

## FOURTH AMENDMENT TO LEASE AGREEMENT

PREMISES: 1951 Monarch Street Unit #200, Alameda, CA – Building 25, consisting of approximately 19,074 square feet

LANDLORD: CITY OF ALAMEDA, a charter city and municipal corporation

TENANT: ALAMEDA POINT BEVERAGE GROUP, INC. a California Corporation

LEASE DATE: May 1, 2014 and executed on or about May 1, 2014 (Tenant), July 7, 2014 (Landlord)

This Fourth Amendment to the Lease Agreement ("Fourth Amendment"), is dated as of \_\_\_\_\_, 2024 for reference purposes only, and is entered into by and between the CITY OF ALAMEDA, a charter city and municipal corporation ("Landlord"), and ALAMEDA POINT BEVERAGE GROUP, INC., a California corporation ("Tenant").

NOW, THEREFORE, in consideration of the foregoing, which are incorporated herein by reference, and of their mutual covenants contained herein, the parties hereby agree as follows:

1. Background.

A. Landlord and Tenant entered into that certain Lease Agreement dated May 1, 2014 and amended by a First Amendment to Lease Agreement dated June 15, 2016, that Second Amendment to Lease Agreement dated January 31, 2019 and that Third Amendment to Lease Agreement dated August 2, 2021 (as amended, the "Lease"), for a certain premise described therein and referred to as Building 25, at 1951 Monarch Street Suite #200, Alameda, CA, consisting of approximately 19,074 square feet of rentable space (the "Premises").

B. The Expiration Date of the Lease is July 31, 2024. Landlord and Tenant have agreed to extend the Lease Term for a period of twenty-five (25) months on the same terms and conditions as set forth in the Lease, except as otherwise set forth herein.

C. Capitalized terms used in this Fourth Amendment without definition shall have the same meaning given to such terms in the Lease. This Fourth Amendment shall be effective upon the last date set forth below the parties' signatures.

2. Term. The term of the Lease is hereby extended for an additional twenty-five (25) months ("Extension Term") commencing on August 1, 2024 ("Extension Commencement Date") and terminating on August 31, 2026.

3. Base Rent. Effective as the Extension Commencement Date, the monthly installment of Base Rent for the Premise Shall be paid as follows:

Months:	Base Rent:
August 1, 2024 – July 31, 2025	\$14,198.00 per month
August 1, 2025 – August 31, 2026	\$14,907.90 per month

4. Security Deposit. Landlord and Tenant acknowledge the previously held Security Deposit had been applied to charges due in April of 2022. Concurrently with the execution of this Amendment, Tenant shall deliver to Landlord a new Security Deposit in the amount of Fourteen Thousand, Nine Hundred and Seven and 90/100ths Dollars (\$14,907.90).

5. Termination Rights. During the extended term, Tenant shall have an Option to Terminate this Lease with one hundred and twenty (120) day prior written notification to the Landlord.

6. Delivery of Possession. Tenant hereby agrees that the Premise shall continue to be leased in its "AS-IS" condition, and Landlord shall have no obligation to make any repairs or modifications to the Premises. Tenant acknowledges and agrees that Landlord has made no representations or warranties regarding the Premise, including, without limitation, its suitability for Tenants proposed use.

7. Signage. Tenant shall be permitted to maintain its existing identify signage on the exterior of the Premises in accordance with the terms of the Lease.

8. City's Authority. Tenant further acknowledges Landlord is entering into this Lease in its proprietary capacity and not in its regulatory or governmental capacity. Nothing in the Lease shall be construed as restraining, impairing or restricting the City of Alameda in its regulatory capacity, or granting any rights upon the Tenant with respect to the use, occupancy or operation of the Premise in a manner inconsistent with any Laws or applicable requirements.

9. Removal of Section #28 of Lease Document. Both Tenant and Landlord agree that section #28 of the lease document dated May 1, 2014 between Tenant and Landlord be deleted and no longer in effect.

10. Brokers. Landlord is represented by Cushman and Wakefield (Andrew Schmieder) ("Landlord's Broker"), in connection with the transactions contemplated in this Amendment. Landlord and Tenant hereby acknowledge that leasing commissions shall be paid per separate agreements with Landlord's Broker and Tenant's Broker. Tenant and Landlord each represent and warrant to each other that no other broker has represented either of them or is otherwise entitled to a commission or fee in connection with the transactions contemplated in this Amendment. Each party hereby indemnifies, defends and holds the other party harmless from all loss, cost and expense (including reasonable attorneys' fees) arising out of a breach of its representation set forth in this Section 8. The provisions of this Section 8 shall survive the termination of the Lease.

11. Ratification; Miscellaneous. Except as modified by this Fourth Amendment, in all other respects the Lease is hereby ratified and affirmed and remains in full force and effect. This Third Amendment may be executed in one or more counterparts.

12. Electronic Signature. This Fourth Amendment may be signed by electronic signature and any such electronic signature shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

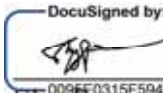
IN WITNESS WHEREOF, the undersigned have executed this Fourth Amendment as of the day and year last set forth below.

**LANDLORD:**  
**CITY OF ALAMEDA,**  
a charter city and municipal corporation

By: \_\_\_\_\_  
Jennifer Ott  
City Manager

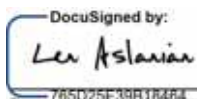
Date: \_\_\_\_\_

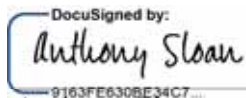
**TENANT:**  
ALAMEDA POINT BEVERAGE GROUP,  
INC., a California Corporation

By:  \_\_\_\_\_  
Name: Sky Pace  
Title: CEO

Date: 6/18/2024

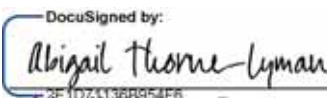
Approved as to Form

By:  \_\_\_\_\_  
Len Aslanian  
Assistant City Attorney

By:  \_\_\_\_\_  
Name: Anthony Sloan  
Title: CFO

Date: 6/18/2024

Recommended for Approval

By:  \_\_\_\_\_  
Abigail Thorne-Lyman  
Base Reuse and Economic  
Development Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/10/2024

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 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).

<b>PRODUCER:</b> Jack Smith Thimble  support@thimble.com	<b>CONTACT NAME:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>PHONE</b>            (A/C, No, Ext): 855-566-1011         </td> <td style="width: 50%;"> <b>FAX</b>            (A/C, No, Ext):         </td> </tr> <tr> <td colspan="2"> <b>E-MAIL</b>            ADDRESS: Support@coterieinsurance.com         </td> </tr> </table>	<b>PHONE</b> (A/C, No, Ext): 855-566-1011	<b>FAX</b> (A/C, No, Ext):	<b>E-MAIL</b> ADDRESS: Support@coterieinsurance.com											
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<b>E-MAIL</b> ADDRESS: Support@coterieinsurance.com															
<b>INSURED:</b> Alameda Point Beverage Group 1951 Monarch St #200 Alameda, CA 94501	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Spinnaker Insurance Company</td> <td>24376</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Spinnaker Insurance Company	24376	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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## COVERAGES

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## REVISION NUMBER

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INSR LTD	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> CLAIMS MADE</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table>	<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCUR	X		CSB-00128559-00	01/11/2024	01/11/2025	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCUR							
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		MED EXP (Any one person) \$5,000							
		PERSONAL & ADV INJURY \$1,000,000							
	GENERAL AGGREGATE \$2,000,000								
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC Other: _____							PRODUCTS - COMP/OP AGG \$2,000,000		
	<b>AUTOMOBILE LIABILITY:</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: <input type="checkbox"/> RETENTIONS \$						EACH OCCURENCE \$ AGGREGATE \$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDER? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 City of Alameda, Its City Council, boards, commissions, officials, employees and Volunteers. River Rock Real Estate Group, Lincoln Property Company and any other party designated by the city. (as determined in the city's sole discretion)

## CERTIFICATE HOLDER

## CANCELLATION

City Of Alameda C/P Lincoln Property Company 950 West Mall Square, Room 239 Alameda, CA 94501	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <div style="text-align: center;">             David McFarland         </div>
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDER? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		

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

City of Alameda, Its City Council, boards, commissions, officials, employees and Volunteers. River Rock Real Estate Group, Lincoln Property Company and any other party designated by the city. (as determined in the city's sole discretion)

## CERTIFICATE HOLDER

## CANCELLATION

City Of Alameda C/P Lincoln Property Company 950 West Mall Square, Room 239 Alameda, CA 94501	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <div style="text-align: center;">             David McFarland         </div>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/09/2024

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<b>PRODUCER</b> Progressive Insurance PO Box 94739, Cleveland, OH 44101		<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Progressive Express Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

## INSURED

ALAMEDA POINT BEVERAGE GROUP DBA:  
 Brix Beverage  
 1951 Monarch St. #200  
 Alameda, CA 94501

## COVERAGES

**CERTIFICATE NUMBER:** 874749659563514003D020924T220917

**REVISION NUMBER:**

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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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A	See ACORD 101 for additional coverage details.	N	N	975506554	12/07/2023	06/07/2024	\$

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## CERTIFICATE HOLDER

City Of Alameda  
 C/P Lincoln Property Company  
 950 West Mall Square, Room 239  
 Alameda, CA 94501

## 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.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

<b>AGENCY</b> Progressive Insurance		<b>NAMED INSURED</b> ALAMEDA POINT BEVERAGE GROUP DBA: Brix Beverage 1214 Peach St Alameda, CA 94501	
<b>POLICY NUMBER</b> 975506554			
<b>CARRIER</b> Progressive Express Insurance Company	<b>NAIC CODE</b> 10193	<b>EFFECTIVE DATE:</b> 12/07/2023	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance
**Additional Coverages**

Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist	\$1,000,000 Combined Single Limit

**Description of Location/Vehicles/Special Items**
**Scheduled autos only**

2017 MERCEDES-BENZ METRIS WD3PG2EA7H3208761	
Comprehensive	\$3,500 Ded
Collision	\$3,500 Ded
2017 MERCEDES-BENZ METRIS WD3PG2EA8H3209479	
Comprehensive	\$3,500 Ded
Collision	\$3,500 Ded
2018 FORD TRANSIT CONNECT NM0LS6E71J1347796	
Comprehensive	\$3,500 Ded
Collision	\$3,500 Ded
2018 FORD F250 1FDBF2A63JED06728	
Comprehensive	\$3,500 Ded
Collision	\$3,500 Ded
2017 FORD C-MAX 1FADP5EU0HL118281	
Comprehensive	\$3,500 Ded
Collision	\$3,500 Ded
2023 FORD TRANSIT 1FTBR1C89PKB65386	
Comprehensive	\$3,500 Ded
Collision	\$3,500 Ded
2022 MERCEDES-BENZ METRIS W1YV0BEY9N4162186	
Comprehensive	\$3,500 Ded
Collision	\$3,500 Ded

Liability coverage may not apply to all scheduled vehicles.



# CERTIFICATE OF LIABILITY INSURANCE

EMBROKER

DATE (MM/DD/YYYY)

02/09/2024

**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).**

<b>PRODUCER</b> Embroker Insurance Services LLC 5214F Diamond Heights Blvd. Unit #1261 San Francisco, CA, 94131	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Julie Noonan</td> </tr> <tr> <td><b>PHONE (A/C. No. Ext):</b> (844) 436-2765</td> <td><b>FAX (A/C. No.):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> certificates@embroker.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> SECURITY NATL INS CO</td> <td><b>NAIC #</b> 19879</td> </tr> <tr> <td colspan="2"><b>INSURER B:</b></td> </tr> <tr> <td colspan="2"><b>INSURER C:</b></td> </tr> <tr> <td colspan="2"><b>INSURER D:</b></td> </tr> <tr> <td colspan="2"><b>INSURER E:</b></td> </tr> <tr> <td colspan="2"><b>INSURER F:</b></td> </tr> </table>	<b>CONTACT NAME:</b> Julie Noonan		<b>PHONE (A/C. No. Ext):</b> (844) 436-2765	<b>FAX (A/C. No.):</b>	<b>E-MAIL ADDRESS:</b> certificates@embroker.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> SECURITY NATL INS CO	<b>NAIC #</b> 19879	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>																					
<b>INSURER F:</b>																					
<b>INSURED</b> Alameda Point Beverage Group 1951 Monarch St HANGAR 200 Alameda, CA, 94501																					

**COVERAGES****CERTIFICATE NUMBER:** 497879ec-c798-11ee-b4a7-036356368dd6**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	SWC1470931	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

City of Alameda, Its City Council, boards, commissions, officials, employees and Volunteers. River Rock Real Estate Group, Lincoln Property Company and any other party designated by the city. (as determined in the city's sole discretion)

**CERTIFICATE HOLDER**

City Of Alameda  
 C/P Lincoln Property Company  
 950 West Mall Square, Room 239  
 Alameda, CA 94501

**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.

AUTHORIZED REPRESENTATIVE

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