

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Crown Castle Inc. See Attached Named Insured List 8020 Katy Freeway Houston, TX 77024	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

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 Property.

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 NAIC#: 25674
 POLICY NUMBER: QT-660-1S576470-TIL-24 EFF DATE: 04/01/2024 EXP DATE: 04/01/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Property Coverage - Towers Only	Limit:	\$1,000,000

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America NAIC#: 25674
 POLICY NUMBER: QT-660-1S577626-TIL-24 EFF DATE: 04/01/2024 EXP DATE: 04/01/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Non-Tower Inland Marine	Limit:	\$1,000,000
Contractors Equipment	Limit:	\$1,000,000
Installation	Limit:	\$800,000



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

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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
2. 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.

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**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.

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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 2000 Corporate Drive Canonsburg, PA 15317-0000	30 days

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.



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.



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.

Form No: CNA68021XX (02-2013)

Endorsement Effective Date:

Endorsement No: 147; Page: 1 of 1

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

Endorsement Expiration Date:

Policy No: BUA 7018331432

Policy Effective Date: 04/01/2024

Policy Page: 590 of 635



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)

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Underwriting Company: Continental Casualty Company

Policy No: 7018331477

Policy Effective Date: 4/01/2024