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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/28/2024

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 have ADDITIONAL INSURED provisions or 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).

	is certificate does not confer rights to							equire an endorsement	. A Sta	ternent on
	DUCER					CT Crown Ca				
Willis Towers Watson Northeast, Inc.				PHONE FAX						
	26 Century Blvd Box 305191				(A/C, No E-MAIL		est@crownca	(A/C, No):		
	hville, TN 372305191 USA				ADDRE				Т	
Mashville, TN 3/2305191 USA					INSURER(S) AFFORDING COVERAGE				NAIC# 20443	
INSURED				INSURER A: Continental Casualty Company INSURER B: Berkshire Hathaway Specialty Insurance Com						
	wn Castle Inc.								e Com	22276
10000000	Attached Named Insured List							cance Company		35289
1,000	0 Katy Freeway ston, TX 77024				INSURE	RD: Travel	ers Propert	y Casualty Company o	f Ame	25674
nou	ston, 1x //024				INSURE	RE:				
					INSURE	RF:				
100000000000000000000000000000000000000				NUMBER: W33058068				REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LIK	X COMMERCIAL GENERAL LIABILITY	INSU	WVD	POLICI NUMBER		(MM/UU/TTTT)	(MM/DD/TTTT)	EACH OCCURRENCE	s	2,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		1,000,000
A	CLAIMS-MADE COCCUR							PREMISES (Ea occurrence)	\$	
A		Y	Y	7018331477		04/01/2024	04/01/2025	MED EXP (Any one person)	\$	10,000
				7010331477		04/01/2024	04/01/2025	PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER:							COMPINED CINCLE LIMIT	\$	
	AUTOMOBILE LIABILITY	У						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
_	X ANY AUTO							BODILY INJURY (Per person)	\$	
A	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY		Y	BUA 7018331432		04/01/2024	04/01/2025	BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s	5,000,000
В	EXCESS LIAB CLAIMS-MADE	Y	Y	47-UMO-303445-10		04/01/2024	04/01/2025	AGGREGATE	s	5,000,000
	DED X RETENTION \$ 25,000								s	
	WORKERS COMPENSATION	N/A	У			04/01/2024	04/01/2025	X PER STATUTE OTH-	•	
С	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s	1,000,000
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)			WC7018331446				E.L. DISEASE - EA EMPLOYEE	-	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	1,000,000
D	All Risk Personal Property			QT-630-5D736475-TIL	-24	04/01/2024	04/01/2025		\$1,000	
	100% Replacement Cost			gr 000 05/001/0 122		01,01,2021	01,01,2020	22.112.0.	41,000	,000
	1000 Replacement cost									
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	EQ //	CORD	404 Additional Damado Cabadul	a mau b	attached if war		.JI	-	
DES	CRIFTION OF OPERATIONS / LOCATIONS / VEHICL	.63 (2	CORD	101, Additional Remarks Schedul	e, may be	attached ii mor	APPI	ROVED AS TO FORM	(1)	
SEE	ATTACHED							70.0111	IN	
							By:			
							M	ICHAEL E. GATES		
								CITY ATTORNEY		
							CITY OF	HUNTINGTON BEA	CH	
CE	RTIFICATE HOLDER				CANC	ELLATION				
G:	ku of Hunkinskan Pooch				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
3,000,000	ty of Huntington Beach blic Works				AUTHORIZED REPRESENTATIVE					
	00 Main Street				Canal Pain					
Huntington Beach, CA 92648						Joseph Spin				

AGENCY CUSTOMER ID:	
1.00 #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY			NAMED INSURED				
Willis Towers Watson Northeast, Inc.			Crown Castle Inc. See Attached Named Insured List				
POLICY NUMBER			8020 Katy Freeway				
See Page 1			Houston, TX 77024				
CARRIER		NAIC CODE					
See Page 1		See Page 1	EFFECTIVE DATE: See Page 1				
ADDITIONAL REMARKS		1					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance							
BU#823240 - CM090 Fire Station, 19711 BUSHARD ST., Huntington Beach, CA 92646 (T-Mobile: LA02090A)							
BU#827443 - SC100 Greer Park, 6900 BRUNSWICK DR., Huntington Beach, CA 92647 (T-Mobile: LA02541A).							
*Property: Business/Personal Proper	ty.						
City of Huntington Beach (Lessor), its officers, agents, and employees are included as Additional Insureds under the General Liability and Umbrella/Excess Liability as their interest may appear and as required by written agreement and only with respect to the liability arising out of the operations performed by or on behalf of the Named Insured.							
City of Huntington Beach (Lessor), its officers, agents, and employees are included as Additional Insureds as their interest may appear with respect to the Automobile Liability for liability arising out of the operations or work performed by the named insured, if required by written agreement.							
General Liability, Automobile Liability, Umbrella/Excess Liability, and Workers Compensation include a Waiver of Subrogation in favor of the Additional Insureds when agreed in written contract prior to the loss, but always subject to the policy terms, conditions and exclusions as permitted by law.							
INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America POLICY NUMBER: QT-660-1S576470-TIL-24							
TYPE OF INSURANCE: LIM	IT DESCRIPTION	м.	LIMIT AMOUNT:				
Property Coverage - Lim		и.	\$1,000,000				
Towers Only			41 /888/888				
INSURER AFFORDING COVERAGE: Travele POLICY NUMBER: QT-660-18577626-TIL-	The second secon	asualty Com TE: 04/01/2		NAIC#: 25674			
TYPE OF INSURANCE: LIM	IT DESCRIPTION	N:	LIMIT AMOUNT:				
Non-Tower Inland Marine Lim	it:		\$1,000,000				
Contractors Equipment Lim	it:		\$1,000,000				
Installation Lim	it:		\$800,000				

SR ID: 25634098

BATCH: 3396656

CERT: W33058068

Additional Insured - Designated Person Or Organization

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

CITY OF HUNTINGTON BEACH,
ITS OFFICERS, ELECTED OR APPOINTED OFFICIALS,
EMPLOYEES, AGENTS AND VOLUNTEERS
P.O. BOX 711
HUNTINGTON BEACH, CA 92648

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for bodily injury, property damage or personal and advertising injury caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such

CG2026 04-13
Page 1 of 2
CONTINENTAL CASUALTY COMPANY
Insured Name: CROWN CASTLE INC.

Policy No: 7018331477
Endorsement No: 64
Effective Date: 04/01/2024

Additional Insured - Designated Person Or Organization

additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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
- 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.

40020007770183314777373



Policy No: 7018331477

Endorsement No: 64
Effective Date: 04/01/2024





Primary and Noncontributory - Other Insurance Condition Endorsement

This endorsement modifies insurance provided under the following:

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

It is understood and agreed that the condition entitled Other Insurance is amended to add the following:

Primary And Noncontributory Insurance

Notwithstanding anything to the contrary, this insurance is primary to and will not seek contribution from any other insurance available to an additional insured under this policy provided that:

- a. the additional insured is a named insured under such other insurance; and
- b. the Named Insured has agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

50020007770183314778126



Policy No: 7018331477
Endorsement No: 12
Effective Date: 04/01/2024

ENDORSEMENT

This endorsement, effective 12:01AM:

04/01/2024

Forms a part of Policy No.:

47-UMO-303445-10

Issued to:

Crown Castle Inc.

By:

Berkshire Hathaway Specialty Insurance Company

NOTICE OF CANCELLATION - DESIGNATED ENTITIES OR INDIVIDUALS ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY POLICY
COMMERCIAL UMBRELLA LIABILITY POLICY
COMMERCIAL RETAINED LIMIT LIABILITY INSURANCE POLICY
FOLLOW FORM EXCESS LIABILITY POLICY
PRODUCTS/COMPLETED OPERATIONS LIABILITY POLICY

The following is added to the policy:

SCHEDULE

Name and Address	Notice of Cancellation (Other Than Non-Payment)
To be provided by Broker	30 days
2000 Corporate Drive	
Canonsburg, PA 15317-0000	

Except with respect to cancellation for non-payment of premium, the entities and individuals listed in the Schedule of this endorsement shall receive prior written notice of cancellation not less than the number of days listed for them in the Schedule, respectively.

Other than the right to receive notice of cancellation as set forth herein, however, this endorsement confers no rights or status under this policy for any entity or individual listed in the Schedule of this endorsement.

All other terms and conditions of this policy remain unchanged.



Workers Compensation And Employers Liability Insurance Policyholder Notice



NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS

It is understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificate Holders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificate Holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: CC68021A (02-2013) Policyholder Notice; Page: 1 of 1

Underwriting Company: The Continental Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7018331446 Policy Effective Date: 04/01/2024

Policy Page: 4 of 382





NOTICE OF CANCELLATION TO CERTIFICATEHOLDERS

It is understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificateholders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificateholder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

All other terms and conditions of the policy remain unchanged

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.





NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS

It is understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificate Holders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificate Holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

Form No: CC68021A (02-2013) Page 1 of 1

Underwriting Company: Continental Casualty Company

Policy No: 7018331477 Policy Effective Date:4/01/2024