



29487  
**CITY OF LONG BEACH**  
**PUBLIC WALKWAYS OCCUPANCY**  
**PERMIT RENEWAL**

Permittee: Panama Joe's Inc.

Business Name: Panama Joe's Restaurant  
Address: 5100 East Second Street  
Long Beach, CA 90803

Responsible Individual: Laura McHugh

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 10:00 a.m. and 10:00 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 **October 13, 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: 3/18/15



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/21/2014 02/19/15

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 Tagrisk Insurance Services 7755 Center Avenue Suite 605 Huntington Beach CA 92647	CONTACT NAME: Anna Dietrich
	PHONE (A/C, No, Ext): (888) 475-1553 FAX (A/C, No): (714) 902-1748 E-MAIL ADDRESS: <u>adietrich@tagrisk.com</u>
INSURED Panama Joe's Investors, LLC, Panama Joe's Inc DBA Panama Joe's 5100 East 2nd Street Long Beach CA 90803	INSURER(S) AFFORDING COVERAGE
	INSURER A: <u>Gotham Insurance Company</u>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL144204305 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		PK2014RBT40032	4/1/2014	4/1/2015	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 - COM/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			PK2014RBT40032	4/1/2014	4/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			PK2014RBT40032	4/1/2014	4/1/2015	Each Occurrence \$1,000,000 Aggregate \$2,000,000

APPROVED AS TO SUFFICIENCY  
*Michael*  
DISK DAMAGE  
CITY OF LONG BEACH  
DATE: 2/25/15

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

Location: 5100 East 2nd Street Long Beach, CA 90803

Insurable Interest: Additional Insured for Public Walkway Occupant

Certificate holder is listed as additional insured.

APPROVED AS TO FORM  
3/9/15  
CHARLES PARKIN, City Attorney  
By *[Signature]*  
LINDA T. VU  
DEPUTY CITY ATTORNEY

CERTIFICATE HOLDER (562) 570-5176 sherbert.jones@longbeach.g  The City of Long Beach, Its Boards and Commissions, and Their Officials, Employees, and Agent 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Martha Jones</i>
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# CITY OF LONG BEACH

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

333 West Ocean Boulevard, 10<sup>th</sup> Floor • Long Beach, California 90802 • (562) 570-6975 FAX (562) 570-5476 TO FORM

## General Liability Endorsement – Public Walkways Occupancy Permits 3/9, 20 15

Minimum Limits: \$1,000,000 per occurrence, \$2,000,000 General Aggregate, City Attorney

By [Signature]  
LINDA T. VU  
DEPUTY CITY ATTORNEY

### A. GENERAL LIABILITY POLICY INFORMATION

- Insurance Company Gotham Insurance Company
- Policy No. PK2014RBT40032 Policy Term (from) 04/01/2014 (to) 04/01/2015
- Endorsement effective date 04/01/2014 Endorsement expiration date 04/01/2015
- Name of Insured Panama Joe's Investors, LLC - DBA: Panama Joe's
- Address of Named Insured 5100 East 2nd Street Long Beach, CA 90803
- Address of Permitted Operations Same as above
- Deductible or Self-insured Retention (nil unless otherwise specified) \$ 0
- Policy Limits: Occurrence \$ 1,000,000 General Aggregate: \$ 2,000,000
- Policy Form equivalent to: CG 00 01 X 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: Erika Schmidt - Account Executive - Tagrisk Insurance  
 ADDRESS: 7755 Center Avenue Suite 605 Huntington Beach, CA 92647  
 TELEPHONE: (714) 699-9345 FAX: (714) 902-1748

APPROVED AS TO SUFFICIENCY  
[Signature]  
 CITY MANAGER  
 CITY OF LONG BEACH  
2/25/15

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

I, (print name) Erika Schmidt, warrant that I have authority to bind the insurance company listed above in [Name] and by my signature hereon do so bind this company.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (original signature required) [Signature] DATE 02/13/2015

TITLE: Account Executive ORGANIZATION: Tagrisk Insurance Services

ADDRESS 7755 Center Avenue Suite 605 Huntington Beach, CA 92647

TELEPHONE: ( 714 ) 699-9345 FAX NO. (714) 902-1748

**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**

<p><b>State Or Governmental Agency Or Subdivision Or Political Subdivision:</b></p> <p>The City of Long Beach, Its Boards &amp; Commissions, &amp; Their Officials, Employees, &amp; Agents 333 W Ocean Blvd 10th Floor Long Beach, CA 90802</p>	<p>3/9 2015 CHARLES PARKIN, City Attorney By <i>[Signature]</i> LINDA T. VU DEPUTY CITY ATTORNEY</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

**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.

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.

APPROVED AS TO SUFFICIENCY  
*Michael Alcott*  
CITY OF LONG BEACH  
DATE 2/25/15