



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/09/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Thompson Flanagan 626 W. Jackson Blvd. Chicago IL 60661	CONTACT NAME: Mitchell Glennon PHONE (A/C No. Ext.): (312) 325-8303 E-MAIL ADDRESS: mglennon@thompsonflanagan.com FAX (A/C No.): INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Ins Co Pittsburgh PA INSURER B: Westchester Surplus Lines Insurance Co INSURER C: AIU Insurance Company INSURER D: INSURER E: INSURER F:
INSURED URT Keystone, Inc. 7817 Woodley Avenue Van Nuys CA 91406-1703	NAIC # 19445 10172 19399

COVERAGES**CERTIFICATE 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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR	Y	Y	3372562	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 1,750,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,750,000						
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ 1,500,000						
	OTHER: \$						
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ LOC						
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY	Y	Y	4805408	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	OTHER: \$						
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
	DED: \$						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB	Y	Y	G28213153 010	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 4,000,000
	AGGREGATE \$ 4,000,000						
	OTHER: \$						
	PER STATUTE ☒ OTH-ER ☐						
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
	Per Claim \$ 2,000,000						
C	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	062790928	09/01/2025	09/01/2026	Aggregate \$ 4,000,000
	OTHER: \$						
	PER STATUTE ☒ OTH-ER ☐						
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
	Per Claim \$ 2,000,000						
	Aggregate \$ 4,000,000						
A	☒ UMBRELLA LIAB ☒ EXCESS LIAB	Y	Y	4805410	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 4,000,000
	AGGREGATE \$ 4,000,000						
	OTHER: \$						
	PER STATUTE ☒ OTH-ER ☐						
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
	Per Claim \$ 2,000,000						
A	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	4805410	09/01/2025	09/01/2026	Aggregate \$ 4,000,000
	OTHER: \$						
	PER STATUTE ☒ OTH-ER ☐						
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
	Per Claim \$ 2,000,000						
	Aggregate \$ 4,000,000						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Los Angeles and its Agencies, Boards and Depts. 200 North Main Street City Hall East - Rm 1240 Los Angeles CA 90012	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 Mitchell Glennon
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CG 20 10.Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization, CG 20 11.Additional Insured - Managers or Lessors of Premises, CG 20 12.Additional Insured - State or Political Subdivisions - Permits, CG 20 15.Additional Insured - Vendors, CG 20.26.Additional Insured - Designated Person or Organization, CG 20 33.Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement with You, CG 20 37.Additional Insured - Owners, Lessees or Contractors -Completed