

**CITY OF LONG BEACH
EVIDENCE OF RENEWAL
PUBLIC WALKWAYS OCCUPANCY
PERMIT
P - 00006**


Permittee: The Omelette Inn

Business Name Omelette Inn
Address: 318 Pine Ave
Long Beach, CA 90802

Responsible Individual: Alma Anguiano

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 **July 2, 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: 9/9/15



APPROVED AS TO FORM

8/24, 2015

CHARLES PARKIN, City Attorney

CITY OF LONG BEACH

DEPARTMENT OF PUBLIC WORKS ATTN: RIGHT OF WAY COORDINATOR

333 West Ocean Boulevard, 10th Floor • Long Beach, California 90802 • (562) 570-8975 FAX (562) 570-7161

General Liability Endorsement – Public Walkways Occupancy Permits

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

Michael Oles
8/19/15

A. GENERAL LIABILITY POLICY INFORMATION

- Insurance Company Farmers Insurance
- Policy No. 604806911 Policy Term (from) 03/25/15 (to) 03/25/2016
- Endorsement effective date 03/25/2015 Endorsement expiration date _____
- Name of Insured The omelette LMA/Alma Anquiano
- Address of Named Insured 318 Pine Ave Long Beach CA 90802
- Address of Permitted Operations 318 Pine Ave Long Beach CA 90802
- Deductible or Self-insured Retention (nil unless otherwise specified) \$ 1,000
- 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.

C. INCIDENT AND CLAIM REPORTING PROCEDURES

Incident and claims are reported to the insurer at:

ATTENTION: Farmers Insurance

ADDRESS: 4252 Atlantic Ave Ste A Long Beach CA 90807
(Name) (Title) (Company)

TELEPHONE: 562 427-2310 FAX: 562 427-4680

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, (print name) Muse N. Lee, 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 08/19/2015

TITLE: Agent ORGANIZATION: _____

ADDRESS 4252 Atlantic Ave Ste A Long Beach CA 90807

TELEPHONE: 562, 427-2310 FAX NO. 562 427-4680