENTPO BOX 3070  
GARDEN GROVE CA 92842-3070

NOTE: PLEASE NOTIFY STATE FARM AT THE  
ADDRESS LISTED AT THE TOP, LEFT CORNER  
OF THIS PAGE REGARDING ANY CHANGE OF  
ADDRESS INFORMATION.



0101-ST-00808

ADDITIONAL INSURED'S NOTICE OF COVERAGE

State Farm Mutual Automobile Insurance Company

8906-FAC+M

**NAMED INSURED:**  
CRON, LARRY & CHRISTINE &  
CRON & ASSOCIATES  
TRANSCRIPTION INC  
10352 MIRALAGO PL  
SANTA ANA CA 92705-2559

**POLICY NO:** V53 5148-F23-75R  
**YR/MAKE/MODEL:** 2013 FORD SPORT WG  
**VIN/CAMPER:** 1FM5K8GT5DGB44442  
**AGENT NAME:** KEN LATOURETTE  
**AGENT PHONE:** (714)544-3779  
**ENDORSEMENT NO:** 6028BU

**COVERAGE:**  
BI AND PD LIABILITY  
\$ 1 MIL  
\$250 DED. COMP.  
\$250 DED. COLL.

**POLICY EFFECTIVE**  
JUN 23 2013 UNTIL TERMINATED

**POLICY MESSAGES:** This policy shown above supersedes policy# V535148-75Q.  
The policy includes a loss payable clause protecting the additional insured's interest in the described car to the extent of the insurance provided and subject to all policy provisions. The additional insured will be given 20 days notice if the policy is terminated until such notice is provided, it shall be presumed that the required renewal premiums have been paid. The additional insured must notify us within 10 days of any change of interest or ownership coming to their attention. Failure to do so will render this policy null and void.

130-5235.7 (e0821e) Rev. 11-2004

FRT

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

*Heidi M. Jay*  
Risk Management  
4-20-16

4/13/16 Received e-mail from Ken  
Latourette confirming policy  
is in effect w/ 2013 Sport Wgn.

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

*Heidi M. Jay*  
Risk Management  
3-23-15

Zimbra

heidij@ci.garden-grove.ca.us

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**RE: Insurance for Cron & Associates**

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**From :** Ken LaTourette  
<ken.latourette.c5dp@statefarm.com>

Wed, Apr 13, 2016 03:01 PM

**Subject :** RE: Insurance for Cron & Associates

**To :** Heidi Janz <heidij@ci.garden-grove.ca.us>

**Cc :** Leticia Serrato  
<leticia.serrato.i96f@statefarm.com>

Hi Heidi,

I can confirm that we still have the 2013 Ford Explorer insured, Chris is the driver and the VIN matches our file. If you need anything else please contact Letty via email and she can get you the information.

Best Regards,

Ken 714-544-3779

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**From:** Heidi Janz [mailto:heidij@ci.garden-grove.ca.us]

**Sent:** Wednesday, April 13, 2016 2:52 PM

**To:** ken@kenlatourette.net

**Subject:** Insurance for Cron & Associates

Hi Ken,

I have a contract for Cron & Associates that is a high priority for the City. I received the insurance information you sent over. Thank you.

I have a notice of coverage on file for the auto policy. Can I confirm with you that the vehicle is still valid? Does Chris still drive the 2013 Ford Sport Wagon, VIN 1FM5K8GT5DGB44442?

Thank You,

Heidi

**Heidi Janz**

✓ #  
4-20-16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2016

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).

<b>PRODUCER</b> George Hatzidakis Yorba Linda Insurance Services, Inc. P.O. BOX 661 Yorba Linda CA 92781	<b>CONTACT</b> George Hatzidakis NAME: PHONE (714) 777-8388 x226 (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: USLI <i>A+, X</i> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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**INSURED**  
 Cron & Associates  
 16352 Miralago Place  
 Santa Ana  
 CA 92705  
*Cris Cron*  
*714-573-7172*  
*Cris@crontranscription.com*

**COVERAGES**      **CERTIFICATE NUMBER:** CL161800937      **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
	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> GE <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$  PERSONAL & ADV INJURY \$  GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$  \$
	<b>AUTOMOBILE LIABILITY</b>  <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) \$  \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$			Reviewed and approved as to insurance language and/or requirements. <i>Heidi M. Jay</i> Risk Management 4-20-16			EACH OCCURRENCE \$  AGGREGATE \$  \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y / N  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A				PER STATUTE    OTHER E.L. EACH ACCIDENT \$

	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability	X	SP1561347	10/24/15	10/24/16	\$1,000,000 occ	\$2,000,000 agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) See attached Additional Insured endorsement #MSP224

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

*Heidi M. Jay*  
Risk Management  
and page 9 cert.  
4-20-16

**CERTIFICATE HOLDER**

**CANCELLATION**

<b>City of Garden Grove, Attn: Risk Management 11222 Acacia Pkwy. Garden Grove, CA 92840</b>	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 George Hatzidakis

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ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD INS025 (201401)

UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA

This endorsement modifies insurance provided under the following:

MICRO PRO PROFESSIONAL LIABILITY COVERAGE FORM

ADDITIONAL INSURED ENDORSEMENT

In consideration of the premium paid, it is agreed that the following is added as an Additional Insured, but only as respect Claims arising out of any Wrongful Act(s) in the rendering or failure to render Professional Services by the Named Insured specified in Item I. of the Declarations.

Effective Date: 10/24/2015  
City of Garden Grove  
Attr: Risk Management  
11222 Acacia Pkwy  
Garden Grove, CA 92840

10352 Miralago Place  
Santa Ana, CA 92705

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

*Heidi M. Jay*  
Risk Management  
4-20-16

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of the Insured's Policy and takes effect on the effective date of the Insured's Policy unless another effective date is shown.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/10/2015

PRODUCER (714)821-4340 FAX (714)821-6958  
Landmark Insurance Agency  
5406 Lincoln Avenue  
Box 766  
Fresno, CA 96630

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Cron & Associates Transcription, Inc.  
DBA: Cron Transcriptions & Associates  
10352 Miralago Place  
North Tustin, CA 92705  
*Cris Cron*  
*714-573-7172*  
*cris@crontranscription.com*

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	State Compensation Ins. Fund	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR (ADD'L LTR)	INSRT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
		<b>GENERAL LIABILITY</b> <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"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
						GENERAL AGGREGATE	\$	
						PRODUCTS - COM/OP AGG	\$	
		<b>AUTOMOBILE LIABILITY</b> <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)	\$	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$	
						OTHER THAN AUTO ONLY: EA ACC	\$	
						AGG	\$	
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$	
						AGGREGATE	\$	
							\$	
							\$	
							\$	
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1877500-2015	08/01/2015	08/01/2016	X	WG STATU-TORY LIMITS	
							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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
ALL OPERATIONS USUAL TO THE INSURED AS COVERED BY THESE POLICIES.

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

*Heidi M. Jay*  
Risk Management  
4-20-16

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF GARDEN  
11222 ACACIA PARKWAY  
GARDEN GROVE, CA 92840

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Adriana Fenton*