#### 

## 

OFFICE OF THE CITY ATTORNEY CHARLES PARKIN, City Attorney 333 West Ocean Boulevard, 11th Floor Long Beach, CA 90802-4664

#### CONTRACT

## 

THIS CONTRACT is made and entered, in duplicate, as of July 24, 2015 for reference purposes only, pursuant to Resolution No. RES-15-0093, adopted by the City Council of the City of Long Beach at its meeting on July 21, 2015, by and between METER, VALVE & CONTROL, INC., a California corporation ("Contractor"), with a place of business at 1499 Sunnybrook Road, Alamo, California 94507, and the CITY OF LONG BEACH ("City"), a municipal corporation.

WHEREAS, the City requires gas meters and related equipment and parts in conjunction with the Advanced Metering Infrastructure Project, which includes the installation and/or retrofit of approximately 150,000 gas meters; and

WHEREAS, City did by Resolution No. RES-15-0093 determine that the City's need to purchase gas meters and related equipment and parts could only be met by Contractor and, by reason of the foregoing, no useful purpose would be served by advertising for bids to purchase such gas meters and related equipment and parts, and to do so would constitute an idle and useless act and an unnecessary expenditure of public funds;

NOW, THEREFORE, in consideration of the mutual terms and conditions contained herein, the parties agree as follows:

- 1. Contractor shall sell, furnish and deliver to City gas meters and related equipment and parts in conjunction with the Advanced Metering Infrastructure Project, attached hereto as Exhibit "A" and incorporated herein by reference, as authorized by Resolution No. RES-15-0093.
- 2. City shall pay Contractor in due course of payments, following receipt of an invoice from Contractor and upon acceptance from City, for gas meters and related equipment and parts, the prices shown in Exhibit "A", a sum not to exceed Two Hundred Thousand Dollars (\$200,000) annually.
  - 3. The term of this Contract shall commence on August 1, 2015, and

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

III

- 4. Neither this Contract nor any of the moneys that may become due Contractor hereunder may be assigned without the prior written consent of City.
- 5. Any notices required hereunder or desired to be given by either party shall be in writing and personally delivered or deposited in the U.S. Postal Service, first class postage prepaid, addressed to Contractor at the address stated herein, and to City at 333 West Ocean Boulevard, Long Beach, California 90802 Attn: City Manager. Notice shall be deemed given on the date personal delivery is made or on the date of deposit in the mail, whichever first occurs.
- 6. City shall have the benefit of any warranty from the manufacturer on the gas meters and related equipment and parts, and Contractor warrants that the gas meters and related equipment and parts are in good working order and free from defect at the time of delivery.

18 III19 /// 20 /// 21 /// 22 III23 /// 24 /// 25 ]// 26 III

27

28

///

 $/\!/\!/$ 

	1	IN WITNESS WHEREOF, the parti	es have signed this document with all
	2	the formalities required by law as of the date first s	stated above.
	3	MET	ER, VALVE & CONTROL, INC., a
	4	Calif	ornia corporation
	5	September 2, 2015 By Nam	Settlefo) e_Scott KHenroch
	6		Via President
	7	September 2, 2015 By_	Karen Henriel
	8	Nam Title_	
	9	"Con	tractor"
•	10	CITY	OF LONG BEACH, a municipal
ية ح	11	corpo	oration EXECUTED PURSUANT TO SECTION 301 OF
ATTORNEY Sity Attorney ard, 11th Floor 3802-4664	12	<u>Oct. 5</u> , 2015 By_	THE CITY CHARTER.
- d	13		City Manager Assistant City Manager
KIN, Soule, CA 9	14	"City"	,
E & E E	15	This Contract is approved as to form	on <u>september 16</u> , 2015.
OFFICE OF THI CHARLES PAF 33 West Ocean Long Beach,	16	CHA	ARLES PARKIN, City Attorney
333.V	17		
	18	By_	
	19		Deputy
	20		
	21		
	22		
	23		
	24	,	
	25		
	26		
	27		
	28		
	- 11	3	

# EXHIBIT "A"



1499 SUNNYBROOK ROAD ALAMO, CA 94507

877-566-3837

## Quote

Date	Quote #
1/28/2015	4617

Name / Address	
CITY OF LONG BEACH 2400 EAST SPRING STREET LONG BEACH, CA 90806	

Ship To

LONG BEACH GAS AND OIL

BUSINESS OPERATIONS BUREAU FIN SVCS DIV

2400 EAST SPRING STREET

LONG BEACH, CA 90806

LEAD TIME	LEAD TIME PAYMENT FOB SALES REP FREIGH							
6 WEEKS ARO	NET 30	FACTORY	DW	PP&	ADD			
Item		Description			Qty	Cost	Total	
	QUOTE FOR ERIC - CITY OF LONG BEACH - ITRON DIAPHRAGM METERS							
GMC-400ANT-LB-M08183	NTC, #4 TOP, CIRCLE DIAL INDEX IN CF, 10 PSIG MAX CASE PRESSURE							
GMI-675ANT-LB-M12082	ITRON 675A GAS	AS METER - QUANTITY METER PER CITY OF LO CLE DIAL INDEX, CASE	NG BEACH STAN		1	624.00	624.00	
GMI-800ANT-LB-TBD	TRON 800A GAS	**ITRON 800A GAS METER - QUANTITY 1-9** TRON 800A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, TOP SIZE TBD, CIRCLE DIAL INDEX,CASE PRESSURE 25 PSIG.						
GMI-1000ANT-LB-TBD	ITRON 1000A GA	**ITRON 1000A GAS METER - QUANTITY 1-9** ITRON 1000A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, TOP SIZE TBD, CIRCLE DIAL INDEX, CASE PRESSURE 25 PSIG.						
GMC-400ANT-LB-M08183	ITRON 400A GAS	**ITRON 400A GAS METER - QUANTITY 10+** ITRON 400A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, #4 TOP, CIRCLE DIAL INDEX IN CF, 10 PSIG MAX CASE						
GMI-675ANT-LB-M12082	ITRON 675A GAS	**ITRON 675A GAS METER - QUANTITY 10+** ITRON 675A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC,#4 TOP, CIRCLE DIAL INDEX, CASE PRESSURE 25 PSIG						
Prices are firm for 30 days, sul subject to a 30% restocking ch for MV&C evaluation.	rices are firm for 30 days, subject to change without notice after 30 days. Returns are ubject to a 30% restocking charge, and must be in good condition and in original packaging or MV&C evaluation.						<u>I , , , , , , , , , , , , , , , , , , ,</u>	
Phone #	Fax#	E-mail	Sale	s Manager		Websit	е	
					1			

scott@mvandc.com

Scott Henrich

www.mvandc.com

(925) 407-2903



## Quote

Date	Quote #
1/28/2015	4617

Name / Address	
CITY OF LONG BEACH 2400 EAST SPRING STREET LONG BEACH, CA 90806	

Ship To

LONG BEACH GAS AND OIL

BUSINESS OPERATIONS BUREAU FIN SVCS DIV

2400 EAST SPRING STREET

LONG BEACH, CA 90806

LEAD TIME	PAYMENT	FOB	SALES REP	EP FREIGHT		ıs			
6 WEEKS ARO	NET 30	FACTORY	DW	PP	&ADD				
Item		Description			Qty	Cost	Total		
GMI-800ANT-LB-TBD	TRON 800A GAS	**ITRON 800A GAS METER - QUANTITY 10+** TRON 800A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, TOP SIZE TBD, CIRCLE DIAL INDEX,CASE PRESSURE 25 PSIG.							
GMI-1000ANT-LB-TBD	ITRON 1000A GA	**ITRON 1000A GAS METER - QUANTITY 10+** ITRON 1000A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, TOP SIZE TBD, CIRCLE DIAL INDEX, CASE PRESSURE 25 PSIG.							
		GES - TO BE DETERMINE eles Co and State Sales Tax	D			2,006.	20 2,006.20		

Prices are firm for 30 days, su subject to a 30% restocking ch for MV&C evaluation.	bject to change without notice narge, and must be in good co	Total	\$24,297.20	
Phone #	Fax#	E-mail	Sales Manager	Website
877-566-3837	(925) 407-2903	scott@mvandc.com	Scott Henrich	www.mvandc.com



#### **CERTIFICATE OF LIABILITY INSURANCE**

METEVAL-01

NBASEHART

DATE (MM/DD/YYYY)

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).

<u>c</u>	ertificate holder in lieu of such endor	seme	nt(s)	<u> </u>						
PRODUCER License # 0757776  Mountain View, CA - HUB International Insurance Services Inc. 1091 North Shoreline Blvd. #200					CONTACT NAME: PHONE (A/C, No, Ext): (650) 964-8000  E-MAIL ADDRESS:  CONTACT FAX (A/C, No): (650) 964-0816					
	intain View, CA 94043			•						
								RDING COVERAGE		NAIC#
INICI	IRED			· · · · · · · · · · · · · · · · · · ·			Eagle insu	rance Corporation		10836
INOU	RED				INSURI				•	
	Meter, Valve & Control, Inc.				INSUR	RC:		<del></del>		
	1499 Sunnybrook Road Alamo, CA				INSUR	RD:				
	Alamo, CA				INSUR	RE:				<u> </u>
	<del> </del>				INSUR	RF:		<del></del>		
				NUMBER:				REVISION NUMBER:		
in C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	DED B	ANY CONTRAC Y THE POLICE REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		BZS55916240		08/21/2015	08/21/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
				o o				MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							FRODUCTS - COMP/OF AGG	\$	2,000,000
	AUTOMOBILE LIABILITY			<b>A</b>	ومستنسون	75 F F F F F F F F F F F F F F F F F F F	_	COMBINED SINGLE LIMIT	\$	
	ANY AUTO			Langer MS TUS	UA	77		(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED		L.	The state of the	.1)/	(1)(100)		BODILY INJURY (Per accident		
	AUTOS AUTOS NON-OWNED				PY L	VICE		PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUP				11				<del>                                     </del>	
	- January - Cook		, 1		11			EACH OCCURRENCE	\$	
	OLAIMIS-IMADE	-		$\boldsymbol{a}$	19 11º			AGGREGATE	\$	
-	DED RETENTION \$ WORKERS COMPENSATION			1	1 1	A production of the same		PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N			Driver -				STATUTE   ER	-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					-	E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under	1						E.L. DISEASE - EA EMPLOYE	_	
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	
						}				
						. }				
City endo	cription of operations / Locations / Vehic of Long Beach, Its Boards, Commission orsement form BP7002 01/01. nary/Non-contributory applies per attac	ns, O	fficial	ls, Employees and Agents	are ad				r attacl	red
CERTIFICATE HOLDER					CANO	ELLATION				
City of Long Beach 2400 East Spring Street						EXPIRATION	DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL EY PROVISIONS.		
	Long Beach, CA 90806					RIZED REPRESE				

#### **General Endorsement**

POLICY NUMBER
BZS (16) 55 91 62 40

Policy Period:
From 08/21/2015 To 08/21/2016
12:01 am Standard Time
at Insured Mailing Location



This Endorsement Changes The Policy. Please Read it Carefully.

PRIMARY WORDING & NON-CONTRIBUTORY BP1488 (07/13) TO BE READ: CITY OF LONG BEACH, ITS BOARDS, COMMISSIONS, OFFICIALS, EMPLOYEES AND AGENTS 2400 EAST SPRING STREET LONG BEACH, CA 90806



#### Coverage Is Provided In:

Ohio Security Insurance Company - a stock company

#### Policy Change Endorsement

Policy Number: (16) 55 91 62 40 BZS

Policy Period:

From 08/21/2015 To 08/21/2016

**Endorsement Period:** From 08/21/2015 to 08/21/2016 12:01 am Standard Time at Insured Mailing Location

#### Named Insured & Mailing Address

Agent Mailing Address & Phone No.

METER, VALVE & CONTROL, INC. 1499 SUNNYBROOK RD ALAMO, CA 94507

(650) 964-8000 HUB INTERNATIONAL INS SERVS INC 2300 CLAYTON RD STE 300 CONCORD, CA 94520-2175

#### **CHANGES TO POLICY - TRANSACTION # 3**

#### This Policy Change Endorsement Results In A Change In The Charges As Follows:

No Change in Premium

#### Description of Change(s)

Adding Al Name for Primary Wording & Non-Contributory per General Endorsement (BP7002) attached: City of Long Beach, Its Boards, Commissions, Officials, Employees and Agents. 2400 East Spring Street, Long Beach, CA 90806. See The Revised Declarations and Declarations Schedule

Servicing Office and Issue Date

· Northern California

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000

08/27/15

270

08/27/15

#### **DECLARATIONS EXTENSION (continued)**

Additional Premium: INCLUDED

44-231 - PRIMARY & NON-CONTRIBUTORY WORDING

CITY OF LONG BEACH, ITS BOARDS, COMMISSIONS, OFFICIALS, EMPLOYEES AND AGENTS 2400 EAST SPRING STREET LONG BEACH, CA 90806

Date Issued:07/31/2015



## CERTIFICATE OF LIABILITY INSURANCE

CATE (MADDYYYY) 5/15/2015

THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY BELOW. THIS CERTIFICATE OF INSURAN	OR N	EGATI XXES	IVELY AMENO, EXTEND OR NOT CONSTITUTE A CONT	ALTER	THE COVERA	GE AFFORDE	D BY THE POLICIES					
REPRESENTATIVE OR PRODUCER, AND THE MEPORTANT: If the certificate holder is an a the terms and conditions of the policy, certa-	ADDITI no pol	ONAL	. INSURED, the policy(les) m									
certificate holder in Rau of such endorseens PRODUCER SINCLAIR INSURANCE PO Box 722		COMPACT NAME: PHONE (888) 803-1790 [AC. No. Doi: (888) 803-1790 [AC. No. Doi: (888) 803-1790 [AC. No. Doi: (888) 803-1790										
Danville, CA 94526				ADDRES	<b>6</b> K		IDING CXYERAGE	er / Magaza (marens, legal) barrega, i con	WACI			
INSURED	No. 2554					MELIRER A: Farmers Insurance Exchange 21652						
Meter, Valve & Contro	5 <b>1</b> , 1	Inc		INSLINE!	<del></del>		W.	-de	<del>,, .,, ',,, </del>			
1499 Sunnybrook Rd				MSURE	( )):	× ************************************		·				
Alamo, CA 94507				MSLEEF	1 E:			**************************************	n ng salama kanganganan ng palaya kanganagan ng sagaman ng			
Part of the profit	TIFIC	477 h	. 11. fth Strain- fra .	MSURE	( F :		REVISION NUMBER:					
COVERAGES CERT THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED: NOTWITHSTANDING ANY REOF CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	F INS UIREM RYAM OLICIE	URAN ENT. I, TH 5 LIP	TERM OR CONOXTION OF A E INSURANCE AFFORDED (	N REDU NY COM	ITHACT OR C POLICIES DI CED BY PAID	INSURED NAM THER DOCUME ESCREDED HE	IEO ABOVE FOR THE POLI ENT WITH RESPECT TO W	HICH TI	#S			
TYPE OF INSURANCE	ACCI.		POLICY NUMBER		MANDOMYYYY	MAN DOWNYY	LINIT	\$				
CLAIMS-MADE OCCUR							EACH OCCURRENCE DRAWING TO HENTED PREMISES (ER OCCURRENCE)	\$ \$	The state of the s			
							MED EXP (Any one person) PERSONAL & AZV INJURY	*				
GENT. AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRECATE	\$	<del>anno de la c</del> alente de la manda de la calente de la calen			
POLICY MACT LOC							PRODUCTS - COMPOPAGG	\$	<del></del>			
OTHER								3	No. 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
AUTOMOBILE LIABILITY							(Exacelen)		000,000			
ANYAUTO ALLOWNED TO SCHEDULEO					•		BOOLY INJURY (Per person)	*				
A AUTOS X AUTOS MON-GAMEC AUTOS			605062130		11-18-14	11-18-15	MODEY PULLWAY (Per ecodent) PROPERTY DANAGE (Per eccident)	\$				
LAMBRELLA LIMB OCCUR			APPROVEDMS	TNS	tkfici£i	CY	EACH OCCURRENCE	\$ \$				
EXCESS LIAN CLAMEARAGE				2/0	WWe	ර	AGGREGATE	\$				
WORKERS COMPENSATION			FE SV 2 P S S S				PACE   UNS	3				
AND EMPLOYERS LABILITY  ANY PROPRIETOR PARTIMER EXECUTIVE  Y/M			CINO LINE	era	CAL		STATUTE ER EL EACH ADCIDENT	5				
[Mandatory in hel]	M:/A		MI: A. C				EL. DISEASE - CA DWPLOYER	\$				
DESCRIPTION OF OPERATIONS tellow		المروون والموارد	UAT <b>i</b>	-6	114K		EL DISEASE - POLICY LIMIT	\$				
DESCRIPTION OF OPERATIONS / (OCATIONS / VEHICLES	IA/AN	FO 10			move eners is no							
The City of Long Beach, its boa Long Beach, CA 90806							ts, 2400 East Spri	ng St	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -			
CERTIFICATE HOLDER				~ 1.63~F	I LATIONE							
City of Long Beach 2400 East Spring St. Long Beach, CA 90806				SHOU THE ACCE	EXPIRATION	DATE THER H THE POLICY	ESCRIBEO POLICIES BE CA EOF, NOTICE WILL BE PROVISIONS.	QETIN GETTE	D BEFORE ERED IN			
					nder.	1. An	ALE-					

#### CERTIFICATE OF LIABILITY INSURANCE

DATE MINDERYTY 5/18/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

B	ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	URANCE D THE CE	DOES NOT CONSTITUT RTIFICATE HOLDER.	EA (	ONTRACT	BETWEEK T	HE ISSUING INSURER(8),	AUTHORIZED			
, th	(PORTANT: If the certificate holder to terms and conditions of the policy, entificate holder in lieu of such unders	certain p	rolising may require an en	deres	ment. A stat	endorsed, ement on th	If SUBROGATION IS WAIV is certificate does not confi	ED, subject to er rights to the			
CHILDREN TO SERVICE				SHE	CT .	minimum piillopios meil	######################################				
	omalic Data Processing Insurance Age	incy, Inc		Phone			M. wa				
	IP Bodevard				1.5.III.						
Fice	eland, NJ 07068			ALICHE		CONTROL DESCRIPTION	TOTAL CONTRACTOR CONTRACTOR	212.00 M			
1					**** = *******************************		IOWA COVERÂGE	42390			
MARIA	METER, VALVE & CONT	ROL INC									
	1499 SUNNYBROOK RD		1	HAVRE	<u> </u>	~ <del>````</del>					
	Alamo, CA 94507			INSURE	NO:						
					AQ:		The state of the s				
	and the second s	****		INSURE	AF:						
			NUMBER:		via anno di monto di la constanta di		REVISION NUMBER:				
IN OI EJ	HIS IS TO CERTIFY THAT THE POLICIES DICATED. MOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	OUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITION I THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE B	OF AN'	/ CONTRACT THE POLICIE EDUCEO BY F	OR OTHER I S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT 1	TO WHICH THIS			
THE STREET	type of insurance	Anci suba Pasa Wyo	FOLICY HUMBER		POLICY EFF	PARTICIPATION OF THE PARTY OF T	UNITS	·			
	CHARRAL LIABELITY			į			EACH OCCURRENCE S				
	COMMERCIAL CRIMERIAL LIABILITY						PREMISES (Ex countenes)				
	CLAIMS-MADE OCCUR						NED EXP (Any one person) 1				
							PERSONAL & ADVIRLURY 3				
			UT PANALICAS TO	SIL		Ţ	GENERAL AGGREGATE S				
•	GENL AGGREGATE LIMET APPLIES PER		D. 118 211	$\Lambda$	$\mathcal{M}$		FRODUCTS - COMPION AGG. 1	المراقع من يمور ومنطق و منطق المراقع المناطق المناطق المناطق المناطق المناطق المناطق المناطق المناطق المناطقة			
	POUCY TES LOC		ויוי	$\nu \nu$	( VV23	0	*	<del></del>			
	AUTOMORIE LINELITY			- لي		anna anna dha an	COMBINED SINGLE LIMIT	52 <u>. 10</u>			
	OTIM YMA				e e		Ga acceptable 1  BOOKY MANIRY (Per person) 1				
	ALL CHARGED SCHEDULED	]	San Long O		1		SOCILY INJURY (Fer ecodert) 5				
	I MON-CHYMED		G: 3		ند		PROPERTY DAMAGE				
	HRECATOS ATOS			SILA	.16		Peracolari)				
				41.		***					
	UNBRELLA LIAID COOLIN						EACH OCCURRENCE 3				
	EXCEAS LIAB CLAMAS HACK						AGGRECATE \$				
	DED RETENTIONS		manuar v manuar i i manuar i ma								
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/M						X WC STATUL OTH				
A	ANY PROPRETORPANTHEMEXECUTIVE	NIA	MEWC584063		12/23/2014	12/23/2016	EL EACH ACCIONT S	1,000,000			
	OFFICE ASMEDIER EXCLUDED?		,	ě			E L ENSEASE - EA EMPLOYEE E	1,000,000			
	If was, denotes under DESCRIPTION OF OPERATIONS below						EL DESEAGE POLICY LINET B	1,000,000			
				: :	<b>A</b>						
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	area (Marie)	1 ACTES 101, Additional Researce	:Schiidul	u, IT RECORD SPREER	H ANGLAND					
		•	-					i			
	•										
CFF	RTIFICATE HOLDER	s someone, promon	-80	CANC	ELLATION		**************************************				
75.00	THE REPORT OF THE PARTY OF THE		Was intraced a				Later Company of the				
	City of Long Beach 2400 EAST SPRING STRI			THE	EXPWATION	OATE TH	DESCRIBED POLICIES RE CANC EREOF, NOTICE WILL BE BY PROVISIONS.	ELLED BEFORE DELIVERED IN			
	Long Beach, CA 90806-			AUTHO	rced represe		and the same of th				
E			I								

© 1988-2010 ACORD CORPORATION. All rights reserved.