



CITY OF LONG BEACH
PUBLIC WALKWAYS OCCUPANCY
PERMIT RENEWAL

31829

Permittee: Wael Nasser
Boubouffe
Business Name: 5313 East Second Street
Address: Long Beach, CA 90803
Responsible Individual: Wael Nasser

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

1. **The following additional condition shall apply: The use of your sidewalk dining area is limited to the hours between 7:30 a.m. and 11:30 p.m.**
2. 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.
3. This renewal will expire **September 15, 2015**.
4. This permit renewal is non-transferable. A new application must be submitted for any change in ownership, change in business name, or business form.
5. 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: 3/15/15

Attn: Sherbet Jones
562-570-5640



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2015

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 ODYSSEY INSURANCE AGENCY 14441 Brookhurst St. #3 Garden Grove, CA 92843 License #: 0E14645	CONTACT NAME: Chau Hoang	PHONE (A/C, Ho, Ext): (714)839-1498	FAX (A/C, No): (714)839-1499
	E-MAIL ADDRESS: odyssey16511@yahoo.com		
INSURED BOUBOUFFE, LLC DBA BOUBOUFFE RESTAURANT 5313 E 2ND ST #A Long Beach, CA 90803	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Tower Select Insurance Company	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 00008443-12681 REVISION NUMBER: 2

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 YWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input 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"/> PROJECT <input type="checkbox"/> LOC		CPPBH00141	08/20/2014	08/20/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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 DED 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					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

APPROVED AS TO SUFFICIENCY
Michael Alce
RISK MANAGER
CITY OF LONG BEACH
DATE: 4/6/15

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THE CITY OF LONG BEACH, CALIFORNIA, ITS BOARDS AND COMMISSIONS, AND THEIR OFFICIALS, EMPLOYEES AND AGENTS AS ADDITIONAL INSURED. APPROVED AS TO FORM

4/8, 2015
CHARLES PARKIN, City Attorney

CERTIFICATE HOLDER	By <u><i>[Signature]</i></u>	CANCELLATION
CITY OF LONG BEACH AS ADDITIONAL INSURED OFFICE OF THE CITY ENGINEER 333 WEST 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 <u><i>[Signature]</i></u> (CHH)



CITY OF LONG BEACH

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

333 West Ocean Boulevard, 10th Floor • Long Beach, California 90802 • (562) 570-6975 FAX (562) 570-6170

APPROVED AS TO FORM

4/8, 20 15
CHARLES PARKIN, City Attorney

General Liability Endorsement - Public Walkways Occupancy Permits

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

LINDA T. VU
DEPUTY CITY ATTORNEY

A. GENERAL LIABILITY POLICY INFORMATION

- Insurance Company Tower Select Insurance Company
- Policy No. CPP B10041 Policy Term (from) 8/20/14 (to) 8/20/15
- Endorsement effective date 8/20/14 Endorsement expiration date 8/20/15
- Name of Insured Boubouffe, LLC
- Address of Named Insured 5313 E 2nd St #A Long Beach CA 90803
- Address of Permitted Operations 5313 E 2nd St #A, Long Beach CA 90803
- Deductible or Self-insured Retention (nil unless otherwise specified) \$ 4,000
- 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.

Michael Alon
RISK MANAGER
CITY OF LONG BEACH
4/6/15

C. INCIDENT AND CLAIM REPORTING PROCEDURES

Incident and claims are reported to the insurer at:

ATTENTION: Josh - Pacific Excess
 ADDRESS: 6363 Katella Ave Cypress CA 90630
 TELEPHONE: 714 228-7888 FAX: 714 228-7838

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, (print name) MY TRAN, 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. 4/1/15

SIGNATURE OF AUTHORIZED REPRESENTATIVE (original signature required) _____ DATE _____

TITLE: _____ ORGANIZATION: _____

ADDRESS 14441 Brookhurst #3, Garden Grove CA 92843

TELEPHONE: 714 839-1498 FAX NO. 714 839-1499