OP ID: MM

ACORD°

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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).

	DGATION IS WAIVED, subject ficate does not confer rights to					equire an endors	ement. A sta	atement on			
PRODUCER		916-676-0844	CONT. NAME	CONTACT Eddie Berg							
Beach & O'Neill				PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676							
7520 Greenback Citrus Heights,			E-MAII ADDR	SS:		,	,				
						DING COVERAGE		NAIC #			
			INSUR	ER A: Navigators	Specialty Ins Co			36056			
INSURED	Swing Stage Systems Inc		INSUR	ER B : Security Nat	tional Insurance	Со		19879			
	29229 Pacific Street Hayward, CA 94544		INSUR	INSURER C : State Compensation Ins Fund							
	riaywara, on onon		INSUR	INSURER D:							
			INSUR	ER E :							
			INSUR	ER F:							
COVERAG	ES CER	TIFICATE NUMBER:			F	REVISION NUMB	ER:				
	O CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY RE										
CERTIFICA	ATE MAY BE ISSUED OR MAY I	PERTAIN, THE INSURANC	E AFFORDED BY	THE POLICIES	S DESCRIBED						
NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICE	Y NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				

Α X COMMERCIAL GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 50,000 CLAIMS-MADE | X | OCCUR Χ LA17CGL194345IC 07/01/2017 07/01/2018 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT В 1,000,000 **AUTOMOBILE LIABILITY** (Ea accident) X ANY AUTO SPP1337804-02 07/01/2017 07/01/2018 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY **UMBRELLA LIAB** OCCUR EACH OCCURRENCE CLAIMS-MADE **FXCESS LIAB** AGGREGATE DED RETENTION \$ X PER STATUTE OTH-C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 9104666-2017 06/28/2017 06/28/2018 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1.000.000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 65 and 77 Battery Street Buildings / 100 Bush Corporation, a California
Corporation, and Battery Tai Shing Corporation, a California Corporation
and its agents, beneficiaries, partners, employees and any mortgagee of
Landlord and The Shell Building are named as Additional Insured per
endorsement CG2038 0413 & CG2037 0413.

CERTIFICATE HOLDER	CANCELLATION
100 Bush Corporation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Battery Tai Shing Corporation 100 Bush Street, Suite 218 San Francisco, CA 94104	AUTHORIZED REPRESENTATIVE  Raclel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

OP ID: MM

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	nis certificate does not confer rights t	.5 1116		76-0844		CT Eddie Be				
	DUCER h & O'Neill Insurance		310-0	770-0044	NAME: PHONE		6-0844	FAX	916-67	2 0060
Licer 7520	nse #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRE	o, Ext):	0-0044	(Á/Ĉ, No):	910-07	5-0000
Citru	s Heights, CA 95610				ADDRE		NUDER(O) AFFOR	DING COVERAGE		NAIG #
						INS R A : Navigators		RDING COVERAGE		36056
15101	JRED Swing Stage Systems Inc				INSURE	R A : Security Na	ational Insurance	. Co		19879
INSU	29229 Pacific Street				INSURE	R B : State Comp	nensation Ins Fu	nd		35076
	Hayward, CA 94544						Jenisation ins r u			33070
					INSURE					
					INSURE					
					INSURE	RF:				
				NUMBER:	VE DEE	N IOOUED TO		REVISION NUMBER:	IE D	NIOV PEDIOD
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R									
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE	D HEREIN IS SUBJECT TO		
L INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN					
<u>LTR</u>	I THE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
В	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION\$							▼ PER OTH-	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0404000 0047				X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if more	e space is require	ed)		
as Ac	298 Pacific Ave. San Francisco, CA / 2298 Pacific Iditional Insured per endorsement CG2038 0413.	Avoilue	, 11101	io namod						
CE	RTIFICATE HOLDER				CANO	ELLATION				
					1			ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E		
	2200 B!#- *							Y PROVISIONS.		ELIVENCED IN
	2298 Pacific Avenue, Inc	•								
	2298 Pacific Ave.				AUTHORIZED REPRESENTATIVE					

Rochel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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If	SUE	BROGATION IS WA	ΑIV	ED, subject	to th	e tei	ITIONAL INSURED, the porms and conditions of the ficate holder in lieu of suc	polic	cy, certain po	olicies may			
PRO	DUCE	:R				916-6	76-0844	CONTA	ст Eddie Be	erg			
Beacl	1 & O	'Neill Insurance E22542						PHONE (A/C, No	916-67	6-0844	FAX (A/C, I	اما. 916	-676-0860
7520	Greer	nback Ln ghts, CA 95610						E-MAIL ADDRE	ss.		, (,,,,,	,.	
Oitius	, i ioig	jilis, OA 33010						,,,,,,,,		SURER(S) AFFOR	RDING COVERAGE		NAIC#
								INSURF	R A : Navigators				36056
INSU	RED	Swing Stage	Sy	stems Inc					INSURER B : Security National Insurance Co				19879
		29229 Pacific							R C : State Comp				35076
		Hayward, CA	94	544				INSURE					
								INSURE					
								INSURE					
CO	OVERAGES CERTIFICATE NUMBER:							IIIOOKE			REVISION NUMBER		
TH IN CI EX	THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAEXCLUSIONS AND CONDITIONS OF SUC					NSUF EMEI AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION O THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE E	OF AN' D BY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOVE FOR	R THE PECT	TO WHICH THIS
INSR LTR		TYPE OF INSUR	RAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
Α	X	COMMERCIAL GENERA	AL I	IABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X	OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
											MED EXP (Any one person)	\$	5,000
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT A	\PPL	IES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-		LOC							PRODUCTS - COMP/OP AG	3G \$	2,000,000
		OTHER:		_								\$	
В	AUT	TOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO					SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per perso		
		OWNED AUTOS ONLY	SC	HEDULED TOS							BODILY INJURY (Per accid	ent) \$	
		HIRED AUTOS ONLY		N-OWNED TOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		No roo one.		.000								\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTIC	ON \$								-	\$	
C WORKERS COMPENSATION										X PER OT ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE 9104666-2017					9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						A				E.L. DISEASE - EA EMPLO		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: 77 Maiden Ln. San Francisco, CA / Aetna International,Inc., DBA:
International Waterproofing & Building Restoration are named as Additional
Insured per endorsement CG2038 0413.

CERTIFICATE HOLDER	CANCELLATION
Aetna International,Inc., DBA:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
International Waterproofing & Building Restoration	AUTHORIZED REPRESENTATIVE
1616 16th Stret Ste. 200	Local Williams
San Francisco, CA 94103	,

If yes, describe under DESCRIPTION OF OPERATIONS below

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

1,000,000

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

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  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

PRO	DUCER		916-6	76-0844	CONTAC NAME:	T Eddie Be	erg				
Beacl Licen	h & O'Neill Insurance ise #0E22542				PHONE (A/C, No	916-67	6-0844		FAX (A/C, No):	916-67	6-0860
7520	Greenback Ln s Heights, CA 95610				E-MAIL ADDRES	SS:			( , ,		
Oiti u	o Holgho, OA 50010						URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Navigators					36056
INSU	IRED Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	Co			19879
	29229 Pacific Street				INSURF	R C : State Comp	ensation Ins Fu	nd			35076
	Hayward, CA 94544				INSURE						
					INSURE						
					INSURE						
CO	VERAGES CERT	ΓIFIC	ATF	NUMBER:				REVISION NUM	IBFR:		
TI IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH P	OF IN QUIRI PERTA POLIC	NSUR EMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	ED NAMED ABOV DOCUMENT WITH D HEREIN IS SUI	E FOR TI	CT TO	WHICH THIS
INSR LTR		ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$	50,000
								MED EXP (Any one	person)	\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP	P/OP AGG	\$	2,000,000
	OTHER:									\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	BE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDEN	NT	\$	1,000,000
		.,,						E.L. DISEASE - EA E	EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
Re: A Comp	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Il California Operations / Alpha Restoration & Wate banies and Related Rentals are named as Additiona rsement CG2038 0413.				e, may be	attached if more	e space is requir	ed)			

**CERTIFICATE HOLDER** 

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Alpha Restoration &

Waterproofing 218 Littlefield Ave. S. San Francisco, CA 94080

AUTHORIZED REPRESENTATIVE

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	nis certificate does not confer rights to	J LITE		76-0844		CT Eddie Be				
	th & O'Neill Insurance		0.00		PHONE	916-67		FAX	916-676	S-0860
Licer 7520	nse #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRES	o, Ext):	0 00-1-1	(A/C, No):`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0000
Citru	s Heights, CA 95610				ADDRE		TUDED(E) AFFOR	DING COVERAGE		NAIC #
					INCLIDE	R A : Navigators		RDING COVERAGE		36056
INSI	JRED Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	e Co		19879
	29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	nd		35076
	Hayward, CA 94544				INSURE					
					INSURE					
					INSURE					
СО	VERAGES CER	RTIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						-	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
В	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	7,0100 0,121							,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
RE: A	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC AVA 55 Ninth / AvalonBay Communities, Inc. is na red per endorsement CG2038 0413. *Waiver of Sul hed endorsement.	LES (A) med as progation	CORD Additi on app	101, Additional Remarks Schedul ional lies per	e, may be	e attached if more	e space is require	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	AvalonBay Communities	, Inc.			THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.		
	2900 Eisenhower Ave, St				AUTHORIZED REPRESENTATIVE					

Alexandria, VA 22314

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

POLICY NUMBER: LA17CGL194345IC

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Person Or Organization: Where As Required By Written Contract												
Information	required	to complete	this Schedule.	if not show	n above,	will be shown	in the Declaration	ns.				

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to							require an endorsement	. A s	tatement on
PRC	DUCER			676-0844	CONTAC NAME:	Eddie Be , Ext): 916-67	erg	FAX	916-676-	0860
7520	nse #0E22542 Greenback Ln				E-MAIL ADDRES	, Ext):		(A/C, No): `		
Citru	s Heights, CA 95610					INS		RDING COVERAGE		NAIC#
					INSURE	R A : Navigators	Specialty Ins Co	. 0-		36056 19879
INS	JRED Swing Stage Systems Inc 29229 Pacific Street				INSURE	R B : Security Na	tional insurance	: d		35076
	Hayward, CA 94544				INSURE	R C : State Comp	ensation ins Fu	na		33076
					INSURE	RD:				
					INSURE					
					INSURE	RF:				
				NUMBER:	VE DEE	N IOOUED TO		REVISION NUMBER:	IE DOI	LIOV DEDICE
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	x		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 <b>50,00</b> 0
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
_	OTHER:							COMBINED SINGLE LIMIT	\$	
В	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION\$							NO DED OTH	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0404666 2047				X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
RE: /	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL All California Operations / Bay Area High Reach, In a Burns are named as additional insured per endor	c., Bria	an Bur	ns and	le, may be	attached if more	e space is require	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Bay Area High Reach, Inc 22390 Thunderbird Place Hayward, CA 94545	<b>;.</b>			SHO THE ACC	ULD ANY OF TEXPIRATION ORDANCE WITH	THE POLICE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E EY PROVISIONS.		
	ı				Haclel Witteams					

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

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COMMERCIAL GENERAL LIABILITY COVERAGE PART

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- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

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

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  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. As	tatement on
PRO	DDUCER ch & O'Neill Insurance			676-0844	CONTAC NAME:	Eddie Be , Ext): 916-67	erg	FAX (A/C No.)	16-676-	0860
7520	nse #0E22542 Greenback Ln				E-MAIL ADDRES	, EXT):		(A/C, No): `		
Citru	ıs Heights, CA 95610							RDING COVERAGE		NAIC #
INICI	URED Swing Stage Systems Inc				INSURE	R A : Navigators R B : Security Na	tional Insurance	. Co		19879
INS	29229 Pacific Street				INSURE	R B : State Comp	ensation Ins Fu	nd		35076
	Hayward, CA 94544							····		
					INSURE					
					INSURE					
CO	OVERAGES CER	TIFIC	ΔTF	NUMBER:	INOUNE	KT.		REVISION NUMBER:		
T II	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF EME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT O HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 <b>50,00</b> 0
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
В	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02	4-02 <sub>0</sub>		07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION\$							DED OTH	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0404666 2047				X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
RE: / agen CitiB LLP,	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL All California Operations / Branagh, Inc., its employ ts; Christian Church Homes, it's employees, officank, NA ISAOA; Westlake Christian Terrace East L its successors and assigns C/O Enterprise Commed as additional insured per endorsement CG2038	ees, or rs and P; and unity I	fficers agent Wince	s and s, opin Circle	le, may be	attached if more	e space is require	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Branagh, Inc. 750 Kevin Court Oakland, CA 94621				SHO THE ACC	ULD ANY OF 1 EXPIRATION ORDANCE WIT	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	Oakidilu, CA 94021				AUTHORIZED REPRESENTATIVE  Facult Williams					

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
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Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

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- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
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2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		ROGATION IS WAIVED, subject rtificate does not confer rights to							require an endorsement	. As	tatement on
PRO	DUCER			916-6	676-0844	CONTAC	Eddie Be	erg			
Beac	h & O'N ise #0E2	leill Insurance				PHONE (A/C No	, Ext): 916-67	6-0844	FAX (A/C, No):	16-676-	0860
7520	Greenb	22342 ack Ln its, CA 95610				E-MAIL ADDRES	, LAI).		(AO, NO).		
Cititus	s neigii	ns, CA 93010				INSURER(S) AFFORDING COVERAGE					NAIC #
						INSURER A : Navigators Specialty Ins Co					36056
INSI	IRED	Swing Stage Systems Inc				INCLIDE	R B : Security Na	tional Insurance	e Co		19879
		29229 Pacific Street				INCLIDE	R C : State Comp	ensation Ins Fu	nd		35076
		Hayward, CA 94544									
						INSURE					
						INSURE					
<u></u>	VERA	AGES CER	TIEI	`	NUMBER:	INSURE	KF.		REVISION NUMBER:		1
		TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			1E DOI	ICV DEDIOD
		TED. NOTWITHSTANDING ANY RE									
		ICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH								) ALL	THE TERMS,
INSR LTR				SUBR WVD		DEEN	POLICY EFF			<u> </u>	
A A		TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
^	^	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$	50,000
		CLAIIVIS-IVIADE X OCCUR	X	Х	LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	5,000
	<u> </u>								MED EXP (Any one person)	\$	1,000,000
	Ш-								PERSONAL & ADV INJURY	\$	2,000,000
		L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
В		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
0	$\overline{}$	MOBILE LIABILITY			0004007004.00				(Ea accident)	\$	1,000,000
		ANY AUTO OWNED SCHEDULED			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	H 7	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	H.									\$	
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
									AGGREGATE	\$	
С		DED RETENTION \$  KERS COMPENSATION							X PER OTH- STATUTE ER	\$	
•	AND E	MPLOYERS' LIABILITY			9104666-2017		06/28/2017	06/28/2018		_	1,000,000
	OFFIC	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A				00,20,2011	00/20/2010	E.L. EACH ACCIDENT	\$	1,000,000
	If yes,	describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000
	DESCI	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DE0		ON OF OPERATIONS (LOCATIONS (VEHICL	FO (4	0000	404 Additional Bassania Oakada				n		
Re: T	own Pa	DN OF OPERATIONS / LOCATIONS / VEHICL rk Towers / Branagh, Inc. is named as Add t CG2038 0413 and CG2037 0413. *Primary	itional	Insure	ed per	ie, may be	attached if more	e space is require	ea)		
Subro	gation	applies per attached endorsement.	word	ny and	i waiver or						
CE	DTIE	CATE HOLDED				CANC	ELLATION				
CE	KIIFI	CATE HOLDER				CANC	ELLATION				
									ESCRIBED POLICIES BE CA		
		Branagh, Inc.							CY PROVISIONS.		
		750 Kevin Ct.									
		Oakland, CA 94621					RIZED REPRESE!		_		
						Local Witteams					

### ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused. in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.

POLICY NUMBER: LA17CGL194345IC

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Person Or Organization: Where As Required By Written Contract									
Information	required	to complete	this Schedule.	if not show	n above,	will be shown	in the Declaration	ns.	

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to							equire an endorsement	. A s	tatement on
PRODUCER 916-676-0844 Beach & O'Neill Insurance License #0E22542				CONTACT Eddie Berg						
					PHONE (A/C, No, Ext): PAX (A/C, No): 916-676-0860					
Citru	Greenback Ln s Heights, CA 95610				E-MAIL ADDRE	SS:				T
					INSURER(S) AFFORDING COVERAGE INSURER A : Navigators Specialty Ins Co					NAIC #
					INSURE		19879			
INSURED Swing Stage Systems Inc 29229 Pacific Street					INSURE	35076				
	Hayward, CA 94544		-			INSURER C : State Compensation Ins Fund				
					INSURE					
					INSURER E: INSURER F:					
	VERAGES CER	TIEI	CATE	NUMBER:	INSURE	:K F :		REVISION NUMBER:		
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REME FAIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	THE INSURE OR OTHER DESCRIBED PAID CLAIMS.	D NAMED ABOVE FOR THE DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
	OTHER:							PRODUCTS - COMP/OP AGG	\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION\$							DED OTH	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0.40.4000.004.7				X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES //	COPD	101 Additional Pomarke Schodul	o may b	a attached if more	enaco is roquire	ad)		
RE: A	All California Operations / Brian & Linda Burns & E h, Inc. are named as additional insureds per endo	Bay Are	ea High	า	-, <b>,</b> -			-7		
CE	RTIFICATE HOLDER				CANO	CELLATION				
Brian & Linda Burns & Bay Area High Reach, Inc.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

22390 Thunderbird Place Hayward, CA 94545

AUTHORIZED REPRESENTATIVE

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

DATE (MM/DD/YYYY) 07/18/2017

### CERTIFICATE OF LIABILITY INSURANCE

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.

PRODUCER 916-676-0844 Beach & O'Neill Insurance License #0E22542 7520 Greenback Ln					CONTACT Eddie Berg PHONE (A/C, No, Ext): 916-676-0844  E-MAIL ADDRESS: FAX (A/C, No): 916-676-0860						
Citrus	s Heights, CA 95610				ADDRESS:  INSURER(S) AFFORDING COVERAGE  NAIC						
					INSURFI	R A : Navigators				36056	
INSURED Swing Stage Systems Inc 29229 Pacific Street					INSURE	19879					
					INSURE	35076					
	Hayward, CA 94544					RD:					
					INSURER E :						
					INSURER F :						
CO	VERAGES CERT	ΓIFIC	ATE	NUMBER:				REVISION NUMBER:		'	
IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIRE PERTA	MEN NN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					,,	·······	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
_	OTHER:								\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
С	DED RETENTION \$ WORKERS COMPENSATION							X PER OTH- STATUTE ER	\$		
•	AND EMPLOYERS' LIABILITY	N/A		9104666-2017	06/28/2017	06/28/2018			1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			0.0.000 20.1			00/20/2011	E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,200,000	
RE: G 1314 Office Emple	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI General Office (G.O) Weatherization Glazing Packag @ 1600 Franklin, Oakland CA / California Plus Engi ers and Employees & AC Transit and its Respective oyees, Volunteers a	ES (AC ge / Con ineering Direct onal ins	CORD ntract g, Inc tors, ( sured	101, Additional Remarks Schedul #2015- . its Officers, per	e, may be	attached if more	e space is require	ed)			
CEI	RTIFICATE HOLDER				CANC	ELLATION					
California Plus Engineering, Inc. 1560 W. Hacienda Ave. Campbell, CA 95008					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						
					Rachel Williams						

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

lf tl	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to	to the	certi	ficate holder in lieu of su	ch end	lorsement(s).		require an endorsement	. A s	tatement on
PRC	DUCER		916-6	676-0844		ст Eddie Be				
Beac	th & O'Neill Insurance nse #0E22542				PHONE (A/C, No	<sub>o, Ext):</sub> 916-67	6-0844	FAX (A/C, No):	16-676	-0860
7520	Greenback Ln s Heights, CA 95610				E-MAIL ADDRE	SS:				
Oiti	a rieignia, CA 33010				7.22		LIRER(S) AFFOR	RDING COVERAGE		NAIC #
					INCLIDE	R A : Navigators				36056
INICI	JRED Swing Stage Systems Inc				INSURE	Security Na	tional Insurance	e Co		19879
INSU	29229 Pacific Street				INSURER B:					35076
	Hayward, CA 94544						erisation ins i u	nu .		33070
					INSURE	R D :				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
II C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REJERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							FRODUCTS - COMP/OF AGG		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
_	74			CDD4227004 02		07/01/2017		(Ea accident)	\$	
				SPP1337804-02	FF1337604-02		07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
С	WORKERS COMPENSATION							X PER OTH-ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N			9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under									1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES RE: 1 Mana	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 55 & 177 Bovet Road, San Mateo, CA / Casiopea B sgement, Jamboree Realty Corporation and Acces as Additional Insured per endorsement CG2038	ES (A ovet, I s Prop	CORD LLC, R perty S	101, Additional Remarks Schedul im Pacific ervices are 137 0413	le, may b	e attached if more	e space is require	ed)		
IIaiiie	eu as Additional Insureu per endorsement CG2036	0413	x CG2(	J37 U413.						
CE	PTIFICATE HOLDER				CANC	TELL ATION				
CE	RTIFICATE HOLDER				CANC	CELLATION				
					THE	EXPIRATION	I DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
	Casiopea Bovet, LLC c/o Rim Pacific Managem	ent								
	Jo Mill I Gollo Maliayelli	VIII			1					

155 Bovet Road, Suite 460 San Mateo, CA 94402

AUTHORIZED REPRESENTATIVE

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations							
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.								
,	,							
	,							
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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	f SUBROGATION IS WAIVED, sub his certificate does not confer righ							require an endorsement	. A s	statement on
	DDUCER			676-0844	CONTACT Eddie Berg					
Beac	ch & O'Neill Insurance nse #0E22542				PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0860					
7520	) Greenback Ln us Heights, CA 95610				E-MAIL ADDRE			(AO, NO).		
Citru	as neights, CA 93010				ADDICE		SURFR(S) AFFOI	RDING COVERAGE		NAIC#
					INSLIDE					36056
INSI	URED Swing Stage Systems In	<u> </u>			INSURER A:					19879
	29229 Pacific Street				INCURE	R C : State Comp	ensation Ins Fu	nd		35076
	Hayward, CA 94544									
					INSURE					
					INSURE					
~~	OVERAGES C		O A T	- NUMBER.	INSURE	:R F :		DEVICION NUMBER		
TI IN C	HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SU	IES OF REQUI AY PER CH POL	INSUI REME TAIN, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TC	WHICH THIS
INSR LTR		INSE	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α								EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
		_						MED EXP (Any one person)	\$	5,000
		_						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	7,0100 01121								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-M	ADE						AGGREGATE	\$	
	DED RETENTION\$								\$	
С	WORKERS COMPENSATION							X PER OTH-		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	/ N		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A	١					E.L. DISEASE - EA EMPLOYEE	•	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	1,000,000
	BESSKII TION OF OFERATIONS BEIOW							E.E. DIOLAGE -1 OLIGI EIIWIT	Ψ	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (	ACORE	101. Additional Remarks Schedul	le. mav h	attached if more	space is requir	ed)		
RE 35	529 Cafe De La Presse / Centric General Conti tional insured per endorsement CG2038 0413.				, may be	andonou ii iiiOit	- opass is requir	<del>,</del>		
CE	RTIFICATE HOLDER				CANC	ELLATION				
CE	INTIFICATE HOLDER				CANC	LLLATION				
	Centric General Contr	THE	EXPIRATION	I DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.					
	165 Valley Drive									

Brisbane, CA 94005

**AUTHORIZED REPRESENTATIVE** 

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to				ch end	orsement(s)		require an endorsement	. As	tatement on	
PRO	DUCE	ER .		916-0	676-0844	CONTACT Eddie Berg						
Beac Licer	h & O' se #0	'Neill Insurance E22542				PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0860						
7520	Green	nback Ln ghts, CA 95610				E-MAIL ADDRES	SS:					
		<b></b> ,						SURER(S) AFFO	RDING COVERAGE		NAIC #	
						INSURE	R A : Navigators	Specialty Ins Co	)		36056	
INSU	JRED	Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	e Co		19879	
		29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	nd		35076	
		Hayward, CA 94544				INSURE						
						INSURE						
						INSURE						
CO	VFR	AGES CER	TIFIC	ATF	NUMBER:				REVISION NUMBER:			
T IN C E	HIS I IDIC ERTI XCLU	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X	CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								\$		
В	AUT	FOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	Х	ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		ACTOS CIVET							( or accounty	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
С	WOR	RKERS COMPENSATION							X PER OTH- STATUTE ER			
		PROPRIETOR/PARTNER/EXECUTIVE			9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFI (Man	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	-	1,000,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	1000								2.E. BIOL/102   OLIO   E.IIII			
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is requir	ed)			
RE: T	uscar	n Hotel / Centric General Contractors its offic and agents are named as Additional Insured 2037 0413. *Primary Wording applies per atta	ers, di d per e	irector ndors	's, ement CG2038							
0413	& CG2	2037 0413. *Primary Wording applies per atta	iched e	endors	sement.							
CF	RTIF	FICATE HOLDER				CANC	ELLATION					
						THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE CA			
		Centric General Contract	ors			ACC	ORDANCE WI	IN THE POLIC	CY PROVISIONS.			

165 Valley Drive

Brisbane, CA 94005-1340

AUTHORIZED REPRESENTATIVE

aclel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations							
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.								
,	,							
	,							
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" or "property damage" caused. in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. A st	atement on
PRC	DDUCER			676-0844	CONTAC NAME:	Eddie Be , Ext): 916-67	erg	FAX s	)16-676-	0860
7520	nse #0E22542 Greenback Ln				E-MAIL ADDRES	, Ext):		(A/C, No): `		
Citru	ıs Heights, CA 95610					INS		RDING COVERAGE		NAIC#
					INSURE	R A : Navigators	Specialty Ins Co	. 0-		36056 19879
INSU	URED Swing Stage Systems Inc 29229 Pacific Street				INSURER B:					
	Hayward, CA 94544						ensation ins ru	iiu		35076
					INSURE					
					INSURE					
	VERAGES CER	TIEI	`ATE	NUMBER:	INSURE	KF:		REVISION NUMBER:		
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	OF I QUIF PERT POLI	NSUF REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 <b>50,00</b> 0
		-						MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
В	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION\$							V PER OTH	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			9104666-2017		06/28/2017	06/28/2018	X PER STATUTE OTH-		4 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		3104000-2017		06/26/2017	00/20/2010	E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
CIM/s direc share addit	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 980 9th Street (Sacramento) LP, CIM Group, LLC ar tors, employees, divisions, subsidiaries, partners, sholders, affiliated companies and mortgagess/leniconal insured as respects to liability arising from nations with respects to legal liability or claims caus	nd thei memb ders a amed	r office ers, m re rece insure	ers, lanagers, ognized as lds	le, may be	attached if more	space is require	ed)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
<u> </u>	CIM/980 9th Street LP 980 9th Street Ste #260				SHO THE ACC	ULD ANY OF 1 EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
	Sacramento, CA 95814					aclel (		Am		

SWING-1 PAGE 2 HOLDER CODE **NOTEPAD:** OP ID: MM INSURED'S NAME Swing Stage Systems Inc Date 07/18/2017 arising out of, or relating to the acts or omissions, work or work product of the named insured or of others performing on behalf of the named insured, per endorsements CG2037 0413 & CG2038 0413. Policy endorsements apply hereto. \*Primary Wording and Waiver of Subrogation apply per attached endorsements.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations							
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.								
,	,							
	,							
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" or "property damage" caused. in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.

POLICY NUMBER: LA17CGL194345IC

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of P	erson O	r Organizatio	on: Where As	Required E	3y Writte	n Contract			
Information	required	to complete	this Schedule.	if not show	n above,	will be shown	in the Declaration	ns.	

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

tl	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to the	certi	ficate holder in lieu of su	ch end	lorsement(s).	_	equire an endorsemer	п. А	statement on
PRC	DDUCER		916-6	676-0844		ст Eddie Be				
Beac	ch & O'Neill Insurance nse #0E22542				PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0860					6-0860
	Greenback Ln Is Heights, CA 95610				E-MAIL ADDRE	SS:				
								RDING COVERAGE		NAIC #
					INSURE	R A : Navigators	Specialty Ins Co	1		36056
INS	URED Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	Co		19879
	29229 Pacific Street Hayward, CA 94544									35076
	Hayward, CA 94344				INSURE					
					INSURE					
					INSURE					
CO	OVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
11 C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT. POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I	OOCUMENT WITH RESPE O HEREIN IS SUBJECT 1	O ALL	WHICH THIS
INSR LTR		ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
_	OTHER:							COMBINED SINGLE LIMIT	\$	
В	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident	) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION\$							DED OTH	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0404000 0047				X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	e attached if more	space is require	ed)		
addit	All California Operations / Corporate Sign Systems, tional insured per endorsement CG2038 0413.	, IIIC. IS	5 Halli	su as						
CE	RTIFICATE HOLDER				CANO	CELLATION				
						NII D 4407	THE ADO! = =	E00DIDED DOLLO:== :-		LLED BEEGGE
	Corporate Sign Systems,	Inc.			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE ( EREOF, NOTICE WILL BY PROVISIONS.		
	2464 De La Cruz Blvd.				ALITHO	RIZEN REDDESE	NTATIVE			
	Canto Clara CA 05050				AUTHO	RIZED REPRESE	NTATIVE			

Santa Clara, CA 95050

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

If S	f SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PROD	JCER			916-0	676-0844	CONTAC	CT Eddie Be	erg			
icense	e #0E225	Insurance 42				PHONE (A/C, No	, Ext): 916-67	6-0844	FAX (A/C	, No): <sup>916-676-0</sup>	0860
	reenback Heights,	k Ln CA 95610				E-MAIL ADDRES	SS:				
									RDING COVERAGE		NAIC #
						INSURE	R A: Navigators	Specialty Ins Co	)		36056
INSUR	ED	Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	Co		19879
		29229 Pacific Street Hayward, CA 94544					R C : State Comp				35076
		riaywara, oz 34344				INSURER D:					
						INSURE	RE:				
						INSURE	RF:				
cov	ERAG	ES CER	TIFIC	CATE	NUMBER:				REVISION NUMBE	R:	
		O CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY RE									
		ATE MAY BE ISSUED OR MAY INS AND CONDITIONS OF SUCH								CT TO ALL	THE TERMS,
NSR TYPE OF INSURANCE ADDL SUBR WVD POLICY NUMBER						R POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
Α	X cor	MMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$	50,000
		<del></del>							MED EXP (Any one perso	<i>'</i>	5,000
											1 000 000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Х	CLAIMS-MADE X OCCUR	Х	Х	LA17CGL194345IC	07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ <b>50,000</b>
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PARTNER PROPRIETOR PARTNER PARTN	N/A		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						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)
RE: All Commercial California Operations / CSRW Inc. dba Allied Construction
Services is named as Additional Insured per endorsement CG2038 0413 & CG2037
0413. \*Primary Wording applies per attached endorsement. \*Waiver of
Subrogation applies per attached endorsement.

CERTIFICATE HOLDER	CANCELLATION
CSRW Inc. dba Allied	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Construction Services 7602 National Drive Livermore, CA 94550-8809	AUTHORIZED REPRESENTATIVE  Faclel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused. in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.

POLICY NUMBER: LA17CGL194345IC

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Person Or Organization: Where As Required By Written Contract									
Information	required	to complete	this Schedule.	if not show	n above,	will be shown	in the Declaration	ns.	

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

OP ID: MM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	nis certificate does not confer rights t	. J 1110		76-0844								
PRODUCER 916-676-0844  Beach & O'Neill Insurance						CONTACT Eddie Berg PHONE (ACC NO. 916-676-0860						
Licer 7520	nse #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRE	o, Ext):	0-0044	(Á/Ĉ, No):	910-07	5-0000		
Citru	s Heights, CA 95610				ADDRE		NUDER(O) AFFOR	DING COVERAGE		NAIG #		
								RDING COVERAGE		36056		
Swing Stage Systems Inc					INSURER A : Navigators Specialty Ins Co INSURER B : Security National Insurance Co					19879		
INSURED Swing Stage Systems Inc 29229 Pacific Street				INSURER B : State Compensatio			nensation Ins Fu	nd	35076			
	Hayward, CA 94544							···		333.3		
					INSURE							
					INSURER E : INSURER F :							
	VERAGES CEF	TIEIC	· ATE	NUMBER:	INSURE	KF:		REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES				VF RFF	N ISSUED TO			HF P(	OLICY PERIOD		
I١	NDICATED. NOTWITHSTANDING ANY R	EQUIR	EME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								O ALL	. THE TERMS,		
INSR	TYPE OF INQUENIOR	ADDL INSD			DELITI	POLICY EFF (MM/DD/YYYY)		LIMIT	s			
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	x		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED	\$	50,000		
		^		LA1700L13434310		07/01/2017	07/01/2010	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							TROBUCTO COMITTOT ACC	\$			
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								·	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$								\$			
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000		
		11,71						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICAL CALIFORNIA CONTRACTOR OF CO	LES (A	CORD	101, Additional Remarks Schedults.	le, may b	e attached if more	e space is require	ed)				
subs ventu	All California Operations / DDR Corp and their res idiaries and affiliates and their respective directoures and agents are recognized as additional insu	rs, empl red per	oyees endor	, joint sement								
CG20	038 0413.											
CE	RTIFICATE HOLDER				CANO	CELLATION						
					SHC	OULD ANY OF T	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCE	LLED BEFORE		
					THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL E				
	DDR Corp Acct Payable	-			ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.				
	VIPWE50											
	2200 Enterprise Berkway					AUTHORIZED REPRESENTATIVE						

Beachwood, OH 44122

Roccel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

lf th	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights t	to the	ne te certi	rms and conditions of th	e polic	cy, certain policy, certain policy	olicies may	require an endo	rsement	. A	statement on
PRO	DUCE				676-0844	CONTA NAME:	CT Eddie Be			FAX	16 67	2,000
Licen 7520	se #0 Greer	DE22542 nback Ln				(A/C, No E-MAIL ADDRE	o, Εχτ):	0-0044		(A/C, No):	916-676	5-0860
Citrus	Heig	ghts, CA 95610				ADDRE		SURER(S) AFFO	RDING COVERAGE			NAIC #
						INSURE	R A : Navigators					36056
INSU	RED	Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	e Co			19879
		29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	pensation Ins Fu	ınd			35076
		,				INSURE	RD:					
						INSURER E :						
						INSURE	RF:					
					NUMBER:				REVISION NUM			
IN CI EX	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH D HEREIN IS SU	H RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X	CLAIMS-MADE X OCCUR	Х	Х	LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENT PREMISES (Ea occi	ED	\$	1,000,000 <b>50,00</b> 0
									MED EXP (Any one	person)	\$	5,000
									PERSONAL & ADV	INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$	2,000,000
		POLICY X PRO-							PRODUCTS - COM	P/OP AGG	\$	2,000,000
В		OTHER:							COMBINED SINGLE	LIMIT	\$	1,000,000
	AOTOMOBILE LIABILITY				CDD4227004 02				(Ea accident)		\$	1,000,000
	^	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Pe		\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	er accident) GE	\$ \$	
		AUTOS ONLY							(Fer accident)		\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION\$									\$	
С	WOF	RKERS COMPENSATION ) EMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDE	NT	\$	1,000,000
		ndatory in NH) s, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$	1,000,000
	DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	1,000,000
DES	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	FS (A	CORD	101 Additional Remarks Schedul	e may h	e attached if more	e snace is requir	ed)			
Re: 10	000 V	an Ness San Francisco, CA / DDR Corp. and ubsidiaries, and affiliates, and their respectives.	their r	espec		o,ay 2		o opaso io ioquii	<b></b> ,			
emplo	yees al Lia	s, joint ventures and agents are additional in ability if required by written contract per end	sureds	under	the 32038							
0413.	(Con	tinued)										
CEI	RTIF	FICATE HOLDER				CANO	CELLATION					
									ESCRIBED POLICE			
									CY PROVISIONS.	******		

ACORD 25 (2016/03)

DDR Corp.

**Vendor Insurance Compliance** 

3300 Enterprise Pkwy. Beachwood, OH 44122 AUTHORIZED REPRESENTATIVE

NOTEDAD.	HOLDER CODE		SWING-1	PAGE 2
NOTEPAD:	INSURED'S NAME	Swing Stage Systems Inc	OP ID: MM	Date 07/18/2017
*Primary Wording as endorsement. *Cont	nd Waiver of ractual Liab	Subrogation applies per ility applies per form #	attached CG0001 0413.	

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.

POLICY NUMBER: LA17CGL194345IC

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Person Or Organization: Where As Required By Written Contract												
Information	required	to complete	this Schedule.	if not show	n above,	will be shown	in the Declaration	ns.				

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

OP ID: MM

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	his certificate does not confer rights to	, uie		76-0844		T Eddie Be				
Beac	ch & O'Neill Insurance				PHONE	916-67		FAX (A/C, No):	916-676	-0860
7520	nse #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRES	, ⊑Xι).		(A/C, No):		
Citru	ıs Heights, CA 95610				ADDRES		URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	R A : Navigators				36056
INS	URED Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	Со		19879
	29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd		35076
	naywaru, CA 94344				INSURER D :					
					INSURE	RE:				
					INSURE	RF:				
CC	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
11 C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPE	ст то	WHICH THIS
INSR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 <b>50,00</b> 0
						************		MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO	SPP133		SPP1337804-02		07/01/2017	07/01/2018	(Ea accident)  BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS					01,01,2011	01/01/2010	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	76766 6112							,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
ı										
DES RE: I	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL FOR-1601 Forbes Conda Two Unit Remodel @ 241	.ES (A Telegr	CORD aph H	101, Additional Remarks Schedul ill Blvd., Unit	e, may be	attached if more	space is require	ed)		
Forb	FOR-1601 Forbes Conda Two Unit Remodel @ 241 & 402, San Francisco CA / Dijeau Poage Constructi es and Ann Ja forbes and Eric R. Forbes, as Truste ornia Trust and as Trustee of the Anne Ja Forbes C	on, Inc	oger F	er H. I. Forbes						
name	ed as Additional Insured per endorsement (continu	ied)	ila III	ist are						
CF	RTIFICATE HOLDER				CANO	ELLATION				
<u> </u>					0,1110					
								ESCRIBED POLICIES BE C		
	<b>5</b> 11 <b>5 5</b>							REOF, NOTICE WILL I Y PROVISIONS.	se Di	ELIVERED IN
	Dijeau Poage Construction	on Ir	nc.							

1 South Linden Ave, Ste #6

South San Francisco, CA 94080

AUTHORIZED REPRESENTATIVE

	HOLDER CODE		SWING-1		PAGE 2	1
NOTEPAD:	HOLDER CODE INSURED'S NAME Swing Stag	ge Systems Inc	OP ID: MM	Date	07/18/2017	
CG2038 0413 & CG203 endorsement.	7 0413. *Per Project	Aggregate applies pe	r attached			

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

Policy Number: LA17CGL194345IC

COMMERCIAL GENERAL LIABILITY NPC 711 08 11

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## GENERAL AGGREGATE LIMIT PER PROJECT WITH AN OVERALL GENERAL AGGREGATE CAP

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Designated Construction Projects: All Projects
Overall General Aggregate Cap: \$5,000,000

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under COVERAGE A (SECTION I), and for all medical expenses caused by accidents under COVERAGE C (SECTION I), which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
  - 1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations. Subject to the application of the General Aggregate Limit to each of your projects, the maximum amount we will pay under the General Aggregate Limit for all claims arising from all projects is the Overall General Aggregate Cap shown in the Schedule above.
  - 2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under COVERAGE A, except damages because of "bodily injury" or "property damage" included in the "productscompleted operations hazard", and for medical expenses under COVERAGE C regardless of the number of:
    - a. Insureds;
    - b. Claims made or "suits" brought; or
    - **c.** Persons or organizations making claims or bringing "suits".

- 3. Any payments made under COVERAGE A for damages or under COVERAGE C for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.
- 4. The limits shown in the Declarations for Each Occurrence, Fire Damage and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.
- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under COVERAGE A (SECTION I), and for all medical expenses caused by accidents under COVERAGE C (SECTION I), which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
  - 1. Any payments made under COVERAGE A for damages or under COVERAGE C for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and
  - 2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.

NPC 711 08 11 Page 1 of 2

- C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.
- D. If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.
- **E.** The provisions of Limits Of Insurance (SECTION III) not otherwise modified by this endorsement shall continue to apply as stipulated.

Page 2 of 2 NPC 711 08 11



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

lf tl	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to	to the	certi	ficate holder in lieu of su	ich end	orsement(s)		require an endorsement	. A s	statement on	
PRO	DUCER		916-6	76-0844		CT Eddie Be					
Beac Licer	th & O'Neill Insurance nse #0E22542				PHONE (A/C, No	o, Ext):	6-0844	FAX (A/C, No):	16-676	-0860	
	Greenback Ln s Heights, CA 95610				E-MAIL ADDRE	SS:					
								RDING COVERAGE		NAIC #	
					INSURE	R A : Navigators	Specialty Ins Co	)		36056	
INSU	JRED Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	Co		19879	
	29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	nd		35076	
	Hayward, CA 94544				INSURE						
					INSURE						
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	VERAGES CER	TIEIC	`^TE	: NI IMDED:	INSUKE	Kr.		DEVISION NUMBED:			
	HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	VE BEE	N ISSUED TO		REVISION NUMBER:	IE DO	NICY DEDIOD	
	NDICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY								) ALL	THE TERMS,	
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN						
<u>LTR</u>	I TPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS GNET AUTOS GNET							(i oi dooidoin)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							AGGILLOATE	\$		
С	WORKERS COMPENSATION							X PER OTH- STATUTE ER	Ф		
_	AND EMPLOYERS' LIABILITY			9104666-2017		06/28/2017	06/28/2018		•	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES Re: A	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLA NEW RESIDENTIAL CALIFORNIA OPERATIONS / ERP OP	.ES (A	CORD ited	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)			
Partr Holdi	All Residential California Operations / ERP Operatinership, Equity Residential, Equity Residential Maring Co., Inc and their affiliates and agents are nam	ageme	nt, L.C Additio	C.C., ERP							
nsur	ed per endorsement CG2038 0413.										
CE	RTIFICATE HOLDER				CANO	ELLATION					
					1			ESCRIBED POLICIES BE CA			
								EREOF, NOTICE WILL E BY PROVISIONS.	SE D	ELIVERED IN	
	Equity Residential										
	801 Broad St., #1000				AUTHORIZED REPRESENTATIVE						
	Augusta, GA 30901				AUTHORIZED REPRESENTATIVE						

Rochel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

Beac	DUCER th & O'Neill Insurance	•	916-6	76-0844	CONTA NAME: PHONE	CT Eddie Be o, Ext): 916-67	erg '6-0844	FAX (A/C, No):	916-67	6-0860	
7520	nse #0E22542 Greenback Ln s Heights, CA 95610				E-MAIL ADDRE	ss.					
Citiru	s neights, CA 93010				ADDICE		SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	R A : Navigators				36056	
INSU	JRED Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	Co Co		19879	
	29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd		35076	
	riaywaru, CA 34344				INSURE						
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES  NDICATED. NOTWITHSTANDING ANY RI  ERTIFICATE MAY BE ISSUED OR MAY  XCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	EMEN JN, 7 IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	O WHICH THIS	
INSR LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD V	NVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000	
^	CLAIMS-MADE X OCCUR					07/04/0047	07/04/0040	EACH OCCURRENCE DAMAGE TO RENTED	\$	50,000	
	CEANVIS-IVIABLE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							- 11050010 COMM 701 7100	\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
С	DED RETENTION\$							V PER OTH-	\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			9104666-2017		06/28/2017	06/28/2018	X PER OTH- STATUTE ER		1 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1	9104000-2017		00/20/2017	00/20/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD	101. Additional Remarks Schedul	e. may be	attached if more	space is require	ed)			
Re: 1	850 Gough St. San Francisco, CA / Everest Water tional Insured per endorsement CG2038 0413.				o,ay 2		o opaso io rogani	,			
CE	RTIFICATE HOLDER				CANO	ELLATION					
Everest Waterproofing					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.			
	1270 Missouri St San Francisco, CA 94107	,			AUTHORIZED REPRESENTATIVE						
	San Francisco, CA 94107				AUTOKIZED KEPKESENTATIVE						

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	nis certificate does not confer rights t	o me		676-0844	CONTACT Eddie Berg						
	DUCER :h & O'Neill Insurance		5.5-0		PHONE	916-67		FAX	916-670	6-0860	
Licer 7520	nse #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRE	o, Ext):	0.0074	(A/C, No):	710-071	J-0300	
utru	s Heights, CA 95610				ADDKE		SURFR(S) AFFOR	RDING COVERAGE		NAIC #	
					INSLIDE	R A : Navigators				36056	
INSL	JRED Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	e Co		19879	
	29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	nd		35076	
	Hayward, CA 94544				INSURE						
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СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REFERENCE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
<u>LTR</u>	I TPE OF INSURANCE	ADDL	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	50,000 5,000	
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD	101, Additional Remarks Schedul	le, may be	e attached if more	e space is require	ed)			
s na	61 2nd St. San Francisco CA / Everest Waterproot amed as Additional Insured per endorsement CG2	038 041	3 & C	G2037 0413.							
CE	PTIEICATE HOLDED				CANIC	CELLATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Everest Waterproofing &				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.			
	Restoration, Inc.				AUTHORIZED REPRESENTATIVE						
	1270 Miccouri C4										

San Francisco, CA 94107

Rochel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused. in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	nis certificate does not confer rights to			ricate noider in lieu of Su 76-0844	CONTACT Eddie Berg							
	DUCER		910-0	70-0044	NAME: PHONE			EAV				
Licer 7520	h & O'Neill Insurance ise #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRE	o, Ext):	76-0844	FAX (A/C, No):	916-67	5-0860		
	s Heights, CA 95610				ADDRE							
						INS R A : Navigators		RDING COVERAGE		36056		
INISI	Swing Stage Systems Inc				INSURE	R A : Security Na	ational Insurance	Co		19879		
	29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	nd		35076		
	Hayward, CA 94544				INSURE							
					INSURE							
					INSURE							
СО	VERAGES CER	TIFIC	ATE	NUMBER:	'							
INSR	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA	EMEI AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	OT TO	WHICH THIS		
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(IMIM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	x		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000		
		^		LATI OCC 13404310		0170172011	0770172010	MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	OMP/OP AGG \$  GLE LIMIT \$  (Per person) \$  (Per accident) \$  MAGE \$  ENCE \$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE				
	DED RETENTION\$							AGGREGATE	\$			
С	WORKERS COMPENSATION							X PER OTH-	Ф			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE   Y / N			9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (AC	ORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)				
RE: 4	61 2nd St. San Francisco CA / Everest Waterproof ned as Additional Insured per endorsement CG20	fing & R 38 0413	estor	ation, Inc.								
CE	RTIFICATE HOLDER				CANO	ELLATION						
Everest Waterproofing &						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Restoration, Inc.				AUTHORIZED REPRESENTATIVE							
	1270 Missouri Street											

San Francisco, CA 94107

Rochel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

lf ti	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to	to the	he te	rms and conditions of the ificate holder in lieu of su	ne polici ich end	cy, certain polorsement(s).	olicies may	require an	endor	sement	. A s	statement on	
PRO	DUCER		916-0	676-0844	CONTA	CT Eddie Be	erg						
Beac	h & O'Neill Insurance				PHONE (A/C, No	916-67	6-0844		Ę	FAX (A/C, No):	16-676	16-676-0860	
7520	nse #0E22542 Greenback Ln s Heights, CA 95610				E-MAIL ADDRE	), ⊏XI).			1 (	A/C, NO):			
Citru	s neights, CA 93010				ADDICE		SURER(S) AFFO	RDING COVER	AGE			NAIC #	
					INSURE	R A : Navigators			AGE			36056	
INSU	IRED Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insuranc	e Co				19879	
	29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	ınd				35076	
	Hayward, CA 94544				INSURE								
					INSURE								
					INSURE								
CO	VERAGES CER	TIFI	CATE	NUMBER:	INCORE			REVISION	NIIM	RFR.			
T IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF EQUIF	INSUF REME FAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED A DOCUMENT D HEREIN IS	ABOVE WITH	FOR TH	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCUP	RRENCE	=	\$	1,000,000	
	CLAIMS-MADE X OCCUR			LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO PREMISES (E	RENTEI	D rence)	\$	50,000	
								MED EXP (An		· /	\$	5,000	
								PERSONAL &	& ADV IN	JURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AG	GREGA	ATE	\$	2,000,000	
	POLICY X PRO- DOTHER:							PRODUCTS -	- COMP/	OP AGG	\$	2,000,000	
В	AUTOMOBILE LIABILITY							COMBINED S (Ea accident)	SINGLE I	IMIT	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJUI	RY (Per	person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJUI			\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY D (Per accident)	DAMAGE		\$		
	AUTOS ONET							(i ci dooldciit)			\$		
	UMBRELLA LIAB OCCUR							EACH OCCUP	RRENCE	=	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		_	\$		
	DED RETENTION\$							7.001.207.12			\$		
С	WORKERS COMPENSATION							X PER STATUT	F	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			9104666-2017		06/28/2017	06/28/2018	E.L. EACH AC			\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE				1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE			\$	1,000,000	
	BESONII TION OF CITETOWN SCION							E.E. DIOL/IOL	- I OLI	JI LIIVIII	Ψ		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI alid as evidence of insurance for any party other t r.				le, may b	e attached if more	e space is requir	ed)					
CE	RTIFICATE HOLDER				CANO	ELLATION							
	For Insured's Records		ACC	EXPIRATION ORDANCE WI	I DATE TH	EREOF, NO	TICE			LLED BEFORE ELIVERED IN			
						RIZED REPRESEI		_					
					Large 1. 2. et a sult								



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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 S	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).											
PROD	UCE	R	916-6	676-0844	CONTACT Eddie Berg							
		'Neill Insurance F22542			PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0					-0860		
.icense #0E22542 7520 Greenback Ln Citrus Heights, CA 95610							E-MAIL ADDRESS:					
na de Heighte, On 30010						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Navigators Specialty Ins Co					36056	
INSUR	ED	Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	Co		19879	
		29229 Pacific Street Hayward, CA 94544				INSURER C : State Compensation Ins Fund					35076	
		1.ay 1.a. a, 67 ( 6 16 1				INSURER D:						
						INSURER E:						
						INSURER F:						
COV	ΈR	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	R:		
	THIS IS TO CERTIFY THAT THE POLICIES OF											
	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIE								) HEREIN IS SUBJEC	T TO ALL	THE TERMS,	
NSR LTR	TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X	COMMERCIAL GENERAL LIABILITY					Ì	, ,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	50,000	
									MED EXP (Any one person		5,000	
									PERSONAL & ADV INJUR	eY \$	1,000,000	
				1							2 222 222	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY				Ì	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Χ		LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		s, describe under CRIPTION OF OPERATIONS below						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)
RE: All California Operations / Greystar Real Estate Partners, LLC its
affiliates and the ownership entities of their owned or managed communities
are recognized as additional insured per endrosements CG2038 0413.

CERTIFICATE HOLDER	CANCELLATION
Greystar Real Estate Partners,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
LLC C/O Compliance Depot, LLC PO Box 115006 Carrollton, TX 75011	AUTHORIZED REPRESENTATIVE  Raclel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to							require an endorsement	. A s	tatement on	
PRODUCER 916-676-0844 Beach & O'Neill Insurance						CONTACT Eddie Berg NAME: PHONE 916-676-0844 FAX 916-676-0860					
7520	nse #0E22542 Greenback Ln				E-MAIL ADDRES	, EXt):		(A/C, No): `			
Citru	s Heights, CA 95610					INS		RDING COVERAGE		NAIC #	
						R A : Navigators		19879			
INSU	JRED Swing Stage Systems Inc 29229 Pacific Street				INSURE	R B : Security Na	monai insurance			35076	
	Hayward, CA 94544					R C : State Comp	ensation ins ru	iiu		33070	
					INSURE						
					INSURE						
~~	WED A OFO	TIF1/	\ A T F	- NUMBER.	INSURE	RF:		DEVICION NUMBER			
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER:	VE DEE	N ISSUED TO		REVISION NUMBER:	JE DOI	LICY BERIOD	
IN C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 <b>50,00</b> 0	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000	
Ь	AUTOMOBILE LIABILITY			000400004.00				(Ea accident)	\$	1,000,000	
	X ANY AUTO OWNED SCHEDULED			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
_	DED RETENTION\$							NO DED OTH	\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0404000 0047	06/28/2017		06/28/2018	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017		E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
RE: A Cons Wash	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ALI California Operations / Har-Bro, Inc., Har-Bro Caulting, Inc., Har-Bro of Northern California, Inc., Haington, Inc., Har-Bro West, Inc and Har-Bro Envirc gnized as additional insureds per endorsement CG	nstru ar-Bro onmen	ction & of tal, Inc	<b>k</b>	le, may be	attached if more	e space is require	ed)			
CF	RTIFICATE HOLDER				CANC	ELLATION					
Har-Bro, et al 2750 Signal Parkway Signal Hill, CA 90755						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					
	1		Kaclel Williams								

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

lt th	SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to the	cert	ificate holder in lieu of su	ch end	lorsement(s).		require an endorsement	. A:	statement on	
PRODUCER 916-676-0844					CONTACT Eddie Berg						
Beach & O'Neill Insurance License #0E22542						PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0860					
7520	Greenback Ln s Heights, CA 95610				E-MALL ADDRESS:						
	- · · · · · · · · · · · · · · · · · · ·					INS		RDING COVERAGE		NAIC #	
					INSURER A : Navigators Specialty Ins Co					36056	
INSU	Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	e Co		19879	
	29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd		35076	
	, , , , , , , , , , , , , , , , , , , ,				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	QUIF PERT POLI	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	OT TO	WHICH THIS	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED	\$	50,000	
		^		LA1700L13434310		07/01/2017	07/01/2010	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
В	AUTOMOBILE LIABILITY			SPP1337804-02		07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
С	DED RETENTION\$							▼ PER OTH-	\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			9104666-2017		00/00/0047	06/28/2018	↑ STATUTE   ER		1 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				06/28/2017		E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
RE: A Cons Wash	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI III California Operations / Har-Bro, Inc., Har-Bro Cu ulting, Inc., Har-Bo of Northern California, Inc., Ha ington, Inc., Har-Bro West, Inc and Har-Bro Enviro inized as additional insureds per endorsement CG	onstru r-Bro onmer	ction & of tal, Inc	<b>&amp;</b>	le, may b	e attached if more	e space is requir	ed)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Har-Bro, etal 2750 Signal Parkway				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						
	Signal Hill, CA 90755										

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	nis certificate does not confer rights t	J 1110 (		76-0844		CT Eddie Be					
Beac	h & O'Neill Insurance				PHONE	o, Ext): 916-67	6-0844	FAX	16-676	6-0860	
7520	nse #0E22542 Greenback Ln s Heights, CA 95610				E-MAIL ADDRE	o, Ext):		(A/C, No): `			
Citru	s neights, CA 95010				ADDKL		URER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	R A : Navigators				36056	
INSU	JRED Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	Co		19879	
	29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd		35076	
	naywaru, CA 94544				INSURE						
					INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIRI PERTA POLIC	EME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS						***************************************	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	76755 51121							,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0404000 004=				X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DE0	COURTION OF OREDATIONS (1 COATIONS (1/2/2/2	LEC ///	2000	404 Additional Description	la			-4\			
DES RE: §	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Stanford University @ 641 Campus Drive, Palo Alto ce, Inc. are named as additional insured per endo	CA/H	ORD oist S	101, Additional Remarks Schedu	le, may b	e attached if more	space is require	ed)			
servi	ce, inc. are named as additional insured per endo	rsemen	t CG2	038 0413.							
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Hoist Sales & Service, In	c.			THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
	8672 Dolce Lane				ALITUS	DIZED DEDDESE	NTATIVE				
	Sarasota, FL 94238				AUTHORIZED REPRESENTATIVE						

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights to		certi	ficate holder in lieu of su	ch end	orsement(s).		require an endorseme	ent. A S	tatement on
	DUCE			916-0	676-0844	NAME:	T Eddie Be	erg			
Licer	nse #0	'Neill Insurance E22542				PHONE (A/C, No	, Ext): 916-67	6-0844	FAX (A/C, No	916-676- o):	0860
7520 Citru	Green s Heig	nback Ln ghts, CA 95610				E-MAIL ADDRES	SS:				
									RDING COVERAGE		NAIC #
						INSURE	R A : Navigators	Specialty Ins Co	)		36056
INSU	JRED	Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	e Co		19879
		29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd		35076
		, , , , , , , , , , , , , , , , , , , ,				INSURE	RD:				
						INSURE	RE:				
						INSURE	RF:				
СО	VER	AGES CER	TIFIC	CATE	NUMBER:				<b>REVISION NUMBER:</b>		
IN C	IDIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESF D HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIF	итѕ	
Α	Х	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-							PRODUCTS - COMP/OP AG	G \$	2,000,000
		OTHER:								\$	
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person	) \$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accide	nt) \$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_		DED RETENTION \$							V PER OTH	\$	
С	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			9104666-2017		00/00/0047	00/00/0040	X PER OTH ER		4 000 000
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		9104000-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	lf ves	s. describe under							E.L. DISEASE - EA EMPLOY	EE \$	1,000,000
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T \$	1,000,000
Re: 1 Melli	CRIPT 850 Ge ng & J 138 04	TION OF OPERATIONS / LOCATIONS / VEHICI ough St. San Francisco, CA / James Melling lesus Sanchez are named as Additional Insu 13.	LES (A , Yvoni red pe	CORD ne Mel r endo	·101, Additional Remarks Schedul ling Peter rsement	le, may be	attached if more	e space is require	ed)		
CE	RTIF	FICATE HOLDER				CANC	ELLATION				
		James Melling, Yvonne N				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE EREOF, NOTICE WILL LY PROVISIONS.		
		Peter Melling & Jesus Sa 1834 Gough Street	HUTTE	54		AUTHO	RIZED REPRESEI	NTATIVE			
		San Francisco, CA 94109				4	gelel (	Ville S	Em		
		•					,		~		

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

th	SUBROGATION IS WAIV his certificate does not co			certi	ficate holder in lieu of su	ch end	orsement(s).		require an endorsemen	. A s	statement on
	DUCER			916-6	76-0844	NAME:	CT Eddie Be	erg	FAV		
Licen	th & O'Neill Insurance nse #0E22542					(A/C, No	o, Ext): 916-67	6-0844	FAX (A/C, No):	916-676	i-0860
/520 Citru:	Greenback Ln s Heights, CA 95610					E-MAIL ADDRE	SS:				1
									RDING COVERAGE		NAIC #
						INSURE	R A : Navigators	Specialty Ins Co	)		36056
INSU	JRED Swing Stage Sy					INSURE	R B : Security Na	ity National Insurance Co			19879
	29229 Pacific St Hayward, CA 94					INSURER C: State Compensation Ins Fund 35076					
	,,					INSURE	RD:				
						INSURE	RE:				
						INSURE	RF:				
CO	VERAGES	CER	ΓΙFΙC	ATE	NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT T NDICATED. NOTWITHSTAN ERTIFICATE MAY BE ISSU XCLUSIONS AND CONDITIO	DING ANY RE ED OR MAY F NS OF SUCH F	QUIR PERTA POLIC	EMEN AIN, <sup>-</sup> CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	I THE OF INSURAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL I	LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X	OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPL								GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
В	OTHER:								COMBINED SINGLE LIMIT	\$	4 000 000
Ь	AUTOMOBILE LIABILITY				CDD4227004 02				(Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SC AUTOS ONLY AL	CHEDULED			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
									PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS ONLY	DN-OWNED JTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB	OCCUR								\$	
	EXCESS LIAB	CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION\$								AGGREGATE	\$	
С	WORKERS COMPENSATION	'							X PER OTH- STATUTE ER	Φ	
	AND EMPLOYERS' LIABILITY	ECUTIVE Y/N			9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS	s helow							E.L. DISEASE - POLICY LIMIT		1,000,000
	DEGORII HON OF OF ERAHONO	Delow							E.E. DIOLAGE - I GEIGT EIIVIIT	Ψ	
DES RE: 5	CCRIPTION OF OPERATIONS / LOC 550 Montgomery Street, San Franc c/o DP Management Services, Inc. rsement CG2038 0413 & CG2037 (	ATIONS / VEHICL cisco CA / Jerry TI are named as Ad	ES (AC	CORD son & S	101, Additional Remarks Schedul Sons, DP550, ired per	le, may be	e attached if more	e space is require	ed)	•	
endo:	rsement CG2038 0413 & CG2037 ( rsement.	0413. *Primary Wo	ording	applie	s per attached						
CE	RTIFICATE HOLDER					CANO	ELLATION				
						THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C		
	Jerry Thomps					ACC	OKDANCE WI	IN INC PULIC	CY PROVISIONS.		
	3 Simms Stree					ALITHO	RIZED REPRESE	NTATIVE			
	San Rafael, CA	۹ 94901				701110	`				

Rochel Withams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

### PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

If	SUE	RTANT: If the certificate holder is BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	ne tei	rms and conditions of the ficate holder in lieu of suc	e polic ch end	cy, certain po lorsement(s).	olicies may r			
PROI	DUCE	:R		916-6	576-0844	CONTAC NAME:	ст Eddie Be	erg			
Licen 7520	se #0 Green	'Neill Insurance E22542 nback Ln <sub>1</sub> hts, CA 95610				PHONE (A/C, No E-MAIL ADDRES	o, Ext): 916-67	6-0844	FAX (A/C, No)	916-676-	0860
Citrus	пеід	Jnts, CA 95610				ADDILL		LIDED(S) AEEOE	DING COVERAGE		NAIC#
						INSURER(S) AFFORDING COVERAGE INSURER A: Navigators Specialty Ins Co					36056
INSU	RFD	Swing Stage Systems Inc				INCLIDE	R B : Security Na	tional Insurance	Co		19879
		29229 Pacific Street				INCLIDE	R C : State Comp	ensation Ins Fu	nd		35076
		Hayward, CA 94544				INSURE					
						INSURE					
						INSURE					
CO	/FP	AGES CER	TIFIC	`ATE	NUMBER:	INSUKL	KF.		REVISION NUMBER:		1
		S TO CERTIFY THAT THE POLICIES				/F RFF	N ISSUED TO			HE POI	ICY PERIOD
IN CE E)	DIC/ ERTI	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY F JSIONS AND CONDITIONS OF SUCH I	QUIR PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	OF AN'	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
В	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION\$								\$	
С	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/ N	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
		ICER/MEMBER EXCLUDED?	,						E.L. DISEASE - EA EMPLOYE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below							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) RE: 90 New Montgomery, San Francisco CA / JKL Corporation & 90 New Montgomery Partners, LP are named as additional insured per endorsement CG2038 0413.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
	ACCORDANCE WITH THE DOLLCY PROVISIONS

**JKL Corporation & 90 New** Montgomery Partners, LP 1730 South El Camino Real Ste #450 San Mateo, CA 94402

**AUTHORIZED REPRESENTATIVE** 

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to							require an endorsement	. As	tatement on
PRO Beac	DUCER			676-0844	CONTAC NAME:	CT Eddie Be , Ext): 916-67	erg	FAX (A/C No.)	16-676-	0860
7520	nse #0E22542 Greenback Ln				E-MAIL ADDRES	o, Ext):		(A/C, No): `		
Citru	s Heights, CA 95610							RDING COVERAGE		NAIC #
INICI	JRED Swing Stage Systems Inc				INSURE	R A : Navigators R B : Security Na	ational Insurance	e Co		19879
INSC	29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	nd		35076
	Hayward, CA 94544				INSURE					
					INSURE					
					INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		1
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 <b>50,00</b> 0
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
В	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS ONLY NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION\$							N DED OTH	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			9104666-2017		00/00/0047	00/00/0040	X PER OTH- STATUTE ER		4 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104000-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES RE: A name	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL IAII California Operations / Randal Kerby DBA: Kerb ed as additional insured per endorsement CG2038	ES (A y Con 0413.	CORD	101, Additional Remarks Schedu ion are	le, may be	attached if more	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Kerby Construction 190 N. Montgomery Stree	t			THE ACC	EXPIRATION	N DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
	San Jose, CA 95110					gelel (	_	Fin		

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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 certif	icate does not confer rights	s to the certificate holder in lieu of s	uch endorsement(s).							
PRODUCER		916-676-0844	CONTACT Eddie Berg							
Beach & O'Neill License #0E225			PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-08							
7520 Greenback Citrus Heights,			E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVER	AGE	NAIC #					
			INSURER A: Navigators Specialty Ins Co		36056					
INSURED	Swing Stage Systems Inc		INSURER B : Security National Insurance Co		19879					
	29229 Pacific Street Hayward, CA 94544		INSURER C : State Compensation Ins Fund		35076					
	nay wara, extension		INSURER D :							
			INSURER E:							
			INSURER F:							
COVERAG	ES CE	ERTIFICATE NUMBER:	REVISION	NUMBER:						
			VE BEEN ISSUED TO THE INSURED NAMED OF ANY CONTRACT OR OTHER DOCUMENT							

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	INSR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO A STATE OF THE PROPERTY OF THE	N/A		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
			1	1	1				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 201 Third Street, San Francisco CA / Kilroy Realty Corporation is named as additional insured per endorsement CG2038 0413.

CERTIFICATE HOLDER	CANCELLATION
Kilroy Realty Corporation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attn: KRC Rsk Management Dept. 12200 W. Olympic Blvd., Ste #200	AUTHORIZED REPRESENTATIVE

Los Angeles, CA 90064

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	UBROGATION IS WAIVED, subject certificate does not confer rights to						require an endorsemen	t. As	tatement on	
PRODU	CER		916-6	676-0844 CONT	CONTACT Eddie Berg					
	O'Neill Insurance #0E22542				E No, Ext): 916-67	916-676-	·0860			
	eenback Ln eights, CA 95610			E-MAI ADDR	L ESS:					
					IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
				INSUI	RER A : Navigators	Specialty Ins Co	)		36056	
INSURE					RER B : Security N				19879	
	29229 Pacific Street Hayward, CA 94544				RER C : State Com				35076	
	riayward, CA 34344			INSUI	RER D :					
				INSUI	RER E :					
				INSUI	RER F:					
COVE	RAGES CER	TIFIC	ATE	NUMBER:			REVISION NUMBER:			
	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE									
	TIFICATE MAY BE ISSUED OR MAY I							O ALL	THE TERMS,	
	LUSIONS AND CONDITIONS OF SUCH				POLICY EFF	POLICY EXP				
NSR LTR	TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	rs		
A   2	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X	COMMERCIAL GENERAL LIABILITY				,,	,	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X		LA17CGL194345IC	07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		AG TOO GIVE!						,	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER	N/A		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						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)
RE: Comcast SportsNet / Kilroy Realty Corporation is named as additional insured per endorsement CG2038 0413.

(	CER	TIFIC.	ATE H	OLDER	

CANCELLATION

**Kilroy Realty Corporation** Attn: Krc Ris Management Dept. 12200 W. Olympic Blvd., Ste #200

AUTHORIZED REPRESENTATIVE

Los Angeles, CA 90064

aclel Williams

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

th	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to	o the	certi	ficate holder in lieu of su	ich end	lorsement(s)		require an endorsement	. A	statement on		
PRODUCER 916-676-0844						CONTACT Eddie Berg						
Beac Licer	h & O'Neill Insurance nse #0E22542				PHONE (A/C, No	<sub>o, Ext):</sub> 916-67	<b>'6-0844</b>	FAX (A/C, No):	916-676	6-0860		
7520	Greenback Ln s Heights, CA 95610				E-MAIL ADDRE	SS:						
•	5						SURER(S) AFFOI	RDING COVERAGE		NAIC #		
					INSURE	R A : Navigators				36056		
INSL	IRED Swing Stage Systems Inc				INSLIRE	R B : Security Na	ational Insurance	e Co		19879		
	29229 Pacific Street				INICIIDE	R C : State Com	pensation Ins Fu	nd		35076		
	Hayward, CA 94544				INSURE		·					
					INSURE							
	VERACES CER	TIFIC	` A T F	NUMBED.	INSURE	:K F :		DEVICION NUMBER.				
				NUMBER:	VE DEE	N IOOUED TO		REVISION NUMBER:	IE D	N IOV DEDIOD		
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE											
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO				
L INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN							
<u>LTR</u>	I TPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000		
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY							(Fel accident)	\$			
	UMBRELLA LIAB OCCUR							FACIL OCCUPRENCE	\$ \$			
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE				
	DED RETENTION\$	1						AGGREGATE	\$			
С	WORKERS COMPENSATION							X PER OTH- STATUTE ER	\$			
•	AND EMPLOYERS' LIABILITY	N/A		9104666-2017		06/28/2017	06/28/2018			1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			3104000 2011		00/20/2017	00/20/2010	E.L. EACH ACCIDENT	\$			
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI				le, may be	e attached if more	e space is requir	ed)				
nsur	ed per endorsement CG2038 0413.	is manne	tu as a	duttollai								
CF	RTIFICATE HOLDER				CANC	CELLATION						
<u>UL</u>	MINIORIE HOLDEN				CAIN	<u> </u>						
					SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCE	LLED BEFORE		
								EREOF, NOTICE WILL E	BE D	ELIVERED IN		
	KMTJ Investments, LP				ACC	OKDANCE WI	III INE PULIC	CY PROVISIONS.				
	1763 Broadway				ALITUS	DIZED DEDDESE	NIT ATIVE					
	Oakland, CA 94612				AUTHORIZED REPRESENTATIVE							

Rochel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

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whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to							require an endorsement	. A st	atement on	
PRODUCER 916-676-0844 Beach & O'Neill Insurance					CONTACT Eddie Berg NHONE 916-676-0844 FAX 916-676-0860						
7520	nse #0E22542 Greenback Ln				E-MAIL ADDRES	, Ext):		(A/C, No): `			
Citrus Heights, CA 95610						INSURER(S) AFFORDING COVERAGE  INSURER A : Navigators Specialty Ins Co					
INICI	JRED Swing Stage Systems Inc				INSURE		36056 19879				
INSU	29229 Pacific Street				INSURE	R B : Security Na	ensation Ins Fu	nd		35076	
	Hayward, CA 94544										
					INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	ATF	NUMBER:	INCORE			REVISION NUMBER:			
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 <b>50,00</b> 0	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
_	DED RETENTION\$							V PER OTH	\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			9104666-2017		00/00/0047	00/00/0040	X PER STATUTE OTH-		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	3104000-2017			06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
RE: /	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL All California Operations / Meridian Management G Sacramento Street HOA are named as Additional I 338 0413.	roup, l	Dowd I	Brothers and	le, may be	attached if more	e space is require	ed)			
CF	RTIFICATE HOLDER				CANC	ELLATION					
Meridian Management Group 1145 Bush Street San Francisco, CA 94109						ULD ANY OF 1 EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.			
		Lacled Williams									

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

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- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

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  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 07/18/2017

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PRC	DDUCER	9	16-676-0844	CONTACT Eddie Berg						
Lice	ch & O'Neill Insurance nse #0E22542			PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0860						
7520 Citru	) Greenback Ln us Heights, CA 95610			E-MAIL ADDRESS:						
	-					RDING COVERAGE		NAIC #		
				INSURER A : Navigator	36056					
INSU	URED Swing Stage Systems Inc			INSURER B : Security National Insurance Co						
	29229 Pacific Street Hayward, CA 94544			INSURER C : State Con	pensation Ins Fu	ınd		35076		
	.,,			INSURER D :						
				INSURER E :						
				INSURER F:						
CO	OVERAGES CER	TIFICA	ATE NUMBER:			REVISION NUMBER:				
11	'HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY	QUIRE	MENT, TERM OR CONDITION	OF ANY CONTRACT	F OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
	EXCLUSIONS AND CONDITIONS OF SUCH	POLICII	ES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	PAID CLAIMS		J ALL	THE TERMS,		
INSR LTR	TYPE OF INSURANCE	ADDL SI	UBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY			,	,	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	Х	LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000		
						MED EXP (Any one person)	\$	5,000		
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	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000		
В	OTHER:					COMBINED SINGLE LIMIT	\$	4 000 000		
Ь	X ANY AUTO		0004007004.00			(Ea accident)	\$	1,000,000		
	OWNED SCHEDULED		SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$			
						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					(Per accident)	\$			
	UMBRELLA LIAB OCCUR					EAGU GOOLIDDENGE	\$			
	EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	\$			
	DED RETENTION\$					AGGREGATE	\$			
С	WORKERS COMPENSATION					X PER OTH-	Φ			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE		1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000		
	DESCRIPTION OF CHANNELS SOON					E.E. DIOLAGE TOLIGH ENVIR	Ψ			
Re: A to the Bay I France	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI All California Operations / MJM Management Group e Redevelopment Agency of the City and County o Development Group, The San Francisco Port, The cisco and their officers, agents and employees are	o, the Suc f San Fra City and	ccessor Agency ancisco, Mission County of San	ıle, may be attached if mo	re space is requir	ed)				
addit	tional insureds per endóršement CG2038 0413.									
CE	RTIFICATE HOLDER			CANCELLATION						
				SHOULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE C	۸۸۲۲	I EN REFORE		
				THE EXPIRATIO	N DATE TH	EREOF, NOTICE WILL I				
	MJM Management Group			ACCORDANCE W	ITH THE POLIC	CY PROVISIONS.				
	451 Berry Street			AUTHORITED DEDGE	- A T A T I					
	San Francisco, CA 94158			AUTHORIZED REPRESI						
				Facili (	Villea	my				
	T Company of the Comp			1						

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	DUCER th & O'Neill Insurance	76-0844	CONTACT Eddie Berg NAME: PHONE 916-676-0844 FAX 916-676-0860									
License #0E22542 7520 Greenback Ln						PHONE 916-676-0844 FAX (A/C, No): 916-676-0860 (A/C, No): 916-676-0860 ADDRESS:						
Citru	s Heights, CA 95610				ADDRE		SURFR(S) AFFOR	RDING COVERAGE		NAIC #		
					INSURE		36056					
INSU	JRED Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	Co		19879		
	29229 Pacific Street Hayward, CA 94544				INSURER C : State Compensation Ins Fund					35076		
	Hayward, OA 34344				INSURE	RD:						
					INSURE	RE:						
					INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER: 1				
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERT <i>I</i>	EMEN AIN, T SIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	OT TO	WHICH THIS		
A LTR	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000		
•	CLAIMS-MADE X OCCUR	x		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000		
		^		LAT/COL194343IC		07/01/2017	07/01/2010	MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
_	OTHER:							COMPINED ON OUT UNIT	\$			
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO OWNED SCHEDULED			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$							710011207112	\$			
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A						X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		91	9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)  If yes, describe under	11,72						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
RE: 1 Redli Cons	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI 006 washington #10, San Francisco CA / Moroso to the & 2006 Washington Street, Inc and its Director sultants, and Employees are named as additional in 38 0413.	LES (AC Constru s, Office nsured	CORD letion, ers, Ag per er	101, Additional Remarks Schedul Chris gents, idorsement	e, may be	attached if more	e space is require	ed)				
CE	RTIFICATE HOLDER				CANO	ELLATION						
	Moroso Construction 582 6th Street				THE ACC	EXPIRATION ORDANCE WI	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.				
	San Francisco, CA 94103				AUTHORIZED REPRESENTATIVE							

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

ti	nis c	BROGATION IS WAIVED, subject ertificate does not confer rights t	o the	certi	ficate holder in lieu of su	ch end	lorsement(s).		require an endorsement		
	DUCE			916-6	676-0844		CT Eddie Be				
Lice	1se #0	'Neill Insurance E22542				PHONE (A/C, No	o, Ext):	6-0844	FAX (A/C, No):	916-676-	0860
7520 Citru	Greer s Heig	nback Ln ghts, CA 95610				E-MAIL ADDRE	SS:				
									RDING COVERAGE		NAIC #
						INSURE	R A : Navigators	Specialty Ins Co	)		36056
INSI	JRED	Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	e Co		19879
		29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	nd		35076
		Hayward, CA 94544				INSURE					
						INSURE					
						INSURE					
CO	VFR	RAGES CER	TIFIC	CΔTF	NUMBER:				REVISION NUMBER:		
II C	IDICA ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	ED NAMED ABOVE FOR TO DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х	Х	LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
			**						MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	02.	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							TRODUCTO - COMIT/OF ACC	\$	
В	АПТ	FOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
	X	ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	(Ea accident)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS			011 1007004 02		07/01/2017	07/01/2016	BODILY INJURY (Per person)		
									BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
_		DED RETENTION\$							▼ PER OTH-	\$	
С	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N			0404666 2047				X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
RE: /	III Cali	TION OF OPERATIONS / LOCATIONS / VEHIC ifornia Operations / Outfront Media is named r endorsement CG2038 0413. "Primary Word on apply per attached endorsements.	LES (A d as ad ing an	CORD ditiona d Waiv	101, Additional Remarks Schedul al er of	le, may be	e attached if more	e space is require	ed)		
CE	RTIF	FICATE HOLDER				CANO	ELLATION				
		Outfront Media PO Box 404				THE	EXPIRATION	I DATE THI	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
		Broadway, NJ 088080404	ļ				RIZED REPRESEI	_	Am		

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.

POLICY NUMBER: LA17CGL194345IC

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of P	erson O	r Organizatio	on: Where As	Required E	3y Writte	n Contract			
Information	required	to complete	this Schedule.	if not show	n above,	will be shown	in the Declaration	ns.	

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

OP ID: MM

ACORD°

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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).

this certifi	icate does not confer rights to th	e certificate holder in lieu of su	ch endorsement(s).					
PRODUCER		916-676-0844	CONTACT Eddie Berg					
Beach & O'Neill License #0E2254	Insurance 42		PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0860					
7520 Greenback Citrus Heights, 0	Ln		E-MAIL ADDRESS:					
_			INSURER(S) AFFORDING COVERAGE	NAIC #				
			INSURER A: Navigators Specialty Ins Co	36056				
INSURED								
	29229 Pacific Street Hayward, CA 94544		INSURER C : State Compensation Ins Fund		35076			
	Tidyward, OA 34044		INSURER D:					
			INSURER E:					
			INSURER F:					
COVERAGE	ES CERTIF	ICATE NUMBER:	REVISION NUI	VIBER:				
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS							

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X	Χ	LA17CGL194345IC	07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		ACTOC CHET						,	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER			9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						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)
RE: All California Operations / JLL, PR 3975 Freedom Circle LLC, PRISA LHC,
thair respective members, parents, subsidiaries and agents are named as
additional insured per endorsement CG2038 0413. "Primary Wording applies per
attached endorsement. "Waiver of Subrogation aspplies per attached
endorsement.

CERTIFICATE HOLDER	CANCELLATION
PR 3975 Freedom Circle LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PR 3979 Freedom Circle LLC 3979 Freedom Circle, Ste #135 Santa Clara, CA 95054	AUTHORIZED REPRESENTATIVE Raclel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.

POLICY NUMBER: LA17CGL194345IC

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of P	erson O	r Organizatio	on: Where As	Required E	3y Writte	n Contract			
Information	required	to complete	this Schedule.	if not show	n above,	will be shown	in the Declaration	ns.	

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

OP ID: MM

ACORD°

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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).

uns ceru	icate does not confer rights to	the certificate holder in hed of Su	ch endorsement(s).		
PRODUCER		916-676-0844	CONTACT Eddie Berg		
Beach & O'Neill License #0E225			PHONE (A/C, No, Ext): 916-676-0844	FAX (A/C, No): 916-676-0	860
7520 Greenback Citrus Heights,			E-MAIL ADDRESS:		
			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A: Navigators Specialty Ins Co		36056
INSURED	Swing Stage Systems Inc		INSURER B : Security National Insurance Co		19879
	29229 Pacific Street Hayward, CA 94544		INSURER C : State Compensation Ins Fund		35076
	naywara, ezro io n		INSURER D:		
			INSURER E :		
			INSURER F:		
COVERAG	ES CER	TIFICATE NUMBER:	REVISION NUM	IBER:	

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)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PART	N/A		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
		CER/MEMBER EXCLUDED?	14,7					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		s, describe under CRIPTION OF OPERATIONS below						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)
RE: All California Operations / CBRE, Inc., PR 3975 Freedom Circle, LLC; PR
3979 Freedom Circle, LLC; PRISA LHC their respective members, parents,
subsidaries and agents are named as additional insured per endorsement
CG2038 0413.

CERTIFICATE HOLDER	CANCELLATION
PR 3975 Freedom Circle, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PR 3979 Freedom Circle, LLC C/O CBRE, Inc. 3979 Freedom Circle, Ste #125	AUTHORIZED REPRESENTATIVE  Faclel Williams
Santa Clara, CA 95054	

\_\_\_\_\_

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	nis certificate does not confer rights to			76-0844		CT Eddie Be				
Beac	h & O'Neill Insurance				PHONE	916-67		FAX	916-676	5-0860
7520	nse #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRE	), ⊑XL).		(A/C, No):		
Citru	s Heights, CA 95610				ADDRE		IIDED(S) AEEOI	RDING COVERAGE		NAIC #
					INCLIDE	R A : Navigators				36056
INSI	JRED Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	e Co		19879
	29229 Pacific Street				INSURE	R C : State Comp	ensation Ins Fu	nd		35076
	Hayward, CA 94544				INSURE					
					INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	ATF	NUMBER:	INCORE			REVISION NUMBER:		
TI	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY R	S OF IN	NSUF	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE FOR TI		
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT/	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIES	S DESCRIBEI	D HEREIN IS SUBJECT TO		
INSR	XCLUSIONS AND CONDITIONS OF SUCH	ADDL S			BEEN					
A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
^	CLAIMS-MADE X OCCUR	\ \ \						DAMAGE TO RENTED	\$	50,000
	CEANVIS-IVIADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	_,000,000
В	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION\$							DED OTH	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0404000 0047				X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC All California Operations / Performance Swing Sta ional insured per endorsement CG2038 0413.	LES (AC	ORD is nan	101, Additional Remarks Schedul ned as	e, may be	e attached if more	space is require	ed)		
addit	ional insured per endorsement CG2038 0413.	<b>3</b> -7								
CF	RTIFICATE HOLDER				CANO	ELLATION				
					-,					
	<b>D</b> .(				THE	EXPIRATION	I DATE THI	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
	Preformance Swing Stag	je, Inc								
	3131 52nd Ave.,				AUTHO	RIZED REPRESE	NTATIVE			

Sacramento, CA 95823

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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

lf :	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	ne te	rms and conditions of th	ne polic	cy, certain po	olicies may	•			
PROD	UCE	R		916-6	676-0844	CONTACT Eddie Berg						
		Neill Insurance E22542				PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-					16-676-0	0860
		back Ln hts, CA 95610				E-MAIL ADDRE	SS:					
									RDING COVERAGE			NAIC #
						INSURE	R A : Navigators	Specialty Ins Co	•			36056
INSU	RED	Swing Stage Systems Inc			INSURE	R B : Security Na	ational Insurance	Co			19879	
		29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd			35076
	naywaru, CA 34344						INSURER D:					
						INSURE	RE:					
						INSURE	RF:					
COV	/ER	AGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
		S TO CERTIFY THAT THE POLICIES										
CE	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WITH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
Α	Χ	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	E	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTEI PREMISES (Ea occur		\$	50,000
									MED EXP (Any one pe		\$	5,000
									PERSONAL & ADV IN	JURY	\$	1,000,000

LTR		I TPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	ა
Α	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	14,7					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		s, describe under CRIPTION OF OPERATIONS below						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)
RE: All California Operations / Radiance at Mission Bay Owners Association
and Maynard Rich Management are named as additional insured per endorsement
CG2038 0413.

CERTIFICATE HOLDER	CANCELLATION
Radiance at Mission Bay Owners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Association and Maynard Rich Management 325 China Basin Street	AUTHORIZED REPRESENTATIVE  FORLE Williams
San Francisco, CA 94158	

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

PRODUCER 916-676-0844 Beach & O'Neill Insurance					CONTACT Eddie Berg PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0860						
Licer 7520	nse #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRES	, ⊏XI).	0 0011	(A/C, No):`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 0000	
Citru	s Heights, CA 95610				ADDRES		STIDED(S) AEEO	RDING COVERAGE		NAIC #	
			INCLIDE					36056			
INSL	IRED Swing Stage Systems Inc				INSURER A : Navigators Specialty Ins Co INSURER B : Security National Insurance Co					19879	
	29229 Pacific Street				INSURER C : State Compensation Ins Fund					35076	
	Hayward, CA 94544				INSURE						
					INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	`ATF	NUMBER:	INCORL	кт.		REVISION NUMBER:			
TI IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFITED OR MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF I EQUIF PERT POLI	NSUF REME AIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR TI DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 <b>50,000</b>	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000	
	X ANY AUTO			CDD4227004 02				(Ea accident)	\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$		
	DED RETENTION\$							710011207112	\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-			
				9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	R EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ob #1932 Altamont Road Residence @ 26495 Alta	LES (A	CORD	101, Additional Remarks Schedul Los Altos Hills	e, may be	attached if more	e space is requir	ed)			
CA / I Addit	ob #1932 Altamont Road Residence @ 26495 Alta Redhorse Constructors, Inc., JAYCO Investments ional Insured per endorsement CG2038 0413 & C	, LLC a G2037	re nán 0413.	ned as							
CE	RTIFICATE HOLDER				CANC	ELLATION					
				REDHORS							
					THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS.			
	Redhorse Constructors,	Inc.			700	OUDDINGE ANI	IIIE FOLK	J. I. NOVIDIONS.			

36 Professional Center Pkwy.

San Rafael, CA 94903

AUTHORIZED REPRESENTATIVE

aclel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused. in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

this certificate does not confer rights to the certificate holder in lieu of st PRODUCER 916-676-0844						contentionsement(s).  CONTENT Eddie Berg						
	th & O'Neill Insurance				PHONE Q16-676-0844 FAX 016-676-0860							
Licer 7520	nse #0E22542 Greenback Ln				(A/C, No E-MAIL ADDRES	o, Ext):	0 0044	(A/C, No):`	710-071			
Citru	s Heights, CA 95610				ADDRE		UDED(0) AFF0F	DING COVERAGE		NAIG #		
					INSURER(S) AFFORDING COVERAGE  INSURER A: Navigators Specialty Ins Co					36056		
INSI	JRED Swing Stage Systems Inc				INSURER B : Security National Insurance Co					19879		
	29229 Pacific Street				INSURER C : State Compensation Ins Fund					35076		
	Hayward, CA 94544				INSURE							
					INSURE							
					INSURE							
CO	VERAGES CER	TIFIC	ΔΤΕ	NUMBER:	INCORE			REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RIJECTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S OF IN EQUIRE PERTA	NSUF EMEI	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPE	CT TO	WHICH THIS		
INSR LTR	TYPE OF INOUE ANDE	ADDL S				POLICY EFF (MM/DD/YYYY)		LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD	****			(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000		
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$			
С	DED RETENTION \$  WORKERS COMPENSATION							▼ PER OTH-	\$			
C	AND EMPLOYERS' LIABILITY			9104666-2017		06/28/2017	06/28/2018	↑   STATUTE   ER		1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		3104000 2011		00/20/2017	00/20/2010	E.L. EACH ACCIDENT	\$	1,000,000		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DFS	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD	101. Additional Remarks Schedul	e. mav he	attached if more	space is require	ed)				
RE: A	All California Operations / The Regents of the Univiley Campus, et al, are recognoized as additional in 138 0413 & CG2037 0413.	ersity of	f Calif	fornia, dorsement	o, may be	, assubited it fillet	. opass is require	·~,				
CG20	038 0413 & CG2037 0413.	ioui cu p	,01 011	dorsoment								
CE	RTIFICATE HOLDER				CANC	ELLATION						
	Regents of the University	v of			THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E EY PROVISIONS.				
	California Berkley Camp	us			AUTHORIZED REPRESENTATIVE							
	1026 University Ave. De	am 25	-0		AUINU	NIZEV KEPKEŠEI	VIALIVE					

Berkely, CA 94704

Rochel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused. in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject is is certificate does not confer rights to	to th	ne te certi	rms and conditions of the ficate holder in lieu of suc	e polic ch end	y, certain po orsement(s).	olicies may			
	DUCER	CONTACT Eddie Berg								
7520	Beach & O'Neill Insurance License #0E22542 7520 Greenback Ln Citrus Heights, CA 95610				PHONE (A/C, No E-MAIL ADDRES	, EXt):	6-0844	(A/C, No	916-676-	·0860
Oiti at							SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURER A : Navigators Specialty Ins Co					36056
INSU		INSURE	R B : Security Na	tional Insurance	Co		19879			
	29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd		35076
	riay irai a, er e i e i :				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CERT	ΓIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY P (CLUSIONS AND CONDITIONS OF SUCH F	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	OF ANY	CONTRACT THE POLICIES	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
Α	X COMMERCIAL GENERAL LIABILITY					······	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per acciden	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9104666-2017	06/2	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
		14 / A						E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							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)
RE: All California Operations / Rehabilitation Housing Group, a Joint
Venture between BBI-Con, Inc and Deslirres & Halperin Construction, Inc.,
its directors, officers, employees, agents, successors and assigns and BBICon, Inc., its directors, officers, employees agents, successors and assigns
are named as additional insured per endorsement CG2038 0413.

CERTIFICATE HOLDER	CANCELLATION
Rehabilitation Housing Group	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1155 Third Street, Ste 3230 Oakland, CA 94607	AUTHORIZED REPRESENTATIVE  Rocle Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

PRODUCER 916-676-0844  Beach & O'Neill Insurance License #0E22542					CONTACT Eddie Berg PHONE (A/C, No, Ext): 916-676-0844  FAX (A/C, No): 916-676-0860						
7520	Greenback Ln s Heights, CA 95610				E-MAIL ADDRE	SS:					
	- · · · · · · · · · · · · · · · · · · ·					INS		RDING COVERAGE		NAIC #	
						INSURER A : Navigators Specialty Ins Co					
INSURED Swing Stage Systems Inc						R B : Security Na	ational Insurance	Co		19879	
	29229 Pacific Street Hayward, CA 94544				INSURER C: State Compensation Ins Fund					35076	
	, , , , , , , ,				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLIC	EMEN IN, 7 IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OOCUMENT WITH RESPE O HEREIN IS SUBJECT TO	CT TO	O WHICH THIS	
INSR LTR A	1 1	ADDL S	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000	
^	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$	50,000	
	CLAIMS-IMADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							TROBOOTO COMIT/OF ACC	\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$		
С	DED RETENTION\$							V PER OTH-	\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			9104666-2017		06/28/2017	06/28/2018	X PER OTH- STATUTE ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		0.0.000 20.1		00/20/2017		E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD	101, Additional Remarks Schedul	e, may be	e attached if more	e space is require	ed)			
RE: A	All California Operations / RMI Mechanical Contractional insured per endorsement CG2038 0413.	ctor, Inc.	is na	med as				•			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	RMI Mechanical Contract	tor			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.			
	Inc. 1385 Lowrie Ave.,				AUTHORIZED REPRESENTATIVE						
	1303 LUWITE AVE		ACTIONALED REFREDERIATIVE								

S. San Francisco, CA 94080

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

ACORD°

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

If	SUB	TANT: If the certificate holder i ROGATION IS WAIVED, subject rtificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic ch end	cy, certain polorsement(s)	olicies may i				
PROD	UCEF	2		916-6	676-0844	CONTACT Eddie Berg						
		Neill Insurance 22542				PHONE (A/C, No	016-67	6-0844	FAX (A/C,	No): 916-67	<b>'6-0860</b>	
7520 0	reenl	back Ln hts, CA 95610				E-MAIL ADDRESS:						
							NAIC #					
						INSURE	R A : Navigators	Specialty Ins Co	)		36056	
INSU	RED	Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	e Co		19879	
		29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd		35076	
		riaywara, oz ozotz				INSURE	RD:					
						INSURE						
						INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:												
INI CE	DICA RTIF	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RES D HEREIN IS SUBJEC	SPECT T	O WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		IMITS		
Α	X	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence	) \$	50,000	
									MED EXP (Any one person	) \$	5,000	
									PERSONAL & ADV INJUR	Y \$	1,000,000	
	GEN'	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP A	GG \$	2,000,000	
		OTHER:								\$		
В		DMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	V				ODD4007004.00							

X ANY AUTO SPP1337804-02 07/01/2017 07/01/2018 BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY \$ **UMBRELLA LIAB** OCCUR EACH OCCURRENCE CLAIMS-MADE **FXCESS LIAB AGGREGATE** RETENTION\$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE OTH-ER C 9104666-2017 06/28/2017 06/28/2018 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1.000.000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: The Adiago Hotel @ 550 Geary Street, San Francisco CA/ Robert Bernhard
Coatings RBC, Inc., General Contracting & Painting is named as additional
insured per endorsement CG2038 0413.

CERTIFICATE HOLDER	CANCELLATION
Robert Bernhard Coatings RBC,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Inc., General Contracting & Painting	AUTHORIZED REPRESENTATIVE
755 Pennsylvania Ave. San Francisco, CA 94107	Lacel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

ACORD°

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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).

	ficate does not confer righ				nicies may re	squire an endorsement. A st	atement on			
PRODUCER		916-676-0844	1	CONTACT Eddie Berg						
Beach & O'Neil License #0E22	l Insurance 542			PHONE (A/C, No, Ext): 916-676	FAX (A/C, No): 916-676-0	0860				
7520 Greenbac Citrus Heights	k Ln			E-MAIL ADDRESS:						
						DING COVERAGE	NAIC #			
				INSURER A : Navigators S	Specialty Ins Co		36056			
INSURED	Swing Stage Systems In	С		INSURER B : Security Nat		Co	19879			
	29229 Pacific Street Hayward, CA 94544			INSURER C : State Compe	d	35076				
	Hayward, OA 34344			INSURER D :						
				INSURER E :						
				INSURER F:						
COVERAG	ES (	ERTIFICATE NUM	IBER:		F	REVISION NUMBER:				
INDICATE CERTIFIC	D. NOTWITHSTANDING ANY ATE MAY BE ISSUED OR M	/ REQUIREMENT, TE AY PERTAIN, THE IN	RM OR CONDITION ISURANCE AFFORD	OF ANY CONTRACT OF BY THE POLICIES	OR OTHER D DESCRIBED	NAMED ABOVE FOR THE POL OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS			
EXCLUSION INSR	ONS AND CONDITIONS OF SU	JCH POLICIES. LIMITS ADDL SUBR	S SHOWN MAY HAVE	POLICY EFF	PAID CLAIMS.					
INOR	TYPE OF INCUPANCE	ADDLISUBK	DOLICY NUMBER	FULICTEFF	PULICT EXP	2 TIMI I				

INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) Α Χ COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 50,000 CLAIMS-MADE | X | OCCUR Χ LA17CGL194345IC 07/01/2017 07/01/2018 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT В 1,000,000 **AUTOMOBILE LIABILITY** (Ea accident) X ANY AUTO SPP1337804-02 07/01/2017 07/01/2018 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **FXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION\$ DED X PER STATUTE OTH-ER C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 9104666-2017 06/28/2017 06/28/2018 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1.000.000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 15601-1630 California Street / Saarman Construction, Ltd. and its
Officers, Owners & Employees, the Owner, Smith Brennen Properties, LLC and
all of its directors, property managers, employees, agents and
representatives, including the Consultant, MC Consultants, Inc., and
architect consultants & engineers are named as additional (continued)

CERTIFICATE HOLDER	CANCELLATION
Saarman Construction, Ltd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
683 McAllister Street San Francisco, CA 94102	AUTHORIZED REPRESENTATIVE  Roclel Williams

NOTEPAD:	HOLDER CODE INSURED'S NAME	Swing Stage Systems Inc	SWING-1 OP ID: MM	PAGE 2  Date 07/18/2017
nsured per endorse	ment CG2038	0413.		

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

ti	SUBROGATION IS WAIVED, subject his certificate does not confer rights to		certi	ficate holder in lieu of su	ch end	orsement(s).					
	DUCER		916-6	76-0844	CONTACT Eddie Berg						
Beac Lice	ch & O'Neill Insurance nse #0E22542				PHONE (A/C, No	o, Ext): 916-67	6-0844	FAX (A/C, No):	16-676-	0860	
7520	Greenback Ln is Heights, CA 95610				E-MAIL ADDRE	SS:					
					INSURER(S) AFFORDING COVERAGE NA						
										36056	
INISI	URED Swing Stage Systems Inc				INSURER B : Security National Insurance Co 19879						
IIVO	29229 Pacific Street									35076	
	Hayward, CA 94544				INSURER D:						
					INSURER E:						
					INSURE	RF:					
CO	VERAGES CER	ATE	NUMBER:				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES										
	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I										
	XCLUSIONS AND CONDITIONS OF SUCH	POLIC	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY I	PAID CLAIMS.		, , ,	,	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
		^		LATI 00210404010		01,01,2011	0.70.720.0	MED EXP (Any one person)	\$	5,000	
										1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
_	OTHER:							COMBINED SINGLE LIMIT	\$		
В	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
С	WORKERS COMPENSATION							X PER OTH-	*		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							•	1,000,000	
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	-,,,,,,,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL All California Operations / Saarman Construction, L	.ES (AG	CORD d its of	101, Additional Remarks Schedul ficers.	le, may be	attached if more	space is require	ed)			
owne lame	All California Operations / Saarman Construction, Lers, and employees, the owner and all its directors oyees, agents and representatives, including Arch	prope	rty ma	nagers, hitect's							
cons	ultants are named as additional insured per endor	sement	CG20	38 0413.							
CERTIFICATE HOLDER						ELLATION					
					J. 1110						
					SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCEL	LED BEFORE	
					THE	EXPIRATION	I DATE THI	EREOF, NOTICE WILL E			
	Saarman Construction, L	td.			ACC	ORDANCE WI	IN INE POLIC	CY PROVISIONS.			
	683 McAllister Street										

San Francisco, CA 94102

AUTHORIZED REPRESENTATIVE

aclel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

INSURER A: Navigators Specialty Ins Co  INSURER A: Navigators Specialty Ins Co  INSURER B: Security National Insurance Co  INSURER C: State Compensation Ins Fund  INSURER C: State Compensation Ins Fund  INSURER E:  INSURER	FAX (A/C, No): 9'	NAIC # 36056 19879 35076
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INSURER A: Navigators Specialty Ins Co  INSURE A: Navigators Specialty Ins Co  INSURER B: Security National Insurance Co  INSURER C: State Compensation Ins Fund  INSURER C: State Compensation Ins Fund  INSURER C: State Compensation Ins Fund  INSURER E: INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR  TYPE OF INSURANCE  ADDI. SUBR POLICY NUMBER  A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X LA17CGL194345IC  INSURER : NSUBANCE POLICY EFF PREMISES (MED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  MED EXP (A PERSONAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PREMISES (MED EXCLUSIONS AND CONDITIONS OF SUCH POLICY EXPENSIONS AND CONDITIONS	RAGE	36056 19879
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INSURER B: Security National Insurance Co  INSURER C: State Compensation Ins Fund  INSURER C: State Compensation Ins Fund  INSURER D:  INSURER E:  INSURER F:   COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURER TYPE OF INSURANCE  ADDL SUBR POLICY NUMBER  TYPE OF INSURANCE  ADDL SUBR POLICY NUMBER  AX COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X LA17CGL194345IC  INSURER B: Security National Insurance Co  INSURER C: State Compensation Ins Fund  INSURER C: INSURER C:  INSURER C: INSURER		
29229 Pacific Street Hayward, CA 94544    INSURER C : State Compensation Ins Fund		35076
INSURER D: INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSIR  TYPE OF INSURANCE  ADDL SUBR INSD WVD POLICY NUMBER POLICY EFF (MM//DD/YYYY)  A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X LA17CGL194345IC  O7/01/2017  O7/01/2018  EACH OCCU DAMAGE TO PREMISES (MED EXP.)  GENERAL A PRODUCTS		
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MED EXP (A PERSONAL GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC PRODUCTS		\$ 1,000,000
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OFFICER/MEMBER EXCLUDED?		1 222 222
If ves, describe under	E - EA EMPLOYEE	1 000 000
DÉSCRIPTION OF OPERATIONS below E.L. DISEAS	E - POLICY LIMIT	\$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 2999 California Street HOA / Saarman Construction, Ltd. and its officers, owners, and employees, the owner, 2999 California Street HOA c/o Ram, Olson, Cereghino & Kopczynski, LLP and all of its directors, property managers, employees, agents and representatives including the Consultant		

Wiss Janney Elstner Associates, Inc., and Architect consultants (continued) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Saarman Construction, Ltd. **683 McAllister Street** San Francisco, CA 94102

AUTHORIZED REPRESENTATIVE

NOTEPAD:	HOLDER CODE INSURED'S NAME Swing Stage Systems Inc	SWING-1 OP ID: MM	Date (	PAGE 2 07/18/2017
are named as Additi	onal Insured per endorsement CG2038 0413.			77,10,2011

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

PRC	DDUCER		916-6	676-0844	CONTAC NAME:	ET Eddie Be	rg				
Beac	ch & O'Neill Insurance nse #0E22542				PHONE (A/C, No	916-67		FAX (A/C, No):	916-676-	0860	
7520	Greenback Ln Is Heights, CA 95610				E-MAIL ADDRES	SS:		(200, 110).			
O.C.	is neights, on soore						URER(S) AFFOR	DING COVERAGE		NAIC#	
					INSURE	R A : Navigators				36056	
INS	JRED Swing Stage Systems Inc				INSURER B : Security National Insurance Co 19879						
	29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fur	nd		35076	
	Haywaru, OA 34344				INSURE						
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INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
		^		LA1700L13404010		01/01/2011	0770172010	MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
ı											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Skyline at Tamien Station HOA / The Bridgeport Co	ES (Ad	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)			
Tami 0413	Skyline at Tamien Station HOA / The Bridgeport Co en Station HOA are named as Additional Insureds	per end	dorse	ment CG2038							
<u></u>	DIEICATE HOLDED				CANO	CLLATION					
UE	RTIFICATE HOLDER				CANC	ELLATION					
					SHO	ULD ANY OF T	HE ABOVE DI	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE	
					THE	EXPIRATION	DATE THE	REOF, NOTICE WILL I	BE DE	ELIVERED IN	
	The Bridgeport Company	٦.			ACC	OUDDINGE AND	IIIL FOLIC				

Skyline @ Tamien Station HOA

2303 Camino Ramon, Ste #201

San Ramon, CA 94583

AUTHORIZED REPRESENTATIVE

aclel Williams

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	nis certificate does not confer rights	.56		676-0844		Eddie Be				
Beac	h & O'Neill Insurance				PHONE Q16-676-0844 FAX 016 676 0960					
Licer 7520	nse #0E22542 Greenback Ln				(Å/C, No, Ext): 910-070-00044 (Å/C, No): 910-070-0000 E-MAIL ADDRESS:					
Citru	s Heights, CA 95610				ADDRES		UDED(0) ( == : =	DINO COVER : CE		
								RDING COVERAGE		NAIC #
	JRED Swing Stage Systems Inc				INSURER A : Navigators Specialty Ins Co  INSURER B : Security National Insurance Co  19879					
INSU	Swing Stage Systems Inc 29229 Pacific Street				INSURE	R B : State Comp	nd		35076	
	Hayward, CA 94544						ensation ins i di			33070
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					. ,		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	76.50 0.12.								\$	
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	EXCESS LIAB CLAIMS-MADI	≣						AGGREGATE	\$	
	DED RETENTION\$								\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
		N/A		9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)		
RE: ( City I	City Heights 175 W. Saint James, San Jose CA / T Heights @ Pellier Park HOA are named as Additions Presement CG2038 0413.	he Brid nal Ins	geport ureds	t Company & per						
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	The Bridgeport Compan	v & C	ity		700	ONDANCE WIL	IIIL FOLIC			

Heights @ Pellier Park HOA

2303 Camino Ramon, Ste 201 San Ramon, CA 94583

AUTHORIZED REPRESENTATIVE

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

		OGATION IS WAIVED, subject tificate does not confer rights to							require an endors	sement.	A st	atement on
PROD	UCER			916-	676-0844	CONTAC NAME:	CT Eddie Be	erg				
	& O'Ne	eill Insurance 2542									6-676-0	860
	reenba	ack Ln s, CA 95610				E-MAIL ADDRES	SS:					
	Ū	,					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
						INSURE	R A : Navigators	Specialty Ins Co	)			36056
INSUR	RED	Swing Stage Systems Inc						ational Insurance				19879
		29229 Pacific Street Hayward, CA 94544						pensation Ins Fu				35076
		Haywaru, OA 34344				INSURE	RD:					
						INSURE	RE:					
						INSURER F:						
COV	'ERA	GES CER	TIFIC	CATE	NUMBER:				REVISION NUME	BER:		
		TO CERTIFY THAT THE POLICIES										
		ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY F										
		IONS AND CONDITIONS OF SUCH								LCI IO	ALL I	TIL TEINIO,
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	X c	OMMERCIAL GENERAL LIABILITY					, , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE X OCCUR	х	Х	LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurre		\$	50,000
			-						MED EXP (Any one ne		\$	5,000

LTR		TYPE OF INSURANCE	INSD	WAD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	ITS	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE X OCCUR	Х	Х	LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
								MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
С		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000	
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
	_				I.					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: UCB Berkeley Way Tolman Hall / The Regents of the University of
California c/o Willis Insurance Services of California, Turner Construction
Company, The University of California, University the UCIP Administrator and
each of their respective consultants, officers, agents, employees each of
the representative's consultants and all enrolled parties (continued)

CERTIFICATE HOLDER	CANCELLATION
The Regents of the University	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
of California c/o Willis Ins. Services of California	AUTHORIZED REPRESENTATIVE
525 Market Street, Ste #3400 San Francsico, CA 94105	Lacel Williams

NOTEPAD: HOLDER CODE INSURED'S NAME Swing Stage Systems Inc SWING-1 OP ID: MM

PAGE 2

Date 07/18/2017

regardless of whether or not identified in the contract documents or to the contractor in writing are named as Additional Insured per endorsement CG2038 0413 & CG2037 0413. \*Primary Wording applies per attached endorsement. \*Waiver of Subrogation applies per attached endorsement. \*General Liability Wrap-Up/OCIP Exclusion applies per endorsement NPC-827 0413.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

### ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person for whom you are performing "Commercial Construction" during the period of this policy and have agreed in a written contract to add as an additional insured for products - completed operations. ("Commercial Construction" does not include any habitational or residential construction other than apartments or hotels.	
,	,
	,
Information required to complete this Schedule, if not sh	nown 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" or "property damage" caused. in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

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 tess.

required by the contract or agreement to provide for such additional insured.

### PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

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.

POLICY NUMBER: LA17CGL194345IC

### WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

#### **SCHEDULE**

Name Of P	erson O	r Organizatio	on: Where As	Required E	3y Writte	n Contract			
Information	required	to complete	this Schedule.	if not show	n above,	will be shown	in the Declaration	ns.	

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

OP ID: MM

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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/los) must have ADDITIONAL INSURED provisions or be endorsed

If S	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).											
PROD	UCER			916-6	676-0844	CONTAC NAME:	CT Eddie Be	erg				
	& O'Neil e #0E22	l Insurance 542				PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-					16-676-0	)860
7520 G	reenbac					E-MAIL ADDRES	SS:					
	,,								RDING COVERAGE			NAIC #
							R A : Navigators					36056
INSUF	RED	Swing Stage Systems Inc				INSURE	R B : Security Na	ational Insurance	Co			19879
		29229 Pacific Street Hayward, CA 94544				INSURE	R C : State Comp	ensation Ins Fu	nd			35076
Hayward, OA 37377					INSURER D:							
						INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:									REVISION NUM	BER:		
INI CE	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.											
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	<b>.</b>			
Α	Х со	MMERCIAL GENERAL LIABILITY					·······	······	EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	50,000
									MED EXP (Any one pe		\$	5,000
									PERSONAL & ADV IN	JURY	\$	1,000,000

LIK		=	III	88 8 D					<del>-</del>
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						111020010 0011117017100	\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Х	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY				0170172011	0.70.720.0	BODILY INJURY (Per accident)	*
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		AUTOS ONLY AUTOS ONLY						(i ei accident)	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$	-					AGGREGATE	\$
С		KERS COMPENSATION						X PER OTH-	\$
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000	
	OFFI (Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	1 000 000
	If yes	, describe under							4 000 000
	DESC	ÉRIPTION OF OPERATIONS below						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)
RE: 140 Geary Street, San Francisco CA / Trinity Management Services,
Trinity Properties & Sangiacomo Family Trusty and their respective spouses,
heirs, beneficiaries, general partners, limited partners, managers, members,
officers, directors, shareholders, affiliates, successors, assigns, agents,
servants, employees and trustees, as well as all entities and (continued)

CERTIFICATE HOLDER	CANCELLATION
TRINI-3	SUBJURDANIA OF THE ADOMED PROPINED POLICIES DE CAMOELLED DEFONE
Trinity Management Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Trinity Properties 1145 Market Street, Ste #1200 San Francisco, CA 94103	AUTHORIZED REPRESENTATIVE  Raclel Williams

TRINI-3 SWING-1 PAGE 2 HOLDER CODE **NOTEPAD:** INSURED'S NAME Swing Stage Systems Inc OP ID: MM Date 07/18/2017 persons presently opr formely related to or affiliated in any work with the above named persons or organizations are named as Additional Insureds per endorsement CG2038 0413.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

OP ID: MM

ACORD°

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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).

	icate does not confer right						oquilo un onuc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PRODUCER		916-676-084	14	CONTAC NAME:	T Eddie Be	erg				
Beach & O'Neill License #0E2254		PHONE (A/C, No								
7520 Greenback Citrus Heights, 0				E-MAIL ADDRES	SS:					
							RDING COVERAGE		NAIC #	
				INSURE	R A : Navigators	Specialty Ins Co	•		36056	
INSURED	Swing Stage Systems Inc	Systems Inc				INSURER B : Security National Insurance Co				
	29229 Pacific Street Hayward, CA 94544			INSURER C : State Compensation Ins Fund					35076	
	naywara, on 34344			INSURE	RD:					
				INSURE	RE:					
				INSURE	RF:					
COVERAGI	ES CI	ERTIFICATE NUI	MBER:				REVISION NUM	MBER:		
THIS IS TO	CERTIFY THAT THE POLICE	IES OF INSURANC	E LISTED BELOW HAY	VE BEEI	N ISSUED TO	THE INSURE	D NAMED ABOV	E FOR THE POL	LICY PERIOD	
	D. NOTWITHSTANDING ANY	,								
	TE MAY BE ISSUED OR MA NS AND CONDITIONS OF SU							BJECT TO ALL	THE TERMS,	
INSR	TYPE OF INQUENIOR	ADDL SUBR	DOLLOV NUMBER		POLICY EFF	POLICY EXP		LIMITO		

TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) Α X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 50,000 CLAIMS-MADE | X | OCCUR Χ LA17CGL194345IC 07/01/2017 07/01/2018 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT В 1,000,000 **AUTOMOBILE LIABILITY** (Ea accident) X ANY AUTO SPP1337804-02 07/01/2017 07/01/2018 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **FXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ X PER STATUTE OTH-ER C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 06/28/2018 1,000,000 9104666-2017 06/28/2017 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1.000.000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 233 Post Street, San Francisco CA / Trinity Management Services, Trinity
Properties & 233 Post Street, LP and their respective spouses, heirs,
beneficiaries, general partners, limited partners, managers, members,
officers, directors, shareholders, affiliates, successors, assigns, agents,
servants, employees and trustees, as well as all entities and (continued)

CERTIFICATE HOLDER		CANCELLATION
Т	RINI-3	
Trinity Management Services		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Trinity Properties 1145 Market Street, Ste #1200 San Francisco, CA 94103		AUTHORIZED REPRESENTATIVE  Raclel Williams

TRINI-3 SWING-1 PAGE 2 HOLDER CODE **NOTEPAD:** INSURED'S NAME Swing Stage Systems Inc OP ID: MM Date 07/18/2017 persons presently opr formely related to or affiliated in any work with the above named persons or organizations are named as Additional Insureds per endorsement CG2038 0413.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

ACORD°

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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).

		its to the certificate holder in lieu of su	ch endorsement(s).	dorsement. A si	tatement on				
PRODUCER		916-676-0844	CONTACT Eddie Berg						
Beach & O'Nei License #0E22	III Insurance		PHONE (A/C, No, Ext): 916-676-0844	FAX (A/C, No): 916-676-	0860				
7520 Greenbac Citrus Heights	ck Ln		E-MAIL ADDRESS:						
-			INSURER(S) AFFORDING COVERAG	E	NAIC #				
			INSURER A: Navigators Specialty Ins Co		36056				
INSURED	Swing Stage Systems In	C	INSURER B : Security National Insurance Co	19879					
	29229 Pacific Street Hayward, CA 94544		INSURER C : State Compensation Ins Fund	35076					
riaywaru, on 54544			INSURER D:						
			INSURER E:						
			INSURER F:						
COVERAG	GES (	CERTIFICATE NUMBER:	REVISION NUMBER:						
			VE BEEN ISSUED TO THE INSURED NAMED AB						
		*	OF ANY CONTRACT OR OTHER DOCUMENT W						
		JCH POLICIES. LIMITS SHOWN MAY HAVE	ED BY THE POLICIES DESCRIBED HEREIN IS : BEEN REDUCED BY PAID CLAIMS.	SUBJECT TO ALL	INE IERMS,				
INCD		ADDI CURR	BOLICY EEE BOLICY EVB						

LIMITS TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD (MM/DD/YYYY) (MM/DD/YYYYY) Α X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 50,000 CLAIMS-MADE | X | OCCUR Χ LA17CGL194345IC 07/01/2017 07/01/2018 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT В 1,000,000 **AUTOMOBILE LIABILITY** (Ea accident) X ANY AUTO SPP1337804-02 07/01/2017 07/01/2018 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **FXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION\$ DED X PER STATUTE OTH-ER C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 06/28/2017 1,000,000 9104666-2017 06/28/2018 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1.000.000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 1145 Market Street, San Francisco CA / Trinity Management Services, Trinity Properties & Sanglacomo Family Trusty and their respective spouses, heirs, beneficiaries, general partners, limited partners, managers, members, officers, directors, shareholders, affiliates, successors, assigns, agents, servants, employees and trustees, as well as all entities and (continued)

CERTIFICATE HOLDER	CANCELLATION
TRINI-3	
Trinity Management Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Trinity Properties 1145 Market Street, Ste #1200 San Francisco, CA 94103	AUTHORIZED REPRESENTATIVE  Raclel Williams

TRINI-3 SWING-1 PAGE 2 HOLDER CODE **NOTEPAD:** INSURED'S NAME Swing Stage Systems Inc OP ID: MM Date 07/18/2017 persons presently opr formely related to or affiliated in any work with the above named persons or organizations are named as Additional Insureds per endorsement CG2038 0413.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endors	sement.	A st	atement on	
PRO	PRODUCER 916-676-0844						CONTACT Eddie Berg						
Beach & O'Neill Insurance License #0E22542						PHONE (A/C, No	916-67	76-0844	F.	AX 9	16-676-0	)860	
7520 Greenback Ln Citrus Heights, CA 95610						E-MAIL ADDRE	SS:						
							INS	SURER(S) AFFO	RDING COVERAGE			NAIC #	
						INSURE	R A : Navigators	Specialty Ins Co				36056	
INSU	RED	Swing Stage Systems Inc					R B : Security Na					19879	
	29229 Pacific Street Hayward, CA 94544					INSURER C : State Compensation Ins Fund						35076	
		Haywara, OA 04044				INSURER D:							
						INSURER E :							
						INSURER F:							
CO	VER	RAGES CER	TIFIC	CATE	NUMBER:				<b>REVISION NUME</b>	BER:			
		IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE											
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH								JECT TO	ALL -	ΓHE TERMS,	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000	
		CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurre		\$	50,000	
												5 000	

LTR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	х		LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Х	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
		CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		, describe under CRIPTION OF OPERATIONS below						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)
RE: 201 Post Street, San Francisco CA / Trinity Management Services, Trinity
Properties & 209 Post Street LP and their respective spouses, heirs,
beneficiaries, general partners, limited partners, managers, members,
officers, directors, shareholders, affiliates, successors, assigns, agents,
servants, employees and trustees, as well as all entities and (continued)

CERTIFICATE HOLDER	CANC	ELLATION
TRINI-		
Trinity Management Services	THE	JLD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN DRIBANCE WITH THE POLICY PROVISIONS.
Trinity Properties 1145 Market Street, Ste #1200 San Francisco, CA 94103		galel Welleams

TRINI-3 SWING-1 PAGE 2 HOLDER CODE **NOTEPAD:** INSURED'S NAME Swing Stage Systems Inc OP ID: MM Date 07/18/2017 persons presently opr formely related to or affiliated in any work with the above named persons or organizations are named as Additional Insureds per endorsement CG2038 0413.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

ACORD°

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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).

this certificate does not confer rights to the certificate noticer in fied of such endorsement(s).								
PRODUCER		916-676-0844	CONTACT Eddie Berg					
Beach & O'Neill License #0E2254			PHONE (A/C, No, Ext): 916-676-0844	0860				
7520 Greenback Citrus Heights, 0			E-MAIL ADDRESS:					
_			INSURER(S) AFFORDING COVERAGE		NAIC #			
			INSURER A: Navigators Specialty Ins Co	36056				
INSURED	Swing Stage Systems Inc		INSURER B : Security National Insurance Co	19879				
	29229 Pacific Street Hayward, CA 94544		INSURER C : State Compensation Ins Fund	35076				
	nay mana, extension		INSURER D :					
			INSURER E :					
			INSURER F:					
COVERAGI	S CERTIFI	CATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								

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.

THE PART OF THE PA				ENVITO CHOVIVIVIX LIDEUX		DOLLOV EVE			
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	х		LA17CGL194345IC	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			SPP1337804-02	07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	<u> </u>
	ANY PROPRIETOR/PARTNER/EXECUTIVE				9104666-2017	06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	1 000 000
	If yes, describe under DESCRIPTION OF OPERATIONS below								1 000 000
	DESC	CRIPTION OF OPERATIONS below						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)
RE: 111 Maiden Lane, San Francisco CA / Trinity Management Services, Trinity
Properties & 111 Maiden Lane, LP and their respective spouses, heirs,
beneficiaries, general partners, limited partners, managers, members,
officers, directors, shareholders, affiliates, successors, assigns, agents,
servants, employees and trustees, as well as all entities and (continued)

CERTIFICATE HOLDER	CANCELLATION
TRINI-3	
Trinity Management Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Trinity Properties 1145 Market Street, Ste #1200 San Francisco, CA 94103	AUTHORIZED REPRESENTATIVE  Raclel Williams

TRINI-3 SWING-1 PAGE 2 HOLDER CODE **NOTEPAD:** INSURED'S NAME Swing Stage Systems Inc OP ID: MM Date 07/18/2017 persons presently opr formely related to or affiliated in any work with the above named persons or organizations are named as Additional Insureds per endorsement CG2038 0413.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. A s	statement on
	DDUCER	76-0844	CONTACT Eddie Berg							
Beac	ch & O'Neill Insurance		PHONE (A/C, No, Ext): 916-676-0844 FAX (A/C, No): 916-676-0860							
7520	nse #0E22542 Greenback Ln				E-MAIL ADDRES			(A/C, NO).		
Citru	ıs Heights, CA 95610				ADDRES		LIDED(E) AFFOR	DINC COVERACE		NAIC #
				INCUE	R A : Navigators		RDING COVERAGE		36056	
INICI	URED Swing Stage Systems Inc				INSURE	R B : Security Na	tional Insurance	e Co		19879
INSC	29229 Pacific Street				INSURE	R B:	ensation Ins Fu	nd		35076
	Hayward, CA 94544					INSURER C : State Compensation Ins Fund				555.5
					INSURE					
					INSURE					
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIR PERTA POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		LA17CGL194345IC		07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			SPP1337804-02		07/01/2017	07/01/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ACTOS CINET							(i oi doordon)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							//OOKEO/ITE	\$	
С	WORKERS COMPENSATION							X PER OTH-	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			9104666-2017		06/28/2017	06/28/2018	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	_	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	φ	
DES	CCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	CORD	101. Additional Remarks Schedul	e. mav be	attached if more	snace is require	ed)		
Re: A per e appli	All California Operations / ZCON Builders is named indorsement CG2038 0413. *General Liability Wrap- es per endorsement NPC-827 0413.	as Add -Up/OC	ditiona	al Insured clusion						
<u> </u>	DTIFICATE LIOL DED				CANO	TIL ATION				
CE	RTIFICATE HOLDER			ZCONB-1	CANC	ELLATION				
	ZCON Builders 688 Main Street			ZCONB-1	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.		

Redwood City, CA 94063

**AUTHORIZED REPRESENTATIVE** 

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS FOR OTHER PARTIES WHEN REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured:
  - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
  - Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1, above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **b.** Supervisory, inspection, architectural or engineering activities.

- "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.