

AGREEMENT BIBLIOGRAPHY

Agreement With:	B&D Towing, Inc.
Agreement Type:	To provide towing and storage services on an on-call basis for the Garden Grove Police Dept.
Date Approved:	12 19 2017
Start Date:	12 19 2017
End Date:	01 27 2019
Contract Amount:	N/A
Comments	File No. 55 Amendment No. 2 Police Department
Insurance Expiration:	07 19 2018
Date Archived:	ARCHIVED 01/03/2018



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.*

Steven R. Jones
Mayor

Phat Bui
Mayor Pro Tem - District 4

Kris Beard
Council Member - District 1

John R. O'Neill
Council Member - District 2

Thu-Ha Nguyen
Council Member - District 3

Stephanie Klopfenstein
Council Member - District 5

Kim Bernice Nguyen
Council Member - District 6

December 20, 2017


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

Attention: Efrain Davalos Jr., President

Enclosed is a copy of Amendment No. 2 to the Agreement by and between the City of Garden Grove and B&D Towing Inc., to provide towing and storage services on an on-call basis for the City of 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

**CITY OF GARDEN GROVE
AMENDMENT NO. 2**

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. 2 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 19th day of December 2017, 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, 2019 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, 2019.

IN WITNESS WHEREOF, the parties have caused this Amendment No. 2 to the Agreement to be executed by their respective officers duly authorized on the date first written above.

Date: 11-30-2017

"CITY"
CITY OF GARDEN GROVE

By: *[Signature]* 12/19/17
City Manager

ATTESTED:

[Signature]
City Clerk

Date: 12/19/17

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

By: *[Signature]*
Name: ERRAN DAVALOS JR

Title: PRESIDENT

Date: 11/30/17

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

12-15-17
Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

10/09/2017

PRODUCER *Cecilia Urcan*¹
 Centerpoints Insurance Service *800-451-8766*
 California License #0735759
 807 - B Camarillo Springs Road *805-384-8030*
 Camarillo, CA 93012-9464
x114

INSURED B & D TOWING, INC., DBA: BALCACRES *x114*
 & DAVALOS TOWING
 1502 N. SUSAN STREET
 SANTA ANA, CA 92703

B&DT00

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.

INSURERS AFFORDING COVERAGE		NAIC#
INSURER A: LIBERTY MUTUAL INSURANCE CO		23043 <i>A, XV</i>
INSURER B: TOPA INSURANCE COMPANY		18031 <i>A, VI</i>
INSURER C:		
INSURER D: <i>CeciliaU@CPINS.com</i>		
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.

FORM ADD'L LTR (REQD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A X	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"/> PRO-JECT <input type="checkbox"/> LOC	01 CI 890781 10	07/19/2017	07/19/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	01 CI 890781 10	07/19/2017	07/19/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	XL6602203-07	07/19/2017	07/19/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER ON-HOOK/CARGO	01 CI 890781 10	07/19/2017	07/19/2018	PER VEH. SCH. 1,200,000 \$500 DEDUCTIBLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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 92703 -\$1,200,000 LIMIT; LOC 2) 1424 N. SUSAN ST., SANTA ANA, CA 92703-\$150,000 LIMIT; ACORD 101 (2008/01) ADDITIONAL REMARKS FORM ATTACHED.

CERTIFICATE HOLDER

CITY OF GARDEN GROVE
 ATTN: RISK MANAGEMENT
 11222 ACACIA PARKWAY
 GARDEN GROVE, CA 92840

CANCELLATION

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Mason E. Meem* CAU

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

Reviewed and approved as to insurance language and/or requirements.
Heidi M. Jay
 Risk Management
 12-21-17

Reviewed and approved as to insurance language and/or requirements.
Heidi M. Jay
 Risk Management
 10-20-17

AGENCY CUSTOMER ID: **B&DT00**

LOC # **I**

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Centerpoints Insurance Services, Ltd.		NAMED INSURED	
POLICY NUMBER 01 CI 890781 10/XL660220307		B & D TOWING, INC.	
CARRIER LIBERTY MUTUAL INSURANCE CO./TOPA INS. CO.		NAIC CODE 23787/18031	1502 N SUSAN STREET
		SANTA ANA, CA. 92703	
ADDITIONAL REMARKS		EFFECTIVE DATE: 07/19/2017	

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 ✓

GARAGEKEEPERS LEGAL LIABILITY ✓

LOC 1) 1502 N. SUSAN ST., SANTA ANA, CA - \$1,200,000 LIMIT

LOC 2) 1424 N. SUSAN ST., SANTA ANA, CA 92703 - \$150,000 LIMIT

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

<p>Name Of Additional Insured Person(s) Or Organization(s)</p> <p>THE CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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.

Neilum Jay
Risk Management
12-21-17

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

Neilum Jay
Risk Management
10-20-17

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

<p>Name Of Additional Insured Person(s) Or Organization(s):</p> <p>CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS</p>

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

A. 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:

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

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
 - 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All terms and conditions apply unless modified by this endorsement.

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

Heidrun Jay
Risk Management
12-21-17

POLICY NUMBER: 01 CI 890781 10 ✓

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
CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ANY AND ALL LOCATIONS AS RESPECTS THE INTERESTS OF THE CITYOF GARDEN GROVE	all applicable locations

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.
Heidi M. Jay
Risk Management
12-21-17

Reviewed and approved as to insurance language
and/or requirements.
Heidi M. Jay
Risk Management
10-20-17

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

<p>Name Of Person Or Organization: CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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.

Reviewed and approved as to insurance language and/or requirements.
Heidi M. Jay
 Risk Management
 12-21-17

Reviewed and approved as to insurance language and/or requirements.
Heidi M. Jay
 Risk Management
 10-20-17

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER 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" for Covered Autos Liability Coverage 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.

<p>Named Insured:</p> <p>Endorsement Effective Date:</p>
--

SCHEDULE

<p>Name Of Person(s) Or Organization(s): CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.

Reviewed and approved as to insurance language and/or requirements.
Heidi M. Jay
 Risk Management
 12-21-17

Reviewed and approved as to insurance language and/or requirements.
Heidi M. Jay
 Risk Management
 10-20-17

Policy Number: 01 CI 890781 10 ✓

BUSINESS AUTO
AC 20 41 01 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM

SCHEDULE

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

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

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

A. SECTION II – LIABILITY COVERAGE

A.1. Who Is An Insured is amended to include as an additional insured for Liability Coverage, each person or organization shown in the Schedule, but only to the extent that person or organization qualifies as an "insured". Loss must arise out of ongoing operations performed for the Named Insured.

B. SECTION IV – BUSINESS AUTO CONDITIONS

The following paragraph is added to B.5. of Other Insurance.

e. If required by a written contract or written agreement executed before the "accident" occurred, any insurance carried by the person or organization shown in the schedule shall be noncontributory with respect to the coverage provided to you.

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
12-21-17

Reviewed and approved as to insurance language and/or requirements.
Heidi M. Jay
Risk Management
10-20-17

Policy Number: 01 CI 890781 10 ✓

COMMERCIAL AUTO
CA 04 44 03 10

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, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS

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
12-21-17

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

Heidi M. Jay
Risk Management
10-20-17

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CG 20 10 10 93

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

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

Endorsement effective 12:01 A.M. standard time	Policy No. 01 CI 890781 10 ✓
Named Insured B & D TOWING, INC., DBA: BALCARRIES	Countersigned by <i>M. E. [Signature]</i> (Authorized Representative)

SCHEDULE

Name of Person or Organization: **CITY OF GARDEN GROVE, ITS OFFICERS,
AND VOLUNTEERS
11222 ACACIA PARKWAY ROOM 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 this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

**THE CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYERS, AND VOLUNTEERS IS ADDED A
ADDITIONAL INSURED. GARAGEKEEPERS LEGAL LIABILITY - LOC 1) 1502 N. SUSAN ST., SANTA ANA, CA 927
-\$1,200,000 LIMIT; LOC 2) 1424 N. SUSAN ST., SANTA ANA, CA 92703-\$150,000 LIMIT; ACORD 101
(2008/01) ADDITIONAL REMARKS FORM ATTACHED.**

Reviewed and approved as to insurance language and requirements.
Neida M. Jay
12-21-17
Agent

Reviewed and approved as to insurance language and requirements.
Neida M. Jay
10-20-17
Risk Management



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2017

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 have ADDITIONAL INSURED provisions or 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 Venbrook Insurance Services, CA Lic OD80832 6320 Canoga Ave 12th Floor Woodland Hills CA 91367		CONTACT NAME: MICHELE BAIERL PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: MBAIERL@venbrook.com	
INSURED B & D Towing, Inc. Blacaceras and Davalos Towing (dba) 1502 N. Susan Street Santa Ana CA 92703		INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company of the West <i>A-xii</i> NAIC # 27847 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2017 WC **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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL 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 \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	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	N/A	Y	WVE502471104	10/01/2017	10/01/2018	<input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Waiver of Subrogation endorsement WC 99 0634 applies in favor of City of Garden Grove, its officers, officials, agents, employees, and volunteers.

Reviewed and approved as to insurance language and requirements.
Heidi M. Jay
Risk Management

Reviewed and approved as to insurance language and requirements.
10-20-17 *Heidi M. Jay*
Risk Management

CERTIFICATE HOLDER City of Garden Grove 11301 Acacia parkway Garden Grove CA 92840	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 <i>Michele Baiert</i>
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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - BLANKET

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).

The additional premium for this endorsement shall be **3 %** of the total California Workers' Compensation premium otherwise due.

Schedule

Person or Organization
**ANY PERSON AND / OR
ORGANIZATION WHEN
REQUIRED BY WRITTEN
CONTRACT**

Job Description
**ALL CALIFORNIA
OPERATIONS**

Reviewed and approved as to insurance language
and/or requirements.
Heidi M. Jay
Risk Management
12-21-17

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 10/01/2017 Policy No. **WVE 5024711 04**

Endorsement No.

Insured **B & D TOWING INC**

Premium \$ **INCL.**

Insurance Company **INSURANCE COMPANY OF THE WEST**

Countersigned By _____

Reviewed and approved as to insurance language
and/or requirements.
Heidi M. Jay
Risk Management
10-20-17