

**CITY OF LONG BEACH
EVIDENCE OF RENEWAL
PUBLIC WALKWAYS OCCUPANCY
PERMIT**

P - 00009

Permittee: Marisol Bautista

Business Name: Leo's Mexican Grill
Address: 225 East Broadway
Long Beach, CA 90802

Responsible Individual: Marisol Bautista

The attached Public Walkways Occupancy Permit is renewed for an additional one-year term. All other terms of the permit remain unchanged, and failure by the Permittee to comply with those requirements, including but not limited to maintaining the required insurance, shall be grounds for immediate revocation of the permit. This renewal will expire **September 12, 2016**.

This permit renewal is non-transferable. A new application must be submitted for any change in ownership, change in business name, or business form, or any change in the use of the public walkway.

By: _____

Ara Maloyan
Director of Public Works

Date: _____

10/24/15



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/02/2015

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 GRIFFITH INSURANCE & FINANCIAL SRVS, INC 4000 WEEEDY BLVD LIC. # 0C73821 SOUTH GATE CA 90280		CONTACT NAME: HAROLD GRIFFITH PHONE (A/C, No, Ext): 323-564-9112 E-MAIL ADDRESS: haroldgriffith@aol.com FAX (A/C, No): 323) 564-2788	
INSURED DEA: LEO'S MEXICAN GRILL MARISOL BAUTISTA 225 E. BROADWAY AVE, LONG BEACH CA 90805		INSURER(S) AFFORDING COVERAGE INSURER A: PENN-AMERICA INSURANCE COMPANY 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	TYPE OF INSURANCE	ADDITIONAL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DED. \$ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	1	PAC7098431	08/21/15	08/21/16	EACH OCCURRENCE \$ 1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000. MED EXP (Any one person) \$ 5,000. PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 2,000,000. PRODUCTS - COMP/OP AGG \$ 1,000,000. \$ \$
	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	Y/N	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	BUILDING	1	PAC7098431	08/21/15	08/21/16	\$240,000. DED. \$2,500.

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

ADDTL COVERAGES: LIMITS DEDUCTIBLE

**BUSINESS PERS PROP...\$50,000. \$2,500.

**BUSINESS INCOME.....\$50,000. \$2,500.

**CITY OF LONG BEACH, ITS OFFICIALS, EMPLOYEES AND AGENTS, ARE NAMED AS ADDITIONAL INSURED.

APPROVED AS TO FOR: *[Signature]*

CERTIFICATE HOLDER CITY OF LONG BEACH OFFICE OF THE CITY ENGINEER ATTN.: CARMELO BUZON 333 W. OCEAN BLVD. 10TH FLOOR LONG BEACH, CA 90802	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>[Signature]</i>
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9/10, 2015
CHARLES PARKIN, City Attorney

CITY OF LONG BEACH

DEPARTMENT OF PUBLIC WORKS ATTN: RIGHT-OF-WAY COORDINATOR

393 West Ocean Boulevard, 10th Floor • Long Beach, California 90802 (562) 570-6975 FAX (562) 570-7161

General Liability Endorsement – Public Walkways Occupancy Permits

Minimum Limits: \$1,000,000 per occurrence, \$2,000,000 general aggregate

A. GENERAL LIABILITY POLICY INFORMATION

1. Insurance Company PENN AMERICA INSURANCE
2. Policy No. PAC709R431 Policy Term (from) 08/21/15 (to) 08/21/16
3. Endorsement effective date 08/21/15 Endorsement expiration date 08/21/16
4. Name of Insured LEO'S MEXICAN GRILL / MARISOL BAUTISTA
5. Address of Named Insured 225 E. BROADWAY AVE., LONG BEACH, CA 90802
6. Address of Permitted Operations SAME
7. Deductible or Self-insured Retention (nil unless otherwise specified) \$ 500.
8. Policy Limits: Occurrence \$ 1,000,000. General Aggregate: \$ 2,000,000.
9. Policy Form equivalent to: CG 00 01 CG 00 02 GL 00 02

B. POLICY AMENDMENTS

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

- ADDITIONAL INSURED.** The City of Long Beach, its boards and commissions, and their officials, employees, and agents are included as additional insured with respect to all loss, liability, claims, demands causes of action, damages, settlement, expenses, and costs (including but not limited to attorney's fees and defense and investigation expenses) arising out of, or in any manner incident to, operations performed by or on behalf of the Named Insured related to the permit issued by the City.
- PRIMARY AND NONCONTRIBUTORY COVERAGE.** The coverage afforded by this policy to the City, its boards and commissions, and their officials, employees and agents shall be primary insurance. Any other insurance or self-insurance maintained by the City, its boards, officials, employees, and agents shall be in excess of this insurance and not contribute to it.
- SEVERABILITY OF INTERESTS.** The insurance afforded by this policy applies separately to each insured that is seeking coverage or against whom a claim is made or a suit is brought, except with respect to the insurer's limit of liability.
- CROSS LIABILITY.** The naming of more than one insured under this policy shall not, for that reason alone, extinguish any rights of one insured against another, subject to the insurer's limit of liability.
- CANCELLATION NOTICE:** This insurance shall not be cancelled, nonrenewed, or reduced in coverage or limits except after thirty (30) days prior written notice has been given to the City (ten (10) days prior written notice if the policy is cancelled for nonpayment of premium). Such notice shall be addressed to the City of Long Beach at the address above.

C. INCIDENT AND CLAIM REPORTING PROCEDURES

Incident and claims are reported to the insurer at:

ATTENTION: HAROLD GRIFFITH OWNER EIFS, INC.

ADDRESS: 4000 TWEEDY BLVD., SOUTH GATE, CA 90280

TELEPHONE: 323 564-9112 FAX: 323 564-2788

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, (print name) HAROLD GRIFFITH, warrant that I have authority to bind the insurance company listed above in Item A.1. and by my signature hereon do so bind this company.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (original signature required)

DATE 09/02/15

TITLE: OWNER ORGANIZATION: EIFS, INC.

ADDRESS 4000 TWEEDY BLVD., SOUTH GATE, CA 90280

TELEPHONE: 323 564-9112

FAX NO. 323 564-2788

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

CHARLES PARKER 9/19/15
LINDA T. VU
DEPUTY CITY ATTORNEY

State Or Governmental Agency Or Subdivision Or Political Subdivision: By
CITY OF LONG BEACH, ITS OFFICIALS, EMPLOYEES AND AGENTS
OFFICE OF THE CITY ENGINEER
333 WEST OCEAN BOULEVARD, 10TH FLOOR
LONG BEACH, CA. 90802

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 any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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.

Michael Allee

CITY OF LONG BEACH
DATE: 9/19/15

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

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.