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

P -00006

Permittee:	The Omelette Inn		
Business Name Address:	Omelette Inn 318 Pine Ave Long Beach, CA 90802		
Responsible Individual:	Alma Anguiano		

The attached Public Walkways Occupancy Permit is renewed for an additional oneyear 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/



## SATE OF LIABILITY INSER

DATE (MM/DD/YYYY) 05/01/2015

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

	e terms and conditions of the policy ertificate holder in lieu of such endors	•	2 ,	ndorsei	nent. A stat	ement on thi	s certificate does not con	fer rights to the
	DUCER	sement(s)	•	CONTA	ст			
Jose Lee(299025L)				PHONE			62-427-4680	
4252 Atlantic Ave Ste A					E-MAIL ADDRESS: jiee3@farmersagent.com			
				L	INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#
Lor	ng Beach CA 90807-2	800		INSURE	RA: Truck In	surance Exc	hange	21709
INSU	RED			INSURE	RB: Farmers	s Insurance E	xchange	21652
THE OMELETTE INN					INSURER C: Mid Century Insurance Company			
318 PINE AVE					INSURER D :			
				INSURE	RE:			
	LONG BEACH	CA	90802	INSURE	RF:			
CO	VERAGES CER	TIFICATE	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,								
	(CLUSIONS AND CONDITIONS OF SUCH			BEEN F	REDUCED BY	PAID CLAIMS		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE \$	1,000,000
	X COMMERCIAL GENERAL LIABILITY	j					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	75,000

LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75,000
	CLAIMS-MADE X OCCUR	 					MED EXP (Any one person)	\$ 5,000
Α	Y	N	604806911	03/25/2015	03/25/2016	PERSONAL & ADV INJURY	<b>\$ 1,000,</b> 000	
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	İ					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY			APPROVE N. A			COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO	ļ		$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	101 a		BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS			VI Well	Wille	Þ	BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS				*		PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE			8/19	K		AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		1/A	,		E.L. EACH ACCIDENT	\$	
						E.L. DISEASE EN EMPLOYEE	Ç	
	If yes, describe under DESCRIPTION OF OPERATIONS below				·		E.L. DISEASE - POLICY LIMIT	\$
			1					
		i						
DEC	CONTION OF OBERATIONS (1 COATIONS (VEU)			ACORD 404 Additional Demants Cab adula	16		DOVED AS TO FOR	244

318 PINE AVE, LONG BEACH, CA 90802

. 20 £ **CHARLES PARKIN** 

> LINDA T. VU DEPUTY CITY ATTORNEY

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CITY OF LONG BEACH DEPARTMENT OF PUBIC

**WORKS** 

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

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APPROVED AS TO DRM

8 24, , 2015

CHARLES PARKIN, City Attorney

## CITY OF LONG BEACH

DEPARTMENT OF PUBLIC WORKS ATTN: RIGHT DEPWAY CODASTA RENE

Wahard Oles

333 West Ocean Boulovard, 10th Floor • Long Boach, California 90802 • (562) 570-6975 FAX (562) 570-7161

		General Liability Endorsement – Public Walkways Occupancy Permits  Minimum Limits: \$1,000,000 per occurrence, \$2,000,000 general aggregate
A.	GENER	Minimum Limits: \$1,000,000 per occurrence, \$2,000,000 general aggregate  BAL LIABILITY POLICY INFORMATION  To x m 4 c c live x 2 c c
	1.	Insurance Company Farmers Insurance
	2.	Palicy No. 604806911 Policy Term (from)03 25 15 (to) 03 25 2016
	3.	Endorsement effective date 03 25 2015 Endorsement expiration date
	4.	Name of Insured The omeletle un / Alma Angulano
	6.	Address of Named Insured 318 Pine Ave Long Beach CA 90802
	6.	Address of Permitted Operations 318 Pine Ave Long Beach CA 90802
	7.	Deductible or Self-insured Retention (nil unless otherwise specified) \$ 1,000
	8.	Policy Limits: Occurrence \$ 1:000:000 General Aggregate: \$ 2:000:000
	9.	Policy Form equivalent to: CG 00 01CG 00 02GL 00 02
<b>B</b> .	POLIC!	Y AMENDMENTS
	This en which ti	dorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to his endorsement is attached or any other endorsement attached thereto, it is agreed as follows:
	are set aris	DITIONAL INSURED. The City of Long Beach, its boards and commissions, and their officials, employees, and agents included as additional insured with respect to all loss, liability, claims, demands causes of action, damages, tisment, expenses, and costs (including but not limited to attorney's fees and defense and investigation expenses) sing out of, or in any manner incident to, operations performed by or on behalf of the Named Insured related to the milt issued by the City.
	COF	IMARY AND NONCONTRIBUTORY COVERAGE. The coverage afforded by this policy to the City, its boards and mmissions, and their officials, employees and agents shall be primary insurance. Any other insurance or self-insurance intained by the City, its boards, officials, employees, and agents shall be in excess of this insurance and not contribute t.
	3. SE	VERABILITY OF INTERESTS. The insurance afforded by this policy applies separately to each insured that is seeking verage or against whom a claim is made or a suit is brought, except with respect to the Insurer's limit of liability.
	4. CR any	IOSS LIABILITY. The naming of more than one insured under this policy shall not, for that reason alone, extinguish y rights of one insured against another, subject to the insurer's limit of liability.
	and	NCELLATION NOTICE: This insurance shall not be cancelled, nonrenewed, or reduced in coverage or timits except ar thirty (30) days prior written notice has been given to the City (ten (10) days prior written notice if the policy is noticed for nonpayment of premium). Such notice shall be addressed to the City of Long Beach at the address above.
C.	INCIDE	NT AND CLAIM REPORTING PROCEDURES
		t and claims are reported to the insurer at:
	ATTE	ention: Farmers insurance
	ADDF	PESS: 4252 Affairctic Ave Ste A (Company) each CA 90807
	TELE	PHONE: 1562, 427-2310 FAX: 1562, 427-4680
D.	SIGNA	TURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER
		int name) (USE N. Lee warrant that I have authority to bind the ance company listed above in Item A.1. and by my signature hereon do so bind this company.
	SIGN	ATURE OF AUTHORIZED REPRESENTATIVE (original signature required)  DATE
	TITLE	: Agent organization:
	ADDF	HESS 4352 Alandic Ave Ste A Long Beach CA 90807

TELEPHONE: 502,427-0310