



P - 00004

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

Permittee: Red Leprechaun, Inc.

Business Name: Red Leprechaun  
Address: 4000 East Anaheim Street  
Long Beach, CA 90804

Responsible Individual: Tracy Ames

The Public Walkways Occupancy Permit ("Permit") attached hereto is renewed for an additional one-year term and the parties agree as follows:

1. Except as expressly stated herein, all of the terms, covenants, and conditions of the Permit, and any modifications thereto, are ratified and confirmed and shall remain in full force and effect. Any 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.
2. This renewal will expire **February 12, 2016**.
3. This permit renewal is non-transferable. A new application must be submitted for any change in ownership, change in business name, or business form.
4. Permittee consents to and agrees to perform the terms, covenants, and conditions imposed on Permittee under the Permit during the renewal period.

By:   
**Ara Maloyan, P.E.**  
**Director of Public Works**

Date: 5/20/15

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/6/2015

**PRODUCER**  
DOUG FAIRCHILD INSURANCE  
2923 - B SATURN ST  
BREA, CA 92821  
714-528-7576

**INSURED**  
RED LEPRECHAUN INC.  
4000 E. ANAHEIM ST # A-1  
LONG BEACH, CA 90804

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**

INSURER A:	FARMERS INSURANCE EXCHANGE	NAIC#	21652
INSURER B:	MID-CENTURY INSURANCE COMPANY		
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <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	60507-2044	1-27-15	1-27-16	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 - COMPOP AGG \$ 1,000,000
		<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		<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	APPROVED AS TO FORM 4/9, 2015 CHARLES PARKIN, City Attorney LINDA VU DEPUTY CITY ATTORNEY	3-30-14	6-30-15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEES \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

MID-SIZE RESTAURANT AND TAVERN, WITH LIGHT BEER AND WINE SALES

\* CERTIFICATE HOLDER NAMED BELOW ( THE CITY OF LONG BEACH ) IS NAMED AS AN ADDITIONAL INSURED ON THIS POLICY.

**CERTIFICATE HOLDER**

CITY OF LONG BEACH, ITS BOARDS AND COMMISSIONS, AND THEIR OFFICIALS, EMPLOYEES & AGENTS AS ADDL INSURED  
333 WEST OCEAN BLVD, 10TH FLOOR  
LONG BEACH, CA 90802

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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: *[Signature]*



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

203 West Ocean Boulevard, 18<sup>th</sup> Floor • Long Beach, California 90802 • (562) 570-0270 FAX (562) 570-3176

APPROVED AS TO FORM 4/9/2015

General Liability Endorsement - Public Walkways Occupancy Permits

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

BY LINDA T. VU DEPUTY CITY ATTORNEY

A. GENERAL LIABILITY POLICY INFORMATION

- Insurance Company: FARMERS INSURANCE GROUP
- Policy No.: 60507-2044 Policy Term (from): 1-27-15 (to): 1-27-16
- Endorsement effective date: 1-27-15 Endorsement expiration date: 1-27-16
- Name of Insured: RED LEDRECHAUN INC.
- Address of Named Insured: 4000 E. ANTHONY ST. #A1 LONG BEACH, CA 90804
- Address of Permitted Operations: SAME
- Deductible or Self-insured Retention (nil unless otherwise specified): \$ 500
- Policy Limits: Occurrence \$ 1,000,000 General Aggregate: \$ 2,000,000
- 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: DOUG FAIRCHILD INS. AGENCY FARMERS AGENCY  
 (Name) (Title) (Company)  
 ADDRESS: 2923-B SATURN ST. BREA, CA 92821  
 TELEPHONE: 714-528-7576 FAX: 714-528-1346

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, (print name) DOUGLAS FAIRCHILD, 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 4-5-15

TITLE: AGENT/BROKER ORGANIZATION: DOUG FAIRCHILD INS  
 ADDRESS: 2923-B SATURN ST. BREA, CA 92821  
 TELEPHONE: 714-528-7576 FAX: 714-528-1346

Michael [Signature] 4/5/15