



P - 00032

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

**Permittee:** Kevin Pittsey

**Business Name** Pot Holder  
**Address:** 3700 East Broadway  
Long Beach, CA 90803

**Responsible  
Individual:** Keving Pittsey

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

1. Except as expressly stated herein, all of the terms, covenants, and conditions of the
2. 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 **February 4, 2017**.
3. 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: 

**Craig A. Beck  
Director of Public Works**

Date: 8/12/16



Policy Number:

Date Entered: 7/6/2016

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2016

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 <b>Diane R Adams Insurance Agency</b> 2134 Main St. #280 Huntington Beach, CA 92648	CONTACT NAME:		
	PHONE (A/C No. Ext):	(714) 374-3282	FAX (A/C No.): (714) 374-3288
	E-MAIL ADDRESS:	j.kennelly@adams-insuranceagency.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED <b>PTHLDER, INC.</b>  DBA: Potholder Cafe 3700 E. Broadway Long Beach, CA 90803	INSURER A:	Travelers	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

**COVERAGES**                      **CERTIFICATE 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		680-2B633152-16-42	2/1/2016	2/1/2017	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 - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 <input type="checkbox"/> 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		Y/N <input type="checkbox"/> N/A				PER STATUTE <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  
*Charles Parkin*  
RISK MANAGER  
CITY OF LONG BEACH  
DATE: 08-02-16

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
3700 E Broadway, Long Beach, CA 90803  
1390 E Burnett St i, Signal Hill, CA 90755

certificate holder listed as additional insured per attached endorsement  
APPROVED AS TO FORM  
8-8, 2016  
CHARLES PARKIN, City Attorney  
By *Charles Parkin*  
AMY R. WEBBER  
DEPUTY CITY ATTORNEY

<b>CERTIFICATE HOLDER</b> City of Long Beach, it's officials, employees and office of the city engineer 333 West Ocean Blvd, 10th Floor Long Beach, CA 90802	<b>CANCELLATION</b> 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>Diane Adams</i>
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POLICY NUMBER: 680-2B633152-16-42

COMMERCIAL GENERAL LIABILITY  
ISSUE DATE: 12/10/2015

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED-STATE OR POLITICAL SUBDIVISIONS-PERMITS RELATING TO PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

State or Political Subdivision:

CITY OF LONG BEACH, IT'S OFFICIALS, EMPLOYEES AND AGENTS

OFFICE OF THE CITY ENGINEER/B. PITTMAN  
333 WEST OCEAN BOULEVARD, 10TH FLOOR  
LONG BEACH CA 90802

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:

1. The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners, or decorations and similar exposures; or
2. The construction, erection, or removal of elevators; or
3. The ownership, maintenance, or use of any elevators covered by this insurance.

APPROVED AS TO SUBSTANTIVE  
*Rouder*  
 RISK MANAGER  
 CITY OF LONG BEACH  
 DATE: 08-02-16

APPROVED AS TO FORM  
 8-8, 2016  
 CHARLES PARKIN, City Attorney  
 By *[Signature]*  
 AMY R. WEBBER  
 DEPUTY CITY ATTORNEY