



City of Huntington Beach
2000 Main Street
Huntington Beach, California 92648

Certificate of Self Insurance

Memorandum Number: FY 24/25, No. 010

This evidence of coverage is used as a matter of information only and confers no rights upon the Certificate Holder. This evidence of coverage does not amend, extend or alter the coverage afforded by the memoranda listed below.

Certificate Holder: City of Newport Beach

Coverage Effective: 07/01/24

Coverage Expires: 06/30/25

This is to certify that the City of Huntington Beach is self-insured for general liability claims. Sufficient cash reserves to afford coverage for uninsured losses are maintained at \$1,000,000.

Type of Coverage: General Liability, Comprehensive Auto Liability, Employer's Liability, Workers' Compensation Coverage

Limit of Liability/Coverage: \$1,000,000 Combined Single Limit per Occurrence

Certificate Requested By: DeAnna Soria, Risk Management

Description of Operation, Vehicle or Property: This certificate is issued to and additionally insures the Certificate Holder, its agents, officers, representatives and employees as proof of the City of Huntington Beach's self-insurance status in conjunction with the Services Agreement for Public Safety Helicopter Support between the City of Huntington Beach and the City of Newport Beach. It is provided to DeAnna Soria of the City of Huntington Beach Human Resources Department at 2000 Main Street, Huntington Beach, CA (92648).

Should any of the above coverage for the Covered Party be changed or withdrawn prior to the expiration date issued above, the City of Huntington Beach will mail a 30-day written notice to the Certificate Holder but, failure to mail such notice shall impose no obligation or liability of any kind upon the City of Huntington Beach, its agents, officers or employees. If you have any questions, contact:

DeAnna Soria, Risk Manager
(714) 536-5519

Authorized Representative: _____



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2000 Main Street
Huntington Beach, California 92648

Additional Insured Endorsement

Memorandum Number: FY 24/25, No. 010

This evidence of additional insured status is provided to the person or organization shown in the schedule below. The coverage is provided on a primary and non-contributory basis.

SCHEDULE

Named of Person or Organization: The City of Newport Beach

Coverage Effective: 07/01/24

Coverage Expires: 06/30/25

Type of Coverage: General Liability

Limit of Liability/Coverage: \$1,000,000 Combined Single Limit per Occurrence

Endorsement Requested By: DeAnna Soria, Risk Management

Description of Operation, Vehicle or Property: This additional insured endorsement is issued in conjunction with the Services Agreement for Public Safety Helicopter Support between the City of Huntington Beach and the City of Newport Beach. It is provided to DeAnna Soria of the City of Huntington Beach Human Resources Department at 2000 Main Street, Huntington Beach, CA (92648).

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Authorized Representative: _____