

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

INSURED	THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC#
	INSURER A:	
	INSURER B:	
	INSURER C:	
Phone 310-308-2451		INSURER D:
		INSURER E:

COVERAGES

THE POLICES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 2,000,000	
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000	
					MED EXP (Any one person) \$	
					PERSONAL & ADV INJURY \$ 1,000,000	
					GENERAL AGGREGATE \$ 3,000,000	
					PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea Accident) \$	
					BODILY INJURY (per person) \$	
					BODILY INJURY (per accident) \$	
					PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$	
					OTHER THAN AUTO ONLY	EA ACC \$
						AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$	
					AGGREGATE \$	
					\$	
					\$	
					\$	
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/MEMBER EXCLUDED? If yes, describe under Special Provisions below				<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other \$	
					E.L. EACH ACCIDENT \$	
					E.L. DISEASE -EA EMPLOYEE \$	
					E.L. DISEASE -POLICY LIMIT \$	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

CERTIFICATE HOLDER

THE CITY OF TUSTIN, ITS ELECTIVE & APPOINTED BOARDS,
 OFFICERS, AGENTS AND EMPLOYEES
 300 CENTENNIAL WAY
 TUSTIN, CA 92780
 The Irvine Company LLC - Retail Properties
 101 Innovation Dr.
 Irvine, CA 92617

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED--DESIGNATED PERSON
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

Name of Person or Organization:

**THE CITY OF TUSTIN, ITS ELECTIVE & APPOINTED BOARDS,
OFFICERS, AGENTS AND EMPLOYEES
300 CENTENNIAL WAY
TUSTIN, CA 92780**

The Irvine Company LLC – Retail Properties
101 Innovation Dr.
Irvine, CA 92617

(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 the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

POLICY NUMBER:

**COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

The following is added to the Other Insurance Condition and supersedes any provision to the Contrary:

Primary And Noncontributory insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under you policy
Provided that:

- {1} The additional insured is a Named Insured under such other insurance:

THE CITY OF TUSTIN, ITS ELECTIVE & APPOINTED BOARDS,
OFFICERS, AGENTS AND EMPLOYEES
300 CENTENNIAL WAY
TUSTIN, CA 92780

The Irvine Company LLC – Retail Properties
101 Innovation Dr.
Irvine, CA 92617

ENDORSEMENT

This endorsement, effective 12:01 a.m. forms a part of

Policy No. [redacted] issued to

by I Bling Insurance

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION NOTIFICATION TO OTHERS ENDORSEMENT

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

Name of Person(s) or Entity(ies)	Mailing Address:	Number of Days Advanced Notice of Cancellation:
THE CITY OF TUSTIN, ITS ELECTIVE & AMP; APPOINTIVE BOARDS, OFFICERS, AGENTS AND EMPLOYEES	300 CENTENNIAL WAY TUSTIN, CA 92780	30

All other terms and conditions of the Policy remain unchanged.