

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
11/22/2019

PRODUCER AND THE NAMED INSURED
North America Chemical Users and Applicators, Inc. Inc., A Risk Retention
Purchasing Group qualified under the Risk Retention Act of 1986; Federal Law 97-
45.
P.O. Box 469
Sandy, UT 84091-0469
800-433-6162

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR
NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED
BY THE INSURANCE POLICIES BELOW.**

INSURERS AFFORDING COVERAGE

INSURED
SC Cleaning Specialist

DBA: Kleanco Systems
16011 Santa Barbara Lane
Huntington Beach, CA 92649


INSURER A: NOTICE: Coverage is being provided as part of a Master Group
INSURER B: Policy issued to members of the North America Chemical Users
INSURER C: and Applicators Association, Inc.
INSURER D: , a Risk Retention 'Purchasing Group' authorized under the Risk
INSURER E: Retention Act of 1986; Federal Law 97-45.

**"LIMITS SHOWN ARE THOSE IN
EFFECT AS OF POLICY INCEPTION"**

Prime Insurance Company

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> Commercial Liability <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	LJS0992-190110001	11/7/2019	11/7/2020	\$1,000,000 Per Accident \$2,000,000 Policy Aggregate \$1,000,000 Care Custody & Control \$1,000,000 Premises Liability
<input type="checkbox"/> Commercial Auto Liability Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Drive Away				
<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession	APPROVED AS TO FORM By:  MICHAEL E. GATES CITY ATTORNEY CITY OF HUNTINGTON BEACH			
<input type="checkbox"/> Excess Liability				

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED

Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISION

Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Window Cleaning (below 2 stories), Carpet, Rug, Furniture & Upholstery, Janitorial Service (excluding buffing, stripping & waxing). INSURED ADDRESS: 16011 Santa Barbara Lane, Huntington Beach, CA 92649

☐ **CERTIFICATE HOLDER** ☒ **ADDITIONAL INSURED** ☐ **LOSS PAYEE**

City of Huntington Beach
it's officers, officers, officials, employees, agents and volunteers

2000 Main Street
Huntington Beach, CA 92648

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 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 OF THE 'PURCHASING GROUP'

ADDITIONAL INSURED ENDORSEMENT

RAP-99-12

This Endorsement changes the terms and conditions of the Coverage Contract issued. Please read it carefully!

The following requirements govern coverage under the Coverage Contract and must be adhered to for coverage to be provided to the Participating Member under the Coverage Contract. No activities conducted by the Participating Member are covered under the Coverage Contract unless they are conducted in full compliance with all of the requirements specified below and in the Coverage Contract. The Participating Member must advise its employees, agents, contractors, and/or subcontractors of these requirements and ensure that they also abide by them for coverage to be provided. The Participating Member agrees and understands that any noncompliance with the following specified requirements and/or the terms and conditions set forth in the Coverage Contract will result in the denial of coverage under the Coverage Contract meaning the Insurer will not be obligated to indemnify or defend you.

Master Coverage Contract Number: LJS0992

Certificate Number: 190110001

Participating Member: SC Cleaning Specialist

Effective Date: 11/22/2019

Additional Insured: City of Huntington Beach
it's officers, officers, officials, employees, agents and volunteers

2000 Main Street
Huntington Beach, CA 92648

The "Who is a Participating Member" provision of the Coverage Contract shall be amended to include the person or organization scheduled in this Endorsement as an Additional Insured for the limited purpose of liability arising from Your Work, as that term applies to the Participating Member only, and subject to all other terms and conditions of the Coverage Contract and this Endorsement.

The coverage provided by this Endorsement only extends to cover the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Participating Member and only to the extent the Participating Member would have been liable and coverage would have been afforded to the Participating Member under the terms and conditions of this Coverage Contract had such Claim been made against the Participating Member.

The Coverage Contract expressly provides that coverage is to be construed and enforced in accordance with the laws of the State of Utah, and the Participating Member has consented to the jurisdiction of the courts of the State of Utah and has agreed that those courts shall be the exclusive forum to hear and decide disputes consisting of or relating to coverage issues.

The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Master Group Policy issued to the Insured Association, the participating member Coverage Contract, and all related documents providing coverage to the Participating Member. The failure of the Participating Member to adhere to any such provisions will also defeat coverage under the Coverage Contract for all Additional Insureds.

A copy of the Participating Member Coverage Contract may be obtained from the Participating Member or by contacting the Industry Association Purchasing Group office in Salt Lake City, Utah, during normal business hours.

Endorsement No.: 0

Evolution Insurance Brokers, LC
0H93938

PRIMARY AND NONCONTRIBUTORY ENDORSEMENT

PAP-99-38



This Endorsement changes the terms and conditions of the Policy issued. Please read it carefully!

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your Policy provided that:

1. The additional insured is a Named Insured under such other insurance; and
2. You have 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.

Additional Insured:

City of Huntington Beach
it's officers, officers, officals, employees, agents and volunteers
2000 Main Street
Huntington Beach , CA 92648

Insured: SC Cleaning Specialist dba Kleanco Systems Policy: LJS0992-190110001 Date: 11/7/2019 To 11/7/2020