

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

P - 00008

**Permittee:** Michael's Pizzeria Promenade, LLC

**Business Name** Michael's Pizzeria Promenade  
**Address:** 210 East 3<sup>rd</sup> Street, Suite #C  
Long Beach, CA 90802

**Responsible Individual:** Michael Dene

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 **March 19, 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: \_\_\_\_\_

3/9/15



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2015

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).

<b>PRODUCER</b> Amico Insurance Agency, Inc. 100 Oceangate, Suite 1200  Long Beach CA 90802-	<b>CONTACT NAME:</b> John Santituro <b>PHONE (A/C, No, Ext):</b> (562) 881-3437 <b>FAX (A/C, No):</b> (866) 358-5302 <b>E-MAIL ADDRESS:</b> amico.insur@verizon.net
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> MICHAELS PIZZERIA PROMENADE, LLC C/O William Burkett 3750 Long Beach Blvd Suite 200 Long Beach CA 90807	<b>INSURER A:</b> CENTURY NATIONAL <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:**

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
A		X	77A4001151-00	01/28/2015	01/28/2016	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>					PRODUCTS - COMP/OP AGG \$ 2,000,000
	ANY AUTO					Liquor Liability \$ 1,000,000
	ALL OWNED AUTOS	SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS	NON-OWNED AUTOS				BODILY INJURY (Per person) \$
	<b>UMBRELLA LIAB</b>	OCCUR				BODILY INJURY (Per accident) \$
	<b>EXCESS LIAB</b>	CLAIMS-MADE				PROPERTY DAMAGE (Per accident) \$
	DED	RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				AGGREGATE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					\$
						WC STATUTORY LIMITS OTH-ER
						E L EACH ACCIDENT \$
						E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$

*Michael Alice*  
7/23/15

APPROVED AS TO FORM

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

LOCATION: 210 E 3RD ST, SUITE C, LONG BEACH, CA 90802 / 608 SQFT. PATIO

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED PER INSURANCE COMPANY ENDORSEMENT ATTACHED

7/29, 2015  
**CHARLES PARKIN**, City Attorney  
 By *[Signature]*  
**LINDA T. VU**  
 DEPUTY CITY ATTORNEY

**CERTIFICATE HOLDER**                      **CANCELLATION**

City of Long Beach Dept. of Public Works / ATT Bill Pittman 333 W Ocean Blvd, 10th Floor Long Beach, CA 90802	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 John Santituro
--	---



APPROVED AS TO FORM

# CITY OF LONG BEACH

DEPARTMENT OF PUBLIC WORKS ATTN: PERMITS

7/29, 2015  
By CHARLES PARKIN, City Attorney

LINDA T. VU  
DEPUTY CITY ATTORNEY

333 West Ocean Boulevard, 10<sup>th</sup> Floor, Long Beach, California 90802

(562) 570-7082 FAX (562) 570-7087

## General Liability Endorsement – City Permits

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

### A. GENERAL LIABILITY POLICY INFORMATION

- Insurance Company :Century National Insurance Co.
- Policy No.77A4001151-01 Policy Term (from)01/28/2015 (to) 01/28/2016
- Endorsement effective date 01/28/2015 Endorsement expiration date 01/28/2016
- Name of Insured MICHAEL'S PIZZERIA PROMENADE,LLC
- Address of Named Insured 210 E.THIRD ST. #C , Long Beach,CA.90802
- Policy Limits: Occurrence \$ 1,000,000 General Aggregate: \$2,000,000

*Michael Lee*

*7/29/15*

### 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 and its boards, officials, employees, and agents are 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 insurance afforded by this policy to the City, its boards, officials, employees and agents is primary insurance. Any other insurance or self-insurance maintained by the City, its boards, officials, employees, and agents is in excess of this insurance and shall 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, subject 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 except after thirty (30) days prior written notice has been given to the City at the address above. Ten (10) days prior written notice is acceptable if the policy is cancelled for nonpayment of premium.

### C. INCIDENT AND CLAIM REPORTING PROCEDURES

Incident and claims are reported to the insurer at:

ATTENTION: LIABILITY CLAIM DEPT. "PRECISION RISK MANAGEMENT" for CENTURY NATIONAL INSURANCE  
 (Name) (Title) (Company)  
 ADDRESS: 6363 Katella Ave., Cypress, CA. 90630  
 TELEPHONE: ( 800 ) 222-5582 FAX: ( 714 ) 228-7879

### D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, FRANK STIPATI, 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.

*[Handwritten Signature]*

SIGNATURE OF AUTHORIZED REPRESENTATIVE (original signature required)

Date 1/25/2015

TITLE: Vice President OCCUPATION: Underwriting

ADDRESS: 6363 Katella Ave., Cypress, CA. 90630

TELEPHONE: (714) 228-7872 FAX NO. (714) 228-7838

LO/DN/c:forms/general liability TSOP