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POLLOCK & JAMES, LLP

ATTORNEYS AT LAW ENVIRONMENTAL LAW

August 21, 2020

Appellate Brief

City Council City of Newport Beach 100 Civic Center Drive Newport Beach, CA 92660

Re: Appeal of Minor Use Permit #UP2019-030 Zoning Administrator Decision

Our law firm represents a citizen of Newport Beach on who's behalf we are filing this Appeal.

This is an appeal from the decision of the Planning Commission on an appeal of the decision of the Zoning Administrator for the City of Newport Beach, on or about April 16, 2020, approving minor use permit # UP2019-030 for a small cell facility located within the public right of way, on City streetlight number SLC0796, at the northwestern corner of Balboa Blvd. and 30th Street (PA2019-111).

The Issuance of a Permit to "AT&T" is Without Legal Basis

Newport Beach Municipal Code section 20.49.080 requires a Telecom Company to enter into a Master License Agreement with the City prior to placement of technology hardware onto City property. Only a licensee under such agreement may be permitted, by the Zoning Administrator, to deploy the small cell technology.

Title 20.49.080 states:

Agreement for Use of City-Owned or City-Held Trust Property. In applying for a permit pursuant to this chapter, all telecom facilities located on City-owned or City-held trust property shall require a license agreement approved as to form by the City Attorney, and as to substance (including, but not limited to, compensation, term, insurance requirements, bonding requirements, and hold harmless provisions) by the City Manager, consistent with provisions of the Municipal Code and any applicable provisions of the City Council Policy Manual.

Prior to City approval of a license agreement, the applicant shall obtain a MUP, CUP, LTP or ZC. Upon the issuance of a MUP, CUP, LTP or ZC, as required, and with an approved license agreement, the applicant shall obtain any and all necessary ministerial permits, including encroachment permits for work to be completed in the public right-of-way and building permits, etc. All costs of said permits shall be at the sole and complete responsibility of the applicant. All work shall be performed in accordance with the applicable City standards and requirements. (Ord. 2014-1 §

On or about February 12, 2019, New Cingular Wireless PCS, LLC a Delaware Limited Liability Company, entered into a Master License Agreement with the City of Newport Beach, pursuant to the above municipal code section. (Attached as Exhibit A is page 1 of that Agreement.) The signatory on this Master license Agreement does not list or identify a "dba".

The Master Lease Agreement requires indemnity by the licensee of the City, and a General Liability Policy of Insurance naming the City as an additional insured. Attached as Exhibit B is a copy of the Statement of Information filed by New Cingular Wireless PCS, LLC, with the California Secretary of State. Exhibit B at Item 5, shows "AT&T Mobility Corporation" as the manager of New Cingular Wireless PCS, LLC.

AT&T Mobility Corporation is Not the Licensee Under the Master License Agreement AT&T Mobility Corporation is also Not Registered To Do Business in California

Exhibit C which is the Statement of Information from the California Secretary of State for an entity registered as AT&T Mobility Wireless Operations Holdings, Inc. AT&T Mobility Wireless Operations Holdings Inc. may be registered to do business in California, but it is not the licensee under the Master License Agreement, nor is it the manager of New Cingular Wireless PCS, LLC, which is the licensee.

Furthermore, in response to a Public Records Act request, the City provided the attached Fictitious Business Name registration, filed in Santa Ana (Exhibit D). This Fictitious Business Name filing is void and a nullity, since it was filed by AT&T Mobility Corporation, which is an out of state corporation, not registered to do business in California.

Accordingly, the applicant and the permit all should be in the name of New Cingular Wireless PCS, LLC. Not "AT&T".

New Cingular Wireless PCS, LLC Failed to Provide Adequate Proof of Insurance

The Certificate of Insurance, attached hereto as Exhibit E, was provided in response to a Public

Records Act request. It now shows the insured as New Cingular Wireless PCS, LLC (with no dba) and an issue date of 6/01/2020. This was issued after the last planning Commission hearing, in response to our appeal, and did not exist at the time of the hearing. The prior Certificate of Insurance Checklist is attached as Exhibit E-2.

Exhibit E, the Certificate of Insurance fails to list any exclusions. Exhibit E-2, on page 2, lists "v Pollution liability N/A".

At the time of the Planning Commission hearing, staff assured the Commission that there was no pollution exclusion and that the policy had coverage for EMF caused injury or property damage.

In response to our Public Records Act request **we were** provided with a series of email exchanges between Fauna Shrago , an Administrative analyst for the City and Dan Vozenilek for "AT&T Mobility". These emails are attached as Exhibit F.

On page F 1, Fauna asks, on behalf of the City Risk Manager, for a copy of the "full /entire policy no. MWZY 31363519 and MWC 31363819."

On page F 2, Dan Vozenilek responds and states: "Unfortunately, AT&T is unable to issue a renewal certificate of insurance prior to the renewal date (6/1/2020)."

He then goes on to say "We did confirm that AT&T is self insured for Pollution Coverage. We do not produce copies of AT&Ts insurance policy because it is confidential and proprietary in nature." No policy of insurance was provided.

On page F3, Fauna again writes to Dan and underscores her prior request by explaining that the information is needed to "rebut" this appeal. She says: "The request to review the policy is due to an appeal from a citizen alleging that certain coverages excluded in the AT&T insurance coverage (sic). The easiest way to rebut that allegation or understand the best way to respond, would be to review the policy."

Someone named Cory Autry responds on behalf of AT&T and simply ignores the request for the policy but says: "Yes, AT&T always self insures for pollution coverage and to evidence it we issue a separate Self-Insurance certificate if needed." She concludes by simply saying: "We are insured for EMF".

In response to our Public Records Act request we were provided with a 2 page "AT&T Certificate of Self Insurance", attached as Exhibit G. This document does not list either Pollution or EMF as covered risk of loss. It simply states: "extended perils-Flood, Earthquake; Business

interruption/loss of Rents; Construction in Progress" and waiver of right to recover.

New Cingular Wireless PCS, LLC has failed to provide adequate proof of insurance for EMF related perils including personal injury or property damage.

THE POLICY OF INSURANCE DOES NOT AFFORD FULL COVERAGE

The permit issued by the Zoning Administrator is to deploy and place an antenna and supporting equipment which will emanate electromagnetic radiation. This carries with it the risk of negligent or unintentional exceedance of federally mandated maximum levels. This risk **must** be insured against.

By reference to the Certificate of Insurance Checklist, Exhibit E-2, on page 2 under Additional Coverages section V, Pollution Liability is marked "N/A". This means the insurance policy does not carry any pollution insurance. Electro Magnetic Fields (EMF) are listed as a pollutant under the insurance company pollution exclusion of coverage. That means this policy will not cover EMF/RF generated illnesses. Below is exclusion language from General Liability Policies of Zurich, Sun, Hartford and CFC Underwriting for Lloyds.

Updated Zurich Community Care Liability Insurance

"We will not pay anything under this policy, including claim expenses, in respect of: Electromagnetic fields any liability of whatsoever nature directly or indirectly caused by, in connection with or contributed to by or arising from electromagnetic fields (EMF) or electromagnetic interference (EMI)"

SUN General Insurance

"This policy does not cover any liability, loss, cost or expense directly or indirectly arising out of, resulting from, caused or contributed to by exposure to magnetic electric or electromagnetic fields or radiation however caused or generated."

The Hartford, "EXCLUSION - ELECTROMAGNETIC HAZARD"

"The following exclusion is added: This insurance does not apply to: Electromagnetic Hazard...."

CFC Underwriting LTD in London, the UK agent for Lloyds

"The Electromagnetic Fields Exclusion (Exclusion 32) is a General Insurance Exclusion and is applied across the market as standard. The purpose of the exclusion is to exclude illnesses caused by continuous exposure to non-ionizing radiation exposure..."

The Certificate of Insurance Checklist, Exhibit E-2, for AT&T shows "N/A" for Pollution Liability under paragraph V. In fact, EMFs are classified as "pollutants" alongside smoke, chemicals, and asbestos. If a company wants insurance for EMF exposure it must purchase additional Pollution Liability Coverage. Proof of such coverage has not been provided to the City by New Cingular Wireless PCS, LLC, the Licensee.

There is, in the public record, no proof of financial responsibility or accounting to establish adequate liquidity of the licensee for the indemnification provisions of paragraph 28 of the Master License Agreement.

REMEDIES

The Council should grant the appeal and revoke the permit issued by the Zoning Administrator and affirmed by the Planning Commission until

- a) Licensee provides Proof of Insurance with the Licensee as a named Insured;
- b) Licensee provides proof of Pollution Liability Coverage for EMF related exposures and illnesses; and
- c) Licensee resubmits its application under the legal name on the Master License Agreement; New Cingular Wireless, PCS, LLC (not under a nonexistent dba "AT&T").

Once the above compliance is established, and all three criterion have been provided, then the permit may re-issue, but only in the name of the licensee or in the name of some other entity registered to do business in California which also has signed a Master License Agreement required by Title 3 section 2.49.080 of the Newport Beach Municipal Code.

Respectfully submitted,

POLLOCK & JAMES, LLP

attachments

MASTER LICENSE AGREEMENT BETWEEN THE CITY OF NEWPORT BEACH AND NEW CINGULAR WIRELESS PCS, LLC FOR THE USE OF CITY-OWNED STREETLIGHTS FOR TELECOMMUNICATION FACILITIES

This MASTER LICENSE AGREEMENT ("Master License") is entered into between the City of Newport Beach, a California municipal corporation and charter city ("City"), and New Cingular Wireless PCS, LLC, a Delaware limited liability company ("Licensee") on this 12th day of February, 2019 ("Effective Date"). City and Licensee are each a "Party" and together the "Parties" to this Master License.

RECITALS

- A. City is a municipal corporation duly organized and validly existing under the laws of the State of California with the power to carry on its business as it is now being conducted under the statutes of the State of California and the City Charter;
- B. City is the fee title owner of certain Streetlight(s) located within the Public Right-of-Way in the City of Newport Beach, California;
- C. Licensee desires to license from City, on a non-exclusive basis, the right to attach, install, operate, maintain, and remove certain Telecommunication Facilities on certain City-owned Streetlights located within certain areas of the Public Right-of-Way (collectively, the "License Area");
- D. The Parties anticipate amending this Master License from time-to-time by attaching and incorporating herein the specific License Area(s) to this Master License to include additional City-owned Streetlights to allow for the attachment, installation, operation, maintenance, and removal of additional Telecommunication Facilities as permits are obtained from the City;
- E. Pursuant to the Newport Beach Municipal Code ("NBMC") and City Council Policy L-23, City sought the assistance of an appraiser to determine the maximum or fair market value rent for the License Area; and
- F. City is willing to make the License Area available to Licensee, subject to the covenants and conditions set forth in this Master License on a non-exclusive basis, to facilitate the efficient and orderly deployment of communications facilities in the City of Newport Beach.

NOW THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. DEFINITIONS

1.1 "Amendment" means that document prepared by City in substantially the form attached hereto as Exhibit "A" itemizing the City-owned Streetlight(s) and describing and depicting the License Area(s) on which Licensee is authorized to install a Telecommunication Facility.



LLC-12

19-D29697

In the office of the Secretary of State of the State of California

AUG 29, 2019

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - First page \$1.00; each attachment page \$0.5	50;					
Certification Fee - \$5.00 plus copy fees			12-2-14-0 Vons			
1. Limited Liability Company Name (Enter the exact name of the Li	IC Hugue	anish and in Cult	This Space For Office	e Use (Only	
NEW CINGULAR WIRELESS PCS, LLC	CO. 11 you n	egistered in California usi	ng an alternate name, see instruc	tions.)		
2. 12-Digit Secretary of State File Number	3. State,	Foreign Country or F	Place of Organization (only if f	ormad au	oido of	0-11/1-1
199930110028	DELAW	VARE	tare or organization (only it)	onned ou	side of	California)
4. Business Addresses						
a. Street Address of Principal Office - Do not list a P.O. Box 1025 Lenox Park Blvd NE		City (no abbreviations)		State	Zip Co	ode
b. Malling Address of LLC, if different than item 4a		Atlanta		GA	303	
675 W. Peachtree St., N.W., Suite 2756		City (no abbreviations) Atlanta		State	Zip Co	
c. Street Address of California Office, if Item 4a is not in California - Do not list a	P.O. Box	City (no abbreviations)		State	Zip Co	
5. Manager(s) or Member(s) If no managers have been appoint must be listed. If the manager/mem an entity, complete Items 5b and 5c has additional managers/members,	(leave Her	5 5 blank) Note: The I	ba and be (leave item 5b blank).	CA ast one na If the ma ager or me	me <u>and</u> nager/n mber.	i address nember is If the LLC
a. First Name, if an individual - Do not complete Item 5b		Middle Name	Last Name			Suffix
b. Entity Name - Do not complete Item 5a AT&T Mobility Corporation		K				
c. Address 1025 Lenox Park Blvd NE		City (no abbreviations)		State	Zip Co	ode
Service of Process (Must provide either Individual OR Corporation.)		Atlanta		GA	3031	9
INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's i		10 11 1				
a. California Agent's First Name (if agent is not a corporation)	iuii name an					
		Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Co	ode
CORPORATION - Complete Item 6c only. Only include the name of the	he registere	d agent Corporation		CA		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do r	not complete	Item 6a or 6b				
C T CORPORATION SYSTEM (C0168406)						
7. Type of Business						
The state of the s						
a. Describe the type of business or services of the Limited Liability Company Provide wireless services and products.						
Provide wireless services and products. 8. Chief Executive Officer, if elected or appointed						
Provide wireless services and products.		Middle Name	Last Name			Suffix
Provide wireless services and products. 8. Chief Executive Officer, if elected or appointed	A	Middle Name City (no abbreviations)	Last Name	State	Zip Co	
8. Chief Executive Officer, if elected or appointed a. First Name	nts, is true	City (no abbreviations)	Last Name	State	Zip Co	
8. Chief Executive Officer, if elected or appointed a. First Name b. Address 9. The Information contained herein, including any attachmen 08/29/2019 Kelly Lettmann		City (no abbreviations)	Last Name	State	Zip Co	
8. Chief Executive Officer, if elected or appointed a. First Name b. Address 9. The Information contained herein, including any attachmen 08/29/2019 Kelly Lettmann Type or Print Name of Person Completing the F	Form	City (no abbreviations) and correct. Powe	r of Attorney		,	de
8. Chief Executive Officer, if elected or appointed a. First Name b. Address 9. The Information contained herein, including any attachmen 08/29/2019 Kelly Lettmann Date Type or Print Name of Person Completing the Return Address (Optional) (For communication from the Secretary of Sec	Form	City (no abbreviations) and correct. Powe	r of Attorney Signatur		,	de
8. Chief Executive Officer, if elected or appointed a. First Name b. Address 9. The Information contained herein, including any attachmen 08/29/2019 Kelly Lettmann Type or Print Name of Person Completing the F	Form	City (no abbreviations) and correct. Powe	r of Attorney Signatur urchasing a copy of the filed doce BEFORE COMPLETING.)	e ument ent	er the n	de
8. Chief Executive Officer, if elected or appointed a. First Name b. Address 9. The Information contained herein, including any attachmen 08/29/2019 Kelly Lettmann Date Type or Print Name of Person Completing the Return Address (Optional) (For communication from the Secretary of Serson or company and the mailing address. This information will become put	Form	City (no abbreviations) and correct. Powe	r of Attorney Signatur	e ument ent	er the n	de

City/State/Zip:



State of California Secretary of State

Statement of Information

(Foreign Corporation)

FEES (Filing and Disclosure): \$25.00.
If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

G773979 FILED

In the office of the Secretary of State of the State of California

1. CORPORATE NAME AT&T MOBILITY WIRELESS OPERATIONS HOLDINGS INC.		JUL-05 2019
2. CALIFORNIA CORPORATE NUMBER C3304414	1	This Space for Filing Use Only
No Change Statement (Not applicable if agent address of record is a		
3. If there have been any changes to the information contained in of State, or no statement of information has been previously file If there has been no change in any of the information contained of State, check the box and proceed to Item 13.	ed, this form must be com	pleted in its entirety.
Complete Addresses for the Following (Do not abbreviate the name	of the city. Items 4 and 5 ca	nnot be P.O. Boxes.)
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE ZIP CODE
1025 LENOX PARK BLVD NE, ATLANTA, GA 30319		· · · · · · · · · · · · · · · · · · ·
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	Y CITY	STATE ZIP CODE
6. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 4 675 W. PEACHTREE ST., N.W. SUITE 2756, ATLANTA, GA 30319	CITY	STATE ZIP CODE
After manager 19 - Carlotte Barrello		off.
Names and Complete Addresses of the Following Officers (Trofficer may be added; however, the preprinted titles on this form must not be	ne corporation must list these altered.)	e three officers. A comparable title for the specific
7. CHIEF EXECUTIVE OFFICER/ ADDRESS JAMES LACY 1025 LENOX PARK BLVD NE, ATLANTA, GA 30	CITY 0319	STATE ZIP CODE
8. SECRETARY ADDRESS JACKIE A. BEGUE 1025 LENOX PARK BLVD NE, ATLANTA, G	CITY A 30319	STATE ZIP CODE
9. CHIEF FINANCIAL OFFICER/ ADDRESS CHAD WALKER 1025 LENOX PARK BLVD NE, ATLANTA, GA	CITY 30319	STATE ZIP CODE
Agent for Service of Process If the agent is an individual, the agent address, a P.O. Box address is not acceptable. If the agent is another concertificate pursuant to California Corporations Code section 1505 and Item 1	orporation, the agent must h	Item 11 must be completed with a California street have on file with the California Secretary of State a
10. NAME OF AGENT FOR SERVICE OF PROCESS		
C T CORPORATION SYSTEM		
11. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA,	IF AN INDIVIDUAL CITY	STATE ZIP CODE
Type of Business	the state of the s	
12. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION TELECOMMUNICATIONS		
13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.		
07/05/2019 KELLY LETTMANN	POWER OF ATTORN	EY
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE
SI-350 (REV 01/2013)		APPROVED BY SECRETARY OF STATE



HUGH NGUYEN CLERK-RECORDER 12 CIVIC CENTER PLAZA, ROOM 108 **POST OFFICE BOX 238** SANTA ANA, CA 92702-0238

Recorded in Official Records, Orange County Hugh Nguyen, Clerk-Recorder

20166459312 23.00

11/21/2016 08:58:00

323 11 F01

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FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING	PERSON(S) IS	(ARE) DOING	BUSINESS AS:

1.	Fictitious Business Name(s) AT&T MOBILITY	DINESS AS:		(optior	nal)	
1.	Picinious Dusiness Hairie(s)				ss Phone	No.
1A	New Statement	X Refile - list	previous No.	20116286350		Change
2.	Street Address, City & State of Principal place of Business (Do not use P.O. box or P.M.B.) 4678 CAMPUS DR., SUITE C NEWPORT BEACH, CA 92		City	State	Zip Code	County
	Full name of Registered Owner (If Corporation, enter corporation)					W.O
3.	NEW CINGULAR WIRELESS PCS, LLC	ation name)				If Corporation / LLC State of Incorporation or organization DE
	Res. / Corp. Address (Do NOT use a P.O. Box or P.M.B) 1025 LENOX PARK BLVD NE		City	ST - If total and it is a		State Zip Code GA 30319
	1020 DENON PARK BEVO NE		AI	LANTA		GA 303 18
	4					
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	8.0					
	(CHECK ONE ONLY) This business is conducted by	,	a trust	a state or local r	egistered de	omestic partnership
		a limited partnersi	٠ ١	n unincorporated assoc		
4.				n unincorporated associ	ation other t	· ,
	a corporation	co-partners			nt venture	x Limited Liability Co.
	the County	y Clerk-Recorder Th	ne statement expire	expires five years from the es 40 days after any change	e in the facts is	s made other than
	must be fi	led before either exp	ration When ceas	ered owner. A new Fictitiou ling to transact business un	der an active	Fictitious Business
5.	NO in this stat	le of a Fictitious Busi	ness Name in viola	ne filing of this statement do ation of the rights of anothe		
	law (see s	ection 14411 et seq	, Business and Pro	ofessions Code).		
	If the registered owner is NOT a corporation, sign below: (See Instructions on the reverse side of this form)		If the registere	d owner is: ation, an officer of the c	orografion e	ians helaw
	Tobb makacabile on the toyerse olde of this form,		any type	of partnership, the gen	eral partner	signs below.
6.			The state of the s	liability company, a ma lar Wireless PCS, LL		officer signs below.
	Signature:					
			Limited L	lability Company/Corpo		
			160 :	1.12.6.		igue, Assistant Secretary of Mgr
	(Type or Print Name)		ľ	and Title of Officer/Man	*	
	I declare that all information in this statement is true and (A registrant who declares as true any material matter pu	irsuant to		hat all information in thi nt who declares as true		
	Section 17913 of the Business and Professions Code to registrant knows to be false is guilty of a misdemeanor pro-		Section	17913 of the Business knows to be false is gu	and Profess	sions Code that the
	by a fine not to exceed one thousand dollars (\$1,00			a fine not to exceed one		
			AT&T M	lobility Corpor	ation, N	/lanager
			Print	Name of Officer/Mana	ger or Gener	ral Partner

These fees apply at time of filing (Please provide a self-addressed, stamped, return envelope if mailed):

Filing fee \$23.00 for one business name \$7.00 for each additional business name







CERTIFICATE OF LIABILITY INSURANCE

06/01/2020

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.

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). CONTACT NAME: Risk Management Self-Insured Program Phone Fax **Producer Information Is Not Applicable** (A/C, No. Ext): (A/C, No. Ext): E-MAIL ADDRESS: jh9573@att.com INSURERS AFFORDING COVERAGE NAIC # New Cinqular Wireless PCS, LLC INSURER A: Self Insured N/A One AT&T Plaza INSURER B: Old Republic Insurance Co. 24147 208 South Akard INSURER C Room 1820 INSURER D: Dallas, TX 75202 INSURER E COVERAGES Certificate expires one year from above issue date 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 ADD'L SUBR INSR WVD INSR POLICY EFF TYPE OF INSURANCE POLICY NUMBER LTR INSR (MM/DD/YYYY) LIMITS (MM/DD/YYYY) A GENERAL LIABILITY Self-Insured Ongoing Ongoing EACH OCCURENCE \$N/A COMMERICAL GENERAL LIABILITY DAMAGE TO RENTED \$N/A PREMISES (Ea occurrence) CLAIMS MADE OCCUR MED EXP (Any one person) \$N/A FOLLOWS ISO FORM CG0001 PERSONAL & ADV INJURY \$N/A PRIMARY/NON-CONTRIB. APPLIES GENERAL AGGREGATE \$N/A GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP OP AGG \$N/A ___ POLICY ___ PROJECT ___ LOC \$N/A AUTOMOBILE LIABILITY Self-Insured Ongoing Ongoing COMBINED SINGLE LIMIT \$N/A As approved by State (Each Occurrence ANY AUTO BODILY INJURY SCHEDULED \$N/A ALL OWNED (Per person) **AUTOS** BODILY INJURY HIRED AUTOS NON-OWNED \$N/A (Per accident) PROPERTY DAMAGE FOLLOWS ISO FORM CA 0001 \$N/A UMBRELLA LIAB N/A N/A N/A OCCUR EACH OCCURRENCE \$N/A **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$N/A RETENTION \$ DED \$N/A WORKERS COMPENSATION AND WC STATU-TORY LIMITS 2) B N/A EMPLOYERS' LIABILITY FOLLOWS NCCI FORM WC 0000000 E.L. EACH ACCIDENT \$N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? No E.L. DISEASE - EA EMPLOYEE \$N/A (Mandatory in NH) If ves, describe under E.L. DISEASE - POLICY LIMIT \$N/A DESCRIPTION OF OPERATIONS below POLLUTION LEGAL LIABILITY/ENVIRON-Self-Insured Ongoing Ongoing \boxtimes EACH OCCURRENCE \$1,000,000 MENTAL REMEDIATION/CLEAN-UP Includes Coverage B – On-Site Clean-Up of New Conditions: Coverage D – $3^{\rm rd}$ Party Claims for Off-Site Clean-Up Resulting From New Conditions; Coverage E – $3^{\rm rd}$ Party Claims for Bodily Injury and Property Damage; Coverage G – $3^{\rm rd}$ Party Claims for Non-Owned Locations; Coverage H – $3^{\rm rd}$ Party Claims for Covered Operations; Coverage I – $3^{\rm rd}$ Party Claims Resulting From Transportation of Cargo LIABILITY/ENVIRONMENTAL IMPAIRMENT COVERAGE FOLLOWS CHARTIS \$1,000,000 INSURANCE COMPANY'S POLLUTION LEGAL LIABILITY SELECT POLICY FORM #104827 PRIMARY/NON-CONTRIB. APPLIES DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage for self-insurance follows latest version of forms listed above for each coverage. All coverages (including additional insured and waivers of subrogation status) apply based in written contract. "Policy" or "Policies" mean self-insured coverage as if policy existed. Note: Coverages cannot be amended or extended in the below Description area Re: City of Newport Beach **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE City of Newport Beach EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE Attn: Lauren Wooding WITH THE POLICY PROVISIONS. 100 Civic Center Drive AUTHORIZED REPRESENTATIVE AT&T Risk Management Newport Beach, CA 92660

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CERTIFICATE OF INSURANCE CHECKLIST

City of Newport Beach

This checklist is comprised of requirements as outlined by the City of Newport Beach. *

Date Received	t:	2/15/19	Dept	L/Contact Received From:				
Date Complete	ed;	3/11/19	0	Sunny	By:	Su		
Company/Pen	son rec	ulred to have certif			AT&T		Jan	
Type of contra	ct:		•		Other			
r	OF	ICDAL LIABILITY	-		Other			
I.	EFF	VERAL LIABILITY ECTIVE/EXPIRATI	ION DATE:	6/1/18 - 6/1/19				
	A.	INSURANCE CO		Old Republic Insurance Comp	WH K			
	B.	AM BEST RATIN	G (A-: VII or	greater): A+/XII	, day			
	C.	ADMITTED Complete Is Company ad	pany (Must b	e California Admitted):	· · · · · · · · · · · · · · · · · · ·			
	D.	LIMITS (Must be	\$1M or great	er): What is limit provided?	•	***	⊠ Yes	☐ No
	E.	ADDITIONAL INS	URED END	ORSEMENT - please attac	<u>.</u>	\$1M/S	***************************************	
	F.	PRODUCTS AND	COMPLETI	ED ODEDATIONS ALL.			Yes	☐ No
		include): Is it include not apply to Wast	uded/ (com	Dieter Oppretions states to	es			
	Ġ.	ADDITIONAL INS	SURFO FOR	PPODLICTO AND			Yes	☐ No
		COMPLETED OF	ERATIONS	ENDORGEMENT (ed			
	4.1	Cherenous areina	de jon seon	DIV to Waste Haulers			⊠ Yes	☐ No
	H.	its officers, official	Is employed	DING TO INCLUDE (The (s and volunteers): Is it	City			110
		monuted:					6714	-
	i.	PRIMARY & NON	I-CONTRIBU	TORY WORDING (Must be	a		Yes	∐ No
		moravay. 10 it sit	Huueu?				Yes	□ No
	J.	CAUTION! (Conf	im that loss	or liability of the named ins	ured		E3 100	[1] (40
		include "solely by	A DA INGIL DO	didencel Door end	ent			
	K.	ELECTED SCMA	F COVERAG	E (RECREATION ONLY):		a-r-4	☐ Yes	⋈ No
	L.	NOTICE OF CAN	CELLATION	·		⊠ N/A	☐ Yes	☐ No
••	A 1 45m			•!		□ N/A	X Yes	□ No
II.	AUT	OMOBILE LIABILIT ECTIVE/EXPIRATI	TY CALL					
	Α.	INSTIBATION OF	ON DATE:	6/1/18 - 6/1/19				
	В.	AM REST DATIN	MINAMY: C	old Republic Insurance Compr	iny			
	C.	AM BEST RATIN	DANY CALL	greater) A+/XII				
		Is Company ad	mitted in Cal	be California Admitted):				
	D.	LIMITS - If Emplo	vees (Must h	etti min Di P. mn	***		X Yes	☐ No
							000	
	E.	Emilio Franci Ol	Auto msurar	nce / Proof of coverage (if it	dividua	al)	.000	
	E.	faatier is tituite bio	ivided?)			N/A		
	F.	ADDITIONAL INS	URED WOR	DING:		□ N/A	⊠ Yes	□No
	G.	PRIMARY & NON	I-CONTRIBU	TORY WORDING:		□ N/A	⊠ Yes	□ No
	H.	HIRED AND NON	I-OWNED AL	JTO ONLY:		□ N/A	Yes	☐ No
	1.	NOTICE OF CAN	CELLATION	;		□ N/A	⊠ Yes	
							K7 1 C2	☐ No

EXHIBIT "E -Z"

Risk Manageme	ent Date e terms of the contract.	
Approved:		
	exposur	♥.
3/7/19 RM appr	oved self insurance on Builders Risk/Construction in Process exposur	Process exposure.
Reason for Risk Risk Manageme	k Management approval/exception/waiver; ent approval required for Self Insurance by vendor for Construction in	
	EMENT APPROVAL REQUIRED (Non-admitted carrier rated less than tention or Deductible greater than \$)	n; N/A ☐ Yes ☐ No
Manager and the second second second	u for the City of Newport Beach	
Agent of Alliant	Insurance Services Date	
(2	many and	
Approved:		
	TONT DETECT	
HAVE ALL AB	BOVE REQUIREMENTS BEEN MET? ITEMS NEED TO BE COMPLETED?	⊠Yes □No
	2/22/19-3/1/29	SELF INSURED
VI	POLLUTION LIABILITY BUILDERS RISK OR INSTALLATION FLOATER - 2/22/19-3/1/29	⊠ N/A □ Yes □ N/
17.	PROFESSIONAL LIABILITY	⊠ N/A ☐ Yes ☐ No
ADDITIONAL	COVERAGE'S THAT MAYBE REQUIRED	□ N/A ☑ Yes □ No
	G. SIGNED WORKERS' COMPENSATION EXEMPTION FORM H. NOTICE OF CANCELLATION:	: ⊠ N/A ☐ Yes ☐ No
	F. WAIVER OF SUBROGATION (To include): Is it included:	\$1,000,000
	D. WORKERS' COMPENSATION LIMIT: Statutory	⊠Yes □No
	B. AM BEST RATING (A-: VII or greater): A+/VII	
	A. INSURANCE COMPANY: Old Republic Insurance Company	
	WORKERS' COMPENSATION EFFECTIVE/EXPIRATION DATE: 6/1/18 - 6/1/19	

EXHIBIT "E-2"

From: Shrago, Fauna < fshrago@newportbeachca.gov>

Sent: Friday, May 8, 2020 10:51 AM

To: 'att.certrequest@marsh.com' <<u>att.certrequest@marsh.com</u>>; VOSS, KATELYN

< <u>KV166G@att.com</u>>; VOZENILEK, DAN < <u>dv574p@att.com</u>>; 'cory.autrey@wirelesspolicy.com'

<cory.autrey@wirelesspolicy.com>

Cc: Propertyinsurance propertyinsurance@newportbeachca.gov>

Subject: City of Newport Beach Request for Full Policy, New Cingular Wireless PCS, LLC

Good morning,

The Risk Manager for the City of Newport Beach has requested a copy of the full/entire Policy No. MWZY 31363519 and MWC 31363819, (Customer No. CN103150778). Please provide copies by reply to this email, or by mail to the following address:

City of Newport Beach Real Property and Asset Management Program Attn: Fauna Shrago, Administrative Analyst 100 Civic Center Drive Newport Beach, CA 92658

Please provide a timeframe when this might be received. Should you have any questions, please contact me at 949-644-3206 or email at fshrago@newportbeachca.gov.

Thank you,

FAUNA SHRAGO
Community Development Department
Administrative Analyst
Real Property and Asset Management Program
fshrago@newportbeachca.gov
949-644-3206



Thank you,

FAUNA SHRAGO

Community Development Department Administrative Analyst Real Property and Asset Management Program fshrago@newportbeachca.gov 949-644-3206



From: VOZENILEK, DAN <dv574p@att.com> Sent: Wednesday, May 13, 2020 10:04 AM

To: Shrago, Fauna <fshrago@newportbeachca.gov>; 'att.certrequest@marsh.com'

<att.certrequest@marsh.com>

Cc: Propertyinsurance propertyinsurance@newportbeachca.gov>; VOSS, KATELYN

<KV166G@att.com>; 'cory.autrey@wirelesspolicy.com' <cory.autrey@wirelesspolicy.com>; 'Judy

Woolen' <judy woolen@sbcglobal.net>; MAIALE, GINA <rv3423@att.com>

Subject: RE: City of Newport Beach Request for Full Policy, New Cingular Wireless PCS, LLC

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Fauna, I left you a VM last Friday. We reached out to our risk management group regarding this issue. Unfortunately AT&T is unable to issue a renewal certificate of insurance prior to the renewal date. AT&T renews every year at the same time, and the current certificate does not expire until June 1st, 2020.

We did confirm that AT&T is Self-Insured for Pollution coverage. We do not produce copies of AT&T's insurance policy because it is confidential and proprietary in nature. If need be we can setup a phone call with Gina Maiale from our Risk Management team to answer any additional questions.

Thank you,

Dan Vozenilek

Senior Technical Project Manager Mobile: (562)716-4647 AT&T Mobility



k Jell Ct.

From:

Cory Autrey

To:

Shrago, Fauna; VOZENILEK, DAN

Cc:

Propertyinsurance; VOSS, KATELYN; "Judy Woolen"; Wooding, Lauren

Subject:

Re: City of Newport Beach Request for Full Policy, New Cingular Wireless PCS, LLC

Date:

Friday, May 15, 2020 10:53:21 AM

Attachments:

image002.png image004.png

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Hi Fauna – I wanted to provide you additional information we obtained from AT&T's Risk Manager. They state the following:

"Yes, AT&T always self-insures for Pollution coverage, and to evidence it we issue a separate Self-Insured certificate if needed. Pollution coverage consists of claims from third parties against bodily injury and property damage caused by hazardous waste materials released during a company's business operations. We are insured for EMF."

Let me know if this helps as I know we both have a vested interest in making sure we're covered with the correct info for the appeal hearing.

Cory Autrey <u>cory.autrey@wirelesspolicy.com</u> 626-290-3143

From: "Shrago, Fauna" <fshrago@newportbeachca.gov>

Date: Wednesday, May 13, 2020 at 10:09 AM

To: Dan Vozenilek <dv574p@att.com>, "'att.certrequest@marsh.com'"

<att.certrequest@marsh.com>

Subject: RE: City of Newport Beach Request for Full Policy, New Cingular Wireless PCS, LLC

Hi Dan,

Thank you for the follow up and further explanation. I returned your call and left a voicemail message yesterday, however, I believe the below information covers the same questions I had to you. The request to review the policy is due to an appeal received from a citizen alleging certain coverages excluded in the AT & T insurance coverages. The easiest way to rebut that allegation or understand the best way to respond, would be to review the actual policy. I understand that it is proprietary and will relay the same to the City's Risk Manager and determine if there are any additional questions we may have.

Thank you for your assistance.

EXHIBIT "F-3"



Certificate of Property Self Insurance

Attn: AT&T Services Inc. Risk Management 208 S. Akard, Floor 18 Dallas, TX 75202

Type of Insuran	ce Description	Type of Limits	Limits of Liability
Property	All Risks	Per Occurrence	Replacement Cost
obligated, AT&T's Construction in Pr property if such lo commercial insura The entity shown	self-insurance includes All Peril ogress; and will waive their right iss or damage is covered, or requence once policy or self-insurance; inc	nmercial property insurance had been pures; Extended Perils – Flood, Earthquake; Bures to recover from the other for any and alwired by this contractual obligation to be cluding "additional insured" and "loss payerits program of self-insurance. Legal entity	siness Interruption/Loss of Rents; I loss of or damage to their respective overed, by a valid and collectible es".
Description of (Operations/Locations:		
Attention:	City of NewportBeach		
Holder Name:	Insurance Compliance		
Street Address:	PO Box 100085-FV		
City:	Duluth		State: GA
ZIP:	30096		Date Issued 5/27/2020
Email Address: Optional Attachr	dv574p@att.com ment: File Attachment		Lease End Date 5/27/2021
AT&T Employ	vee ne: VOZENILEK, DAN	Issued By:	l,
AT&T Employ Em	0V5/40/Wall com	Δ	T&T Services, Inc Wayne K Johnson
CANCELLATION:			***************************************

Should any of the above described self-insured coverages be canceled or materially altered before one year after the issuance of this Certificate, the Company will endeavor to mail thirty (30) days written notice to the certificate holder named above. Failure to mail such notice shall impose no obligation or liability of any kind upon the Company, its agents or representatives. The limits evidenced on the above certificate will not increase or reduce those insurance limits set forth within the stated requirements of the contract to which this certificate applies. The giving of this Certificate will not increase the limits of the Company's liability to the

Rev. 02.05.2018

EXHIBIT_"G"

From: To: Cc: Subject: Date:

m60656@att.com Dhillon, Sunny ky165g@att.com City of Newport Beach Friday, February 22, 2019 11:13:02 AM Form.xml

Attachments:

[Submitted by KV166G@att.com] Certificate Of Self Insurance Property



Certificate of Property Self Insurance

Attn: AT&T Services Inc. Risk Management 208 S. Akard, Floor 18

Dallas, TX 75202

Type of Insuran	ce	Description	Type of Limit	S	Limits of Lia	ability
roperty		All Risks	Per Occurren	ce	Replacemen	nt Cost
bligated, AT&T onstruction in P roperty if such ommercial insura	's self-in rogress; loss or c ance poli below pr	Insurance will act as if com surance includes All Perils; Ext- and will waive their rights to rec- lamage is covered, or required cy or self-insurance; including "ac- ovides coverage under its progra	ended Perils — Flood, over from the other fo by this contractual ol dditional insured" and '	Earthquake; Bus or any and all loss oligation to be co loss payees".	iness Interrup of or damage overed, by a v	tion/Loss of Rents to their respective valid and collectible
Description of (Operatio	ns/Locations:				
		maintain, and remove Sma Vay on City-owned Streetli		nication faciliti	es within ce	ertain areas of
Attention:	Sunny	Dhillon				
Holder Name:	City of	Newport Beach				
Street Address:	100 Civ	ic Center Drive				
City:	Newpo	rt Beach			State	CA
ZIP:	92660				Date Issued	2/22/2019
Email Address:	sdhillor	@newportbeachca.gov		11.00	Lease End Date	3/1/2029
ptional Attachr	nent:	File Attachment				
AT&T Employee	Name:	Katelyn Voss	Issued By	W	L	
AT&T Employe	e Email:	kv166g@att.com		A	AT&T Services Wayne K Johns	
ANCELLATION:		C VIII C V		-		y
hould any of the	above de	escribed self-insured coverages b vill endeavor to mail thirty (30) o	e canceled or material	y altered before o	one year after	the issuance of thi

EXHIBIT_"G"