



# 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.*

February 7, 2018

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

Attention: Cristine Cron, President

Enclosed is a copy of Amendment No. 2 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,

Teresa Pomeroy, CMC  
City Clerk

By:   
Liz Vasquez  
Deputy City Clerk

Enclosure

c: Finance Department  
Finance Department/Purchasing  
Police Department

**Steven R. Jones**  
Mayor

**Kris Beard**  
Mayor Pro Tem - District 1

**John R. O'Neill**  
Council Member - District 2

**Thu-Ha Nguyen**  
Council Member - District 3

**Patrick Phat Bui**  
Council Member - District 4

**Stephanie Klopfenstein**  
Council Member - District 5

**Kim Bernice Nguyen**  
Council Member - District 6

# City of Garden Grove

## AMENDMENT NO. 2

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

This Amendment No. 2 to Contract is made and entered into this 7<sup>th</sup> day of February, 2018, 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, 2018 to March 31, 2020.

Section 3.1, Compensation, shall be revised as follows:

The contract Amount is hereby increased from \$390,000.00 to a new Not to Exceed Amount of \$650,000.00. This is an increase of \$260,000.00 to exercise the final two option years of the contract.

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. 2 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.

Date: 2/6/18

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

By: *[Signature]*  
**City Manager**

**ATTESTED:**

*[Signature]*  
**City Clerk**

Date: 2/7/18

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

By: *[Signature]*  
Name: Cristine M. Cron  
Title: President  
Date: 1/30/17

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

2-1-18  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/29/2018

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 State Farm Insurance StateFarm 1032 Irvine Blvd Tustin, CA 92780	<b>CONTACT NAME:</b> Ken La Tourette, <b>PHONE (A/C No, Ext):</b> (714) 544-6730 <b>E-MAIL ADDRESS:</b> ken@kenlatourette.net	<b>FAX (A/C, No):</b> (714) 544-6730
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<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 A:</b> State Farm Mutual Automobile Insurance Company <i>Att, XV</i> <b>25178</b>	
	<b>INSURER B:</b> State Farm General Insurance Company <i>A, XV</i> <b>25151</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</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	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Liability			92-D7-3148-5 G	04/11/2018	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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			V53 5148-F23-75	12/23/2017	06/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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  
2-6-18

**CERTIFICATE HOLDER**                      **CANCELLATION**

**THE CITY OF GARDEN GROVE**  
**C/O HEIDI JANZ RISK MANAGEMENT**  
**P.O. BOX 3070**  
**GARDEN GROVE CA 92842-3070**

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

*Jennifer Barajas*

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196F Policy No.: 92 D73148 5 ✓

FE-6609

**SECTION II ADDITIONAL INSURED ENDORSEMENT**



**Policy No.:** 92 D73148 5

**Named Insured:** CRON & ASSOCIATES TRANSCRIPTION INC

---

**Additional Insured (Include address):**

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

11222 ACACIA PKWY  
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.

FE-6609

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

*Neidra M. Jay*  
Risk Management  
2-16-18

Printed in U.S.A.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST  
OTHERS TO US**

**SCHEDULE**

**Policy Number:** 92 D73148 5 ✓

**Named Insured:** CRON & ASSOCIATES TRANSCRIPTION INC

**Name and Address of Person or Organization:**

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

11222 ACACIA PKWY  
GARDEN GROVE CA 92840

The following is added to Paragraph 10.b. of **SECTION I AND SECTION II — COMMON  
CONDITIONS:**

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of:

- a. Your ongoing operations; or
- b. **Your work** done under 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.

All other policy provisions apply.

FE-6671

©, Copyright, State Farm Mutual Automobile Insurance Company, 2008  
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Reviewed and approved as to insurance language  
and/or requirements.  
*Neidra Jay*  
Risk Management  
2-6-18



**STATE FARM INSURANCE COMPANIES®**

900 Old River Road  
Bakersfield CA 93311-9501

DATE OF NOTICE JUN 24 2013  
CODE:

AT1                    23                    276A                    A

001100 0083  
CITY OF GARDEN GROVE ITS  
OFFICERS, OFFICIALS, AGENTS,  
EMPLOYEES AND VOLUNTEERS  
11222 ACICIA PKWY  
GARDEN GROVE CA 92840

**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-400608

**ADDITIONAL INSURED'S NOTICE OF COVERAGE**

State Farm Mutual Automobile Insurance Company

*AT, XV*

8906-FAC1M

**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.

130-6235.7 (e0821e) Rev. 11-2004

FRT

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

*Heidi M. Gray*  
Risk Management  
2-10-18



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/31/2018

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> Yorba Linda Insurance Services, Inc. 4848 Lakeview Ave Ste 201-D Yorba Linda, CA 92886	<b>CONTACT NAME:</b> George Hatzidakis <b>PHONE (A/C, No, Ext):</b> (714) -777-8388 <b>E-MAIL ADDRESS:</b> george@ylinsurance.com	<b>FAX (A/C, No):</b> (714) 777-8389
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <i>Cris Cron</i> Cron & Associates 10352 Miralago Place <i>714-573-7172</i> <i>cris@crontranscription.com</i> Santa Ana CA 92705	<b>INSURER A:</b> United States Liability Insurance <i>ATTX</i>	<b>NAIC #</b>
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVP	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y		SP1561347	10/24/2017	10/24/2018	\$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)

10 Day Notice of Cancellation For Non Payment of Premium

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

*Devin M. Jay*  
 Risk Management  
 2-6-18

**CERTIFICATE HOLDER**                      **CANCELLATION**

City of Garden Grove  11222 Acacia Pkwy Garden Grove, CA 92705	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 <i>J. O. [Signature]</i>
---	---

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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: 10/24/2017  
City of Garden Grove  
Attn: 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  
2-6-18

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.

# City of Garden Grove

## AMENDMENT NO. 2

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

This Amendment No. 2 to Contract is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2018, 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, 2018 to March 31, 2020.

Section 3.1, Compensation, shall be revised as follows:

The contract Amount is hereby increased from \$390,000.00 to a new Not to Exceed Amount of \$650,000.00. This is an increase of \$260,000.00 to exercise the final two option years of the contract.

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. 2 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.

Date: \_\_\_\_\_

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

By: \_\_\_\_\_  
**City Manager**

**ATTESTED:**

\_\_\_\_\_  
**City Clerk**

Date: \_\_\_\_\_

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

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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:**

\_\_\_\_\_  
Garden Grove City Attorney

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/31/2018

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<b>PRODUCER</b> Landmark Insurance Agency 5406 Lincoln Avenue P.O. Box 766 Cypress CA 90630		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (714) 821-4340 FAX (A/C, No): (714) 821-6958 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
<b>INSURED</b> <i>Cris Cron - 714-573-7172</i> Cron & Associates Transcription, Inc. DBA: Cron Transcriptions & Associates 10352 Miralago Place North Tustin CA 92705		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: State Compensation Ins. Fund <i>NR</i> INSURER B: INSURER C: <i>cris@crontranscription.com</i> INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CITY OF COSTA MESA 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</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 - 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 DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1877500-2017	08/01/2017	08/01/2018	<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

*Reviewed and approved as to insurance language and requirements.*  
*Heidi M. Jay*  
 Risk Management  
 2-10-18

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 ALL OPERATIONS USUAL TO THE INSURED AS COVERED BY THESE POLICIES.

<b>CERTIFICATE HOLDER</b>  CITY OF GARDEN GROVE 11222 ACACIA PARKWAY 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.  AUTHORIZED REPRESENTATIVE  Adriana Fenton/AC <i>Adriana Fenton</i>
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