

AGREEMENT BIBLIOGRAPHY

Agreement With:	Cron & Associates Transcription, Inc.
Agreement Type:	Transcription services for the Garden Grove Police Department
Date Approved:	02 07 2018
Start Date:	04 01 2018
End Date:	03 31 2020
Contract Amount:	\$260,000
Comments	File No. 55 Amendment No. 2 Police Department
Insurance Expiration:	08 01 2018
Date Archived:	ARCHIVED 02/09/2018



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.*

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 7th 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: 1/30/18

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).

PRODUCER Ken La Tourette, Lic #0A88911 State Farm Insurance State Farm 1032 Irvine Blvd Tustin, CA 92780	CONTACT NAME: Ken La Tourette,	
	PHONE (A/C, No, Ext): (714) 544-6730 FAX (A/C, No): (714) 544-6730 E-MAIL ADDRESS: ken@kenlatourette.net	
INSURED CRON & ASSOCIATES TRANSCRIPTION INC 10352 MIRALAGO PL SANTA ANA, CA 92705 <i>Cris Cron</i> <i>714-573-7172</i> <i>cris@crontranscription.com</i>	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: State Farm Mutual Automobile Insurance Company	25178
	INSURER B: State Farm General Insurance Company	25151
	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	
B	GENERAL LIABILITY			92-D7-3148-5 G	04/11/2018	04/11/2017	EACH OCCURRENCE	\$ 1,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE						MED EXP (Any one person)	\$
X	Business Liability						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
A	AUTOMOBILE LIABILITY			V53 5148-F23-75	12/23/2017	06/23/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 Janz
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.

Deirdre M. Jay
Risk Management
2-6-18

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

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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.



0101-5T-400008

ADDITIONAL INSURED'S NOTICE OF COVERAGE

State Farm Mutual Automobile Insurance Company

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: 1FM5K8GTSDG844442
AGENT NAME: KEN LATOURETTE
AGENT PHONE: (714)544-3779
ENDORSEMENT NO: 6028BU

8908-FAC1M

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/ntil 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
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).

PRODUCER Yorba Linda Insurance Services, Inc. 4848 Lakeview Ave Ste 201-D Yorba Linda, CA 92886		CONTACT NAME: George Hatzidakis PHONE (A/C, No, Ext): (714) -777-8388 E-MAIL: george@ylinsurance.com FAX (A/C, No): (714) 777-8389	
INSURED <i>Cris Cron</i> Cron & Associates 10352 Miralago Place <i>cris@crontranscription.com</i> Santa Ana CA 92705		INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance <i>ATTX</i> 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 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 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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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
3. [Signature]

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.



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER Landmark Insurance Agency 5406 Lincoln Avenue P.O. Box 766 Cypress CA 90630		CONTACT NAME: PHONE (A/C No, Ext): (714) 821-4340 FAX (A/C No): (714) 821-6958 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Cris Cron - 714-573-7172 Cron & Associates Transcription, Inc. DBA: Cron Transcriptions & Associates 10352 Miralago Place North Tustin CA 92705		INSURER(S) AFFORDING COVERAGE INSURER A: State Compensation Ins. Fund NR INSURER B: INSURER C: Cris@Crontranscription.com 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
	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"/> 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 \$
	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) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1877500-2017	08/01/2017	08/01/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ALL OPERATIONS USUAL TO THE INSURED AS COVERED BY THESE POLICIES.

CERTIFICATE HOLDER

CITY OF GARDEN GROVE
11222 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

Adriana Fenton/AC