



# CERTIFICATE OF LIABILITY INSURANCE

9/30/2018

DATE (MM/DD/YYYY)

9/4/2018

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).

**PRODUCER** LOCKTON COMPANIES  
3657 BRIARPARK DRIVE, SUITE 700  
Houston TX 77042

**CONTACT**

NAME:

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL:

ADDRESS:

**INSURER(S) AFFORDING COVERAGE**

NAIC #

**INSURER A:** Markel International Insurance Company Limited**INSURER B:** Berkley National Insurance Company

38911

**INSURER C:** Tri-State Insurance Company of Minnesota

31003

**INSURER D:** Signal Mutual Indemnity Association Ltd**INSURER E:****INSURER F:**

**INSURED** DCOR, LLC  
1346569 Dos Cuadras Offshore Resources, LLC  
290 Maple Court  
Suite 290  
Ventura CA 93003

**COVERAGES**

CERTIFICATE NUMBER: 11060704

REVISION NUMBER: XXXXXXXX

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"/> S&A Pollution GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	JCGL100668	1/1/2018	1/1/2019	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 - COMPIOP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	ECA3102280-16	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	N	Y	JUMB100573	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	EWC3102278-16 44800 - USL&H	1/1/2018 9/30/2017	1/1/2019 9/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED Certificate Pertains to All Operations of the Named Insured and Certificate Holder and per Franchise Agreement between the City of Huntington Beach and DCOR, LLC pursuant to City's Pipeline Franchise Ordinance. Please refer to Addendum for further detailed information.

APPROVED AS TO FORM

CERTIFICATE HOLDER

By: *Scott Fiddler*  
**MICHAEL E. GATES**  
CITY ATTORNEY  
CITY OF HUNTINGTON BEACH  
9/6/18

CANCELLATION See Attachment

11060704

City of Huntington Beach  
The City of Huntington Beach, its officers,  
elected or appointed officials, employees, agents  
and volunteers; Community Services Department  
103 Pacific Coast Highway  
Huntington Beach CA 92648

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

*Scott Fiddler*

ACORD 25 (2016/03)

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**City of Huntington Beach**  
**2000 Main Street**  
**Huntington Beach, CA 92648**  
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City Of Huntington Beach, Its Agents, Officers, And Employees Are Included As Additional Insureds For Commercial General Liability And Automobile Liability When Required By Written Contract, But Is Limited To Liability Arising Out Of The Operations Of The Named Insured Under Said Contract, And Always Subject To The Policies' Terms, Conditions And Exclusions.

Waiver Of Subrogation In Favor Of City Of Huntington Beach, Its Agents, Officers, And Employees, When Required By Written Contract, But Limited To Liability Arising Out Of The Operations Of The Named Insured Under Said Contract, And Always Subject To The Policies' Terms, Conditions, And Exclusions.

Named Insured: DCOR LLC

Policy Number: JCGL100668

Policy Period: January 1, 2018 to January 1, 2019

Effective Date: January 1, 2018

Endorsement Number: 3

ADDITIONAL INSURED

The ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION Form No. 5010 01 17 is included as attached.

Attached to and forming a part of Markel International Insurance Company Limited Policy No. JCGL100668

Date: September 5, 2018



Authorized Representative  
Houston TX  
J. H. Blades & Co., Inc.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

*This endorsement modifies insurance provided under BLADES OIL & GAS GENERAL LIABILITY COVERAGE FORM*

**Name of Additional Insured Person(s) or Organization(s):**

The City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers  
~~Community Services Department~~  
~~1-3 Pacific Coast Highway~~  
Huntington Beach, CA 92648

3819 Warner Ave.

Placed 9-6-18

As respects the person or organization shown in the Schedule above, the following is added to Paragraph 2 of SECTION II

– WHO IS AN INSURED:

**Additional Insured - Designated Person or Organization:**

The scheduled person(s) or organization(s) is an Additional Insured 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 premises owned by or rented to you.