

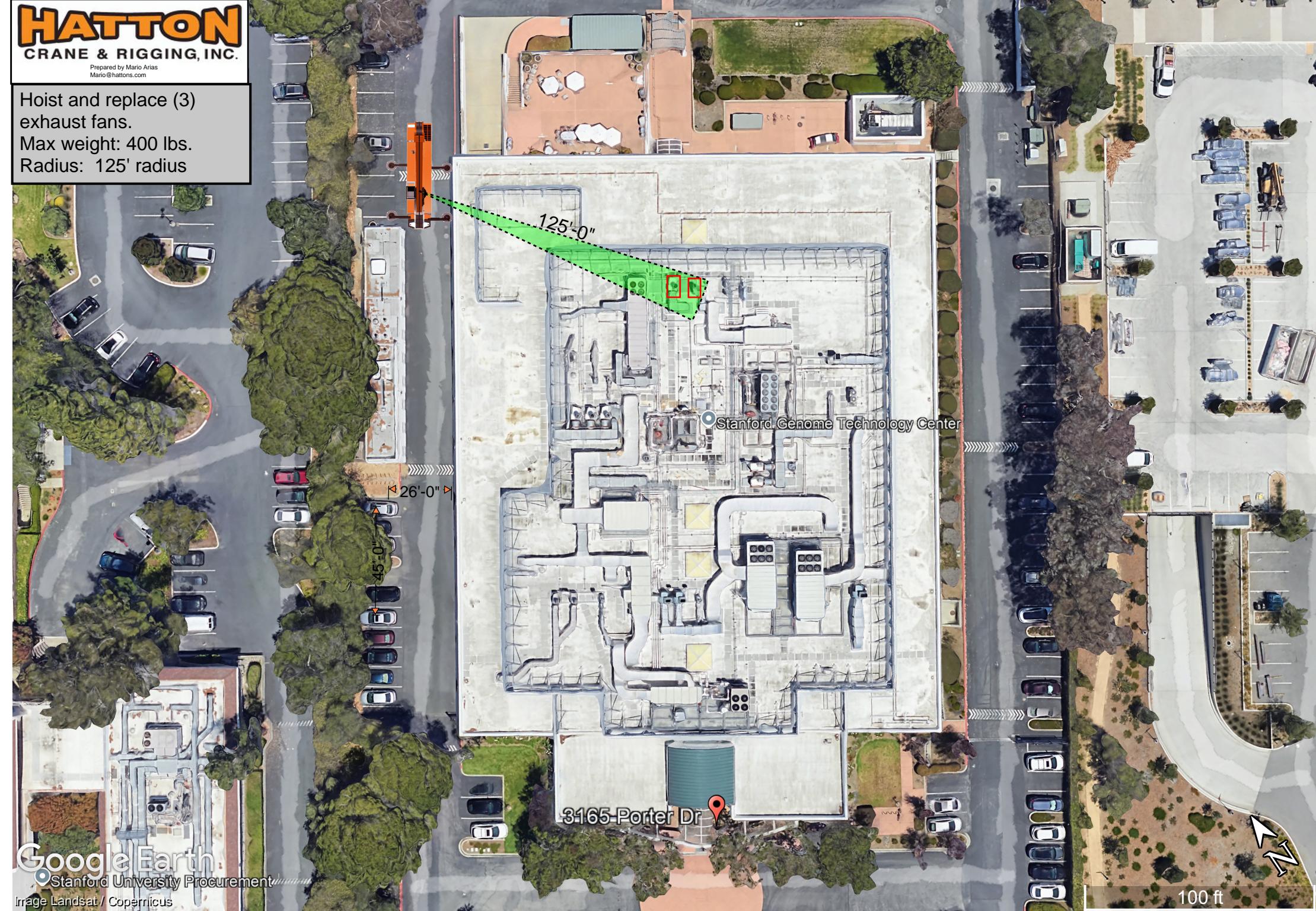
HATTON CRANE & RIGGING, INC.

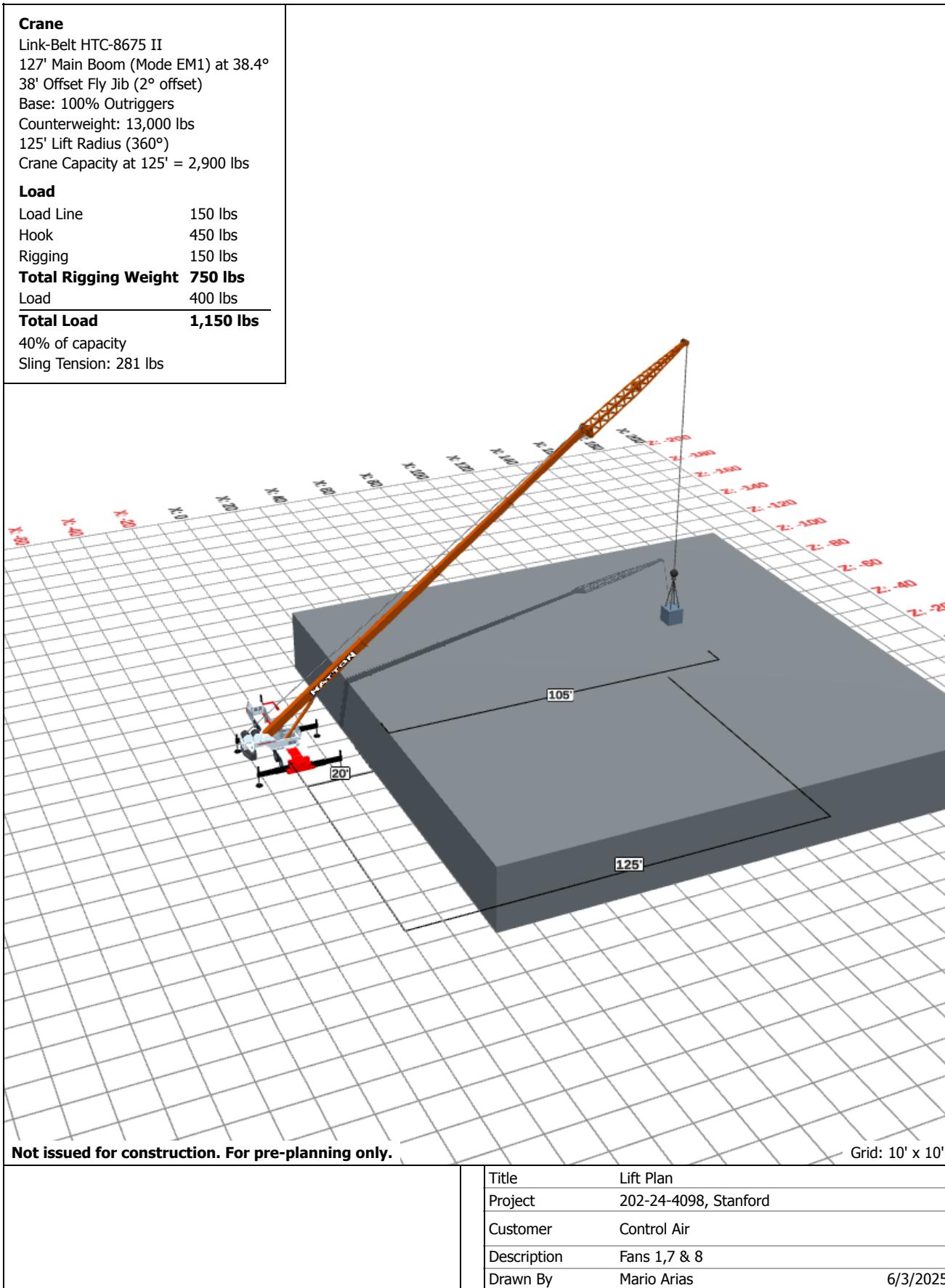
Prepared by Mario Arias
Mario@hatton.com

Hoist and replace (3)
exhaust fans.

Max weight: 400 lbs.

Radius: 125' radius





Load Chart

Project 202-24-4098, Stanford
 Customer Control Air
 Description Fans 1,7 & 8

Link-Belt HTC-8675 Series II

Boom: Main Boom (Mode EM1)
 Jib: 38' Offset Fly Jib
 Base: 100% Outriggers
 Counterweight: 13,000 lbs
 Range: 360°
 Capacity: 85%
 Chart ID: 1051000

Boom Section Percentages	Boom Length (ft)	Boom Angle	Jib Length (ft)	Jib Offset	Tip Height (ft)	Lift Radius (ft)	Capacity (lbs)	Note
100-100-100 (EM1)	127	79.5°	38	2°	169.7	35	10,900	
100-100-100 (EM1)	127	78°	38	2°	168.3	40	10,900	
100-100-100 (EM1)	127	76.5°	38	2°	166.8	45	10,900	
100-100-100 (EM1)	127	75°	38	2°	165	50	10,900	
100-100-100 (EM1)	127	73.5°	38	2°	163.1	55	10,900	
100-100-100 (EM1)	127	72°	38	2°	161	60	10,900	
100-100-100 (EM1)	127	70.5°	38	2°	158.8	65	10,700	
100-100-100 (EM1)	127	69°	38	2°	156.3	70	10,500	
100-100-100 (EM1)	127	67°	38	2°	153.5	75	10,200	
100-100-100 (EM1)	127	64.5°	38	2°	150.6	80	9,200	
100-100-100 (EM1)	127	62°	38	2°	147.4	85	8,100	
100-100-100 (EM1)	127	60°	38	2°	144	90	7,200	
100-100-100 (EM1)	127	57.5°	38	2°	140.2	95	6,300	
100-100-100 (EM1)	127	55°	38	2°	136.2	100	5,600	
100-100-100 (EM1)	127	52.5°	38	2°	131.8	105	4,900	
100-100-100 (EM1)	127	50°	38	2°	127.1	110	4,400	
100-100-100 (EM1)	127	47°	38	2°	121.9	115	3,800	
100-100-100 (EM1)	127	44.5°	38	2°	116.2	120	3,400	
100-100-100 (EM1)	127	41°	38	2°	110	125	2,900	
100-100-100 (EM1)	127	38°	38	2°	103.1	130	2,500	
100-100-100 (EM1)	127	34°	38	2°	95.3	135	2,200	
100-100-100 (EM1)	127	30.5°	38	2°	86.4	140	1,800	
100-100-100 (EM1)	127	25.5°	38	2°	76	145	1,500	
100-100-100 (EM1)	127	20.5°	38	2°	63.1	150	1,300	
100-100-100 (EM1)	127	12.5°	38	2°	45.2	155	1,000	
100-100-100 (EM1)	127	-	38	2°	25.2	158.1	500	

This data is for reference use only. Operator must refer to in-cab charts to determine allowable lifting capacities.

C80

Plate V

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF
CRANES AND DERRICKS USED FOR LIFTING SERVICE

(DOSH Form CCAU 55, 11-01-93)

1. Owner: Hatton Crane & Rigging

Certificate No: 2382

2. Address: 3643 Depot Rd.
Hayward, CA 94545

3. Device Type: CRANE

Capacity: 75 Tons

Location: Changes worksite

Serial Number: P9K8-5944

4. Description: Hydraulic Truck Crane

License Plate: 8ETY747

5. Manufacturer: Link-Belt

Model: HTC-8675

6. Owners Identification: C80

7. Service Status at time of Survey: Lifting

8. Boom at time of survey: Length: 41' - 127'

Boom Type: HYDRAULIC

Jib Length: 38' - 64'

9. Test Loads Applied, Including Functional (partial) Test Load:

Radius/Angle	Test Load:	Rated Load	Outriggers (yes/no):	BoomDirection:
52' / 67 Deg.	8,200 lbs.	15,600 lbs.	Yes	Side / Rear

Description of Proof Loads: Known Weights

10. Basis For Assigned Load: Manufacturer's Specifications

11. The examination shall cover the points lifted on reverse as applicable.

12. Remarks/Limitations: None.

I certify that on 6/13/2024, the above described device was tested and examined by the undersigned; that said test and examination met with the requirements of the Division of Occupational Safety and Health Administration (DOSH); that any deficiencies affecting the safe operation of the crane have been corrected prior to the issuance of this certificate. A copy of such certificate(s) attesting to Annual and Quadrennial Certification shall be maintained in the crane or at the work site at all times.

This Certificate is: Annual

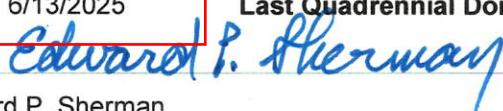
Proof Load Quad Attached: No

Next Annual Due: 6/13/2025

Last Quadrennial Done: 7/1/2022

By: CA-435

Signature:



Print Name: Edward P. Sherman

Title: Surveyor

Date: 6/13/2024

Certification No: 2382

Issue Date: 6/13/2024

Mailed to DOSH: N/A

Certificating Agency: Engineered Crane Service

DOSH License No: CA-336

Category: M

Expires: 8/31/2024

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (DOSH)
 CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF
 CRANES AND DERRICKS USED FOR LIFTING SERVICE

1. Owner: **Hatton Crane & Rigging**
 2. Owner's Address: **3643 Depot Rd. Hayward, CA. 94545**
 3. Device (check): Crane Derrick Other
 Location: Remains at worksite Changes worksite On barge
 4. Description: **Hydraulic truck mounted crane** Rated Capacity: **150,000 lbs.**
 5. Manufacturer: **Link-Belt** Model No.: **HTC-8675 Ser II** Serial No.: **P9K8-5944**
 6. Owner's Identification (if any): **C-80** License Plate No.: **SETY747 California**
 7. Service status at time of survey: **Lifting** Other (describe): _____
 8. Boom, at time of survey: Length: **41 ft. To 127 ft.** Jib: **38' /64'** Type: **Steel**
 9. Test loads applied including functional (partial) test load:

Radius	Proof Load	Rated Load	Outiggers (Yes/No)	Boom Direction (Over/Rear/Side)
45 ft.	24,750 lbs.	22,500 lbs.	Yes	Side
90 ft.	8,360 lbs.	7,600 lbs.	Yes	Rear
32 ft.	7,920 lbs.	7,200 lbs.	Yes	Side
20 ft.	24,530 lbs.	22,300 lbs.	No	Rear

Description of Proof Load: **Dynamic loading with known weight**

10. Basis for assigned load ratings: **Manufacturer's assigned rating**
 11. The examination shall cover the points listed on the back of this sheet as applicable.
 12. Remarks and/or limitations imposed: **None**

I certify that on 1st day of July, 2022 the above described device was tested and examined by the undersigned; that said test and examination met with the requirements of the Division of Industrial Safety and Health (DOSH); that any deficiencies affecting the safe operation of the crane have been corrected prior to the issuance of this certificate. A copy of such certificate(s) attesting to Annual and Quadrennial certification shall be maintained in the crane or at the work site at all times.

Certifying Agency: **AERIAL & CRANE EXPERTS, LLC**

This certificate is: Annual Quadrennial Proof Load Quad attached: Yes No
 Next Annual Due: **07/01/23** Last Quadrennial Done: **07/01/22** By: **CA-435**

Signature: 

DOSH License No.: **CA-435**

Print Name: **Chris Meyling**

Expires: **June 30th 2024**

Title: **Field Surveyor**

Category: **BG&MC**

IssueDate: **07/01/22**

Mailed to DOSH: _____

C81

Plate V

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF

CRANES AND DERRICKS USED FOR LIFTING SERVICE

(DOSH Form CCAU 55, 11-01-93)

1. Owner: Hatton Crane & Rigging

Certificate No: 2391

2. Address: 3643 Depot Rd.
Hayward, CA 94545

3. Device Type: CRANE

Capacity: 75 Tons

Location: Changes worksite

Serial Number: P9K2-3042

4. Description: Hydraulic Truck Crane

License Plate: 6XZV070

5. Manufacturer: Link-Belt

Model: HTC-8675

6. Owners Identification: C81

7. Service Status at time of Survey: Lifting

8. Boom at time of survey: Length: 41' - 127'

Boom Type: HYDRAULIC

Jib Length: 38' - 64'

9. Test Loads Applied, Including Functional (partial) Test Load:

Radius/Angle	Test Load:	Rated Load	Outriggers (yes/no):	BoomDirection:
27' / 60 Deg.	51,500 lbs.	48,800 lbs.	Yes	Side / Rear
138' / 47 Deg.	2,800 lbs.	2,700 lbs.	Yes	Side

Description of Proof Loads: Known Weights

10. Basis For Assigned Load: Manufacturer's Specifications

11. The examination shall cover the points lifted on reverse as applicable.

12. Remarks/Limitations: None.

I certify that on 7/24/2024, the above described device was tested and examined by the undersigned; that said test and examination met with the requirements of the Division of Occupational Safety and Health Administration (DOSH); that any deficiencies affecting the safe operation of the crane have been corrected prior to the issuance of this certificate. A copy of such certificate(s) attesting to Annual and Quadrennial Certification shall be maintained in the crane or at the work site at all times.

This Certificate is: Quadrennial

Proof Load Quad Attached: Yes

Next Annual Due: 7/24/2025

Last Quadrennial Done: 7/24/2024

By: CA-336

Signature:



Print Name: Edward P. Sherman

Title: Surveyor

Date: 7/24/2024

Certification No: 2391

Issue Date: 7/24/2024

Mailed to DOSH: N/A

Certificating Agency: Engineered Crane Service

DOSH License No: CA-336

Category: M

Expires: 8/31/2024

C85

Plate V

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF

CRANES AND DERRICKS USED FOR LIFTING SERVICE

(DOSH Form CCAU 55, 11-01-93)

1. Owner: Hatton Crane & Rigging

Certificate No: 2398

2. Address: 3643 Depot Rd.
Hayward, CA 94545

Capacity: 75 Tons

3. Device Type: CRANE

Serial Number: P9L2-7134

Location: Changes worksite

License Plate: 8ZTK638

4. Description: Hydraulic Truck Crane

5. Manufacturer: Link-Belt

6. Owners Identification: C85

Model: HTC-8675

7. Service Status at time of Survey: Lifting

8. Boom at time of survey: Length: 41' / 127'

Boom Type: HYDRAULIC

Jib Length: 38' / 54'

9. Test Loads Applied, Including Functional (partial) Test Load:

Radius/Angle	Test Load:	Rated Load	Outiggers (yes/no):	BoomDirection:
50' / 51 Deg.	4,100 lbs.	16,000 lbs.	Yes	Side / Rear

Description of Proof Loads: Known Weights

10. Basis For Assigned Load: Manufacturer's Specifications

11. The examination shall cover the points lifted on reverse as applicable.

12. Remarks/Limitations: None.

I certify that on 8/2/2024, the above described device was tested and examined by the undersigned; that said test and examination met with the requirements of the Division of Occupational Safety and Health Administration (DOSH); that any deficiencies affecting the safe operation of the crane have been corrected prior to the issuance of this certificate. A copy of such certificate(s) attesting to Annual and Quadrennial Certification shall be maintained in the crane or at the work site at all times.

This Certificate is: Annual

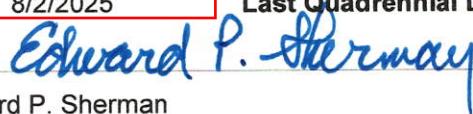
Proof Load Quad Attached: No

Next Annual Due: 8/2/2025

Last Quadrennial Done: 8/17/2022

By: CA-435

Signature:



Print Name: Edward P. Sherman

Title: Surveyor

Date: 8/2/2024

Certification No: 2398

Issue Date: 8/2/2024

Mailed to DOSH: N/A

Certificating Agency: Engineered Crane Service

DOSH License No: CA-336

Category: M

Expires: 8/31/2024

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (DOSH)
 CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF
 CRANES AND DERRICKS USED FOR LIFTING SERVICE

1. Owner: **Hatton Crane & Rigging**
 2. Owner's Address: **3643 Depot Rd. Hayward, CA. 94545**
 3. Device (check): Crane Derrick Other
 Location: Remains at worksite Changes worksite On barge
 4. Description: **Hydraulic truck mounted crane** Rated Capacity: **150,000 lbs.**
 5. Manufacturer: **Link-Belt** Model No.: **HTC-8675 Ser II** Serial No.: **P9L2-7134**
 6. Owner's Identification (if any): **C-85** License Plate No.: **8ZTK638 California**
 7. Service status at time of survey: **Lifting** Other (describe): _____
 8. Boom, at time of survey: Length: **41' To 127'** Jib: **38' / 64'** Type: **Steel**
 9. Test loads applied including functional (partial) test load:

Radius	Proof Load	Rated Load	Outiggers (Yes/No)	Boom Direction (Over/Rear/Side)
40 ft.	10,890 lbs.	9,900 lbs.	Yes	Side
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

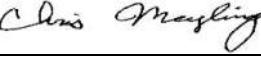
Description of Proof Load: **Dynamic loading with known weight**
 10. Basis for assigned load ratings: **Manufacturer's assigned rating**
 11. The examination shall cover the points listed on the back of this sheet as applicable.
 12. Remarks and/or limitations imposed: **Replacement jib base in service quadrennial proof load only.**

I certify that on 17th day of August, 2022 the above described device was tested and examined by the undersigned; that said test and examination met with the requirements of the Division of Industrial Safety and Health (DOSH); that any deficiencies affecting the safe operation of the crane have been corrected prior to the issuance of this certificate. A copy of such certificate(s) attesting to Annual and Quadrennial certification shall be maintained in the crane or at the work site at all times.

Quad expires
08/17/2026

Certificating Agency: **AERIAL & CRANE EXPERTS, LLC**

This certificate is: Annual Quadrennial Proof Load Quad attached: Yes No
 Next Annual Due: **08/17/23** Last Quadrennial Done: **08/17/22** By: **CA-435**

Signature: 
 Print Name: **Chris Meyling & Chris Reinholt**

DOSH License No.: **CA-435**

Expires: **June 30th 2024**

Category: **BG&MC**

IssueDate: **08/17/22**

Mailed to DOSH: _____

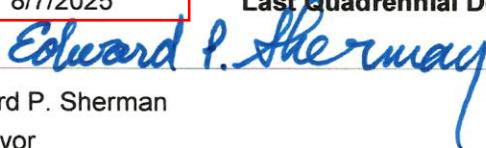
C86

Plate V**STATE OF CALIFORNIA****DEPARTMENT OF INDUSTRIAL RELATIONS****DIVISION OF OCCUPATIONAL SAFETY AND HEALTH****CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF****CRANES AND DERRICKS USED FOR LIFTING SERVICE****(DOSH Form CCAU 55, 11-01-93)****1. Owner:** Hatton Crane & Rigging**Certificate No:** 2400**2. Address:** 3643 Depot Rd.
Hayward, CA 94545**Capacity:** 75 Tons**3. Device Type:** CRANE**Serial Number:** P9L2-7135**Location:** Changes worksite**License Plate:** 9AZN542**4. Description** Hydraulic Truck Crane**Model:** HTC-8675**5. Manufacturer:** Link-Belt**6. Owners Identification:** C86**7. Service Status at time of Survey:** Lifting**Boom Type:** HYDRAULIC**Jib Length:** 38' - 64'**8. Boom at time of survey: Length:** 41' - 127'**9. Test Loads Applied, Including Functional (partial) Test Load:**

Radius/Angle	Test Load:	Rated Load	Outriggers (yes/no):	BoomDirection:
55' / 58 Deg.	2,800 lbs.	13,400 lbs.	Yes	Side / Rear

Description of Proof Loads: Known Weights**10. Basis For Assigned Load:** Manufacturer's Specifications**11. The examination shall cover the points lifted on reverse as applicable.****12. Remarks/Limitations:** None.

I certify that on 8/7/2024, the above described device was tested and examined by the undersigned; that said test and examination met with the requirements of the Division of Occupational Safety and Health Administration (DOSH); that any deficiencies affecting the safe operation of the crane have been corrected prior to the issuance of this certificate. A copy of such certificate(s) attesting to Annual and Quadrennial Certification shall be maintained in the crane or at the work site at all times.

This Certificate is: Annual**Proof Load Quad Attached:** No**Next Annual Due:** 8/7/2025**Last Quadrennial Done:** 8/26/2022**By:** CA-420**Signature:****Print Name:** Edward P. Sherman**Date:** 8/7/2024**Title:** Surveyor**Mailed to DOSH:** N/A**Certification No:** 2400**Issue Date:** 8/7/2024**Certificating Agency:** Engineered Crane Service**DOSH License No:** CA-336**Category:** M**Expires:** 8/31/2024

CRANE SPEC

P.O. Box 1263, Ripon, CA 95366
 Ph: 209-597-6392 Fax: 209-253-0099

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
 CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF
 CRANES AND DERRICKS USED FOR LIFTING SERVICE

1. Owner: **Hatton Crane and Rigging**
 2. Owner Address: **3643 Depot Rd, Hayward, Ca 94545**
 3. Device: **Mobile Crane**
 Location: **Changes Job Sited**
 4. Description: **Hydraulic Truck Crane** Rated Capacity: **75 Tons**
 5. Manufacturer: **Link Belt** Model Number: **HTC-8675 Series II** Serial Number: **P9L2-7135**
 6. Owner's Identification (if any): **P9L2-7135**
 7. Service Status At time of Survey: **In Service**
 8. Boom At Time of Survey Length: **41'-127' Main 38'-64' Jib** Type: **Telescopic/Swing Away**
 9. Test Loads Applied, Including Functional (partial) Test Load:

Radius (ft)	Proof Load (lbs)	Rated Load (lbs)	Outriggers	Boom Direction
50	21,970	21,000	Yes	360 Degrees
105	5,120	4,800	Yes	360 Degrees
(Jib) 55	8,710	8,500	Yes	360 Degrees

Description of Proof Loads: **KNOWN WEIGHT**

10. Basis for assigned load ratings: **MFG LOAD RATINGS**

11. The examination shall be carried out in conjunction with each unit proof load test. The qualified person, or his authorized representative shall make a determination as to requirements for the correction of deficiencies found. The examination shall cover the following points as applicable:

(1) All functional operating mechanics for improper function, maladjustment, and excessive component wear, with particular attention to sheaves, pins and drums. This shall include operation with partial load, in which all functions and movements, including, where application, maximum possible rotation in both directions, are performed.
 (2) All safety devices for malfunction.
 (3) Deterioration or leakage in lines, tanks, valves, drains, pumps, and other parts of air or hydraulic systems.
 (4) Loose gear components (ie. Hooks, etc.) including wire rope and wire rope terminals and connections, with particular attention to sections of wire rope exposed to abnormal wear and sections not normally exposed for examination. Cracked or deformed hooks shall be discarded.
 (5) Rope reeving for compliance with certifying agent's recommendations
 (6) Deformed, cracked, or excessively corroded members in crane structure and boom.
 (7) Loose belts, rivets, or other connections
 (8) Worn, cracked, or distorted parts affecting safe operation

(9) Excessive wear on and free operation of brake and clutch system parts, linings, pawls, and ratchets.
 (10) Load, boom angle, or other indicators shall be checked for any significant inaccuracy
 (11) It shall be ascertained that there is a durable rating chart visible to the operator, covering the complete range of the certified agent's capacity ratings at all operating radii, for all permissible boom lengths and jib lengths, with alternate ratings for optional equipment affecting such ratings. Necessary precautions or warnings shall be included and operating controls marked or an explanation of controls shall be posted at the operator's positions to indicate functions.
 (12) Careful examination of the junction areas of removable boom sections, particularly for proper seating, cracks, deformities, or other defects in securing bolts and in the vicinity of such bolts
 (13) It shall be ascertained that no counterweights in excess of the certified agent's specifications are fitted.
 (14) Such other examinations deemed necessary under the circumstances

12: Remarks and / or limitations:

I certify that on 08/26/2022 the above described device was tested and examined by the undersigned; that said test and examination met with the requirements of the Division of Occupational Safety and Health Administration.

Certification Agency: Crane Spec

This certificate is: Annual

Quadrennial Proof Load

Current Quadrennial Attached

Signature:



License: CA-420

Printed Name: **Josh Holt**

Annual Expires:

08/26/2023

Title: **Surveyor**

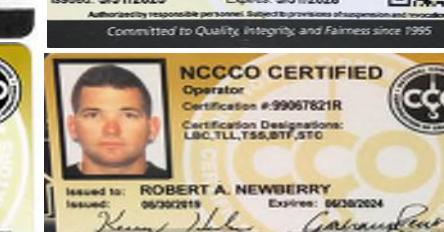
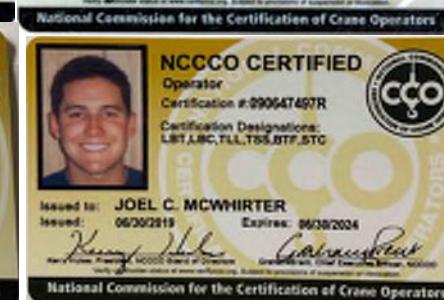
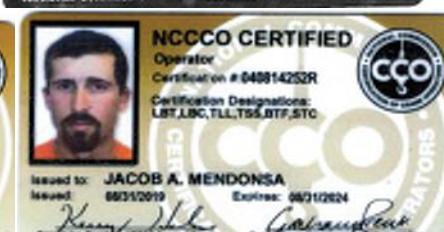
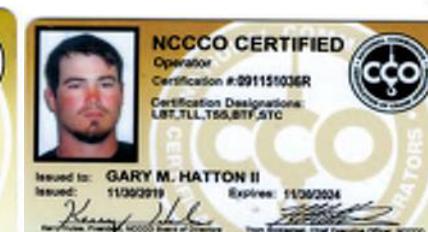
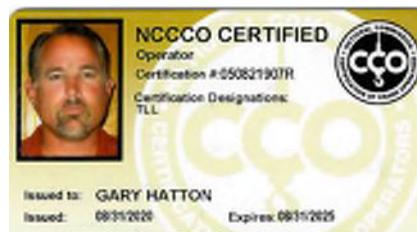
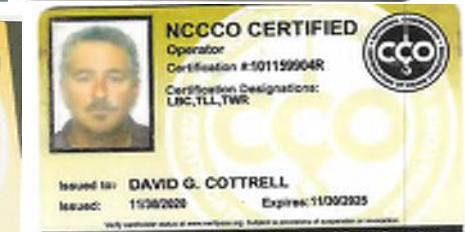
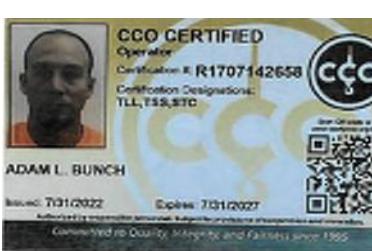
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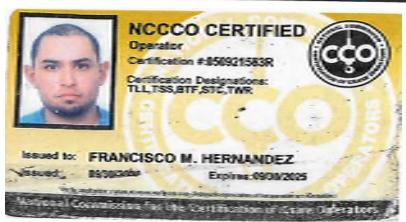
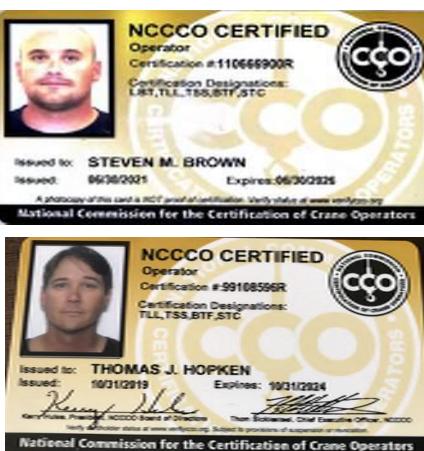
08/26/2022

Certification Number: **20-1661535432000**

Issue Date:

08/26/2022





QUALIFIED
RIGGER



SIGNAL
PERSON

Our employee below has been determined by Hatton Crane & Rigging to meet the qualification requirements per OSHA 29 CFR 1926 using ASME standards B30.5 & B30.3 for Qualified Signal Person - Hand Signals, Qualified Signal Person - Voice/Radio Signals and Qualified Rigger.

Issued to: Tyler Adams

Date Issued: 9/29/2022

Evaluator: Jacob Mendonsa

X Jacob Mendonsa

HATTON CRANE & RIGGING 3643 DEPOT ROAD, HAYWARD 94545

QUALIFIED
RIGGER



SIGNAL
PERSON

Our employee below has been determined by Hatton Crane & Rigging to meet the qualification requirements per OSHA 29 CFR 1926 using ASME standards B30.5 & B30.3 for Qualified Signal Person - Hand Signals, Qualified Signal Person - Voice/Radio Signals and Qualified Rigger.

Issued to: Morgan Borne

Date Issued: 9/29/2022

Evaluator: Jacob Mendonsa

X Jacob Mendonsa

HATTON CRANE & RIGGING 3643 DEPOT ROAD, HAYWARD 94545

QUALIFIED
RIGGER



SIGNAL
PERSON

Our employee below has been determined by Hatton Crane & Rigging to meet the qualification requirements per OSHA 29 CFR 1926 using ASME standards B30.5 & B30.3 for Qualified Signal Person - Hand Signals, Qualified Signal Person - Voice/Radio Signals and Qualified Rigger.

Issued to: Tony Gianquento

Date Issued: 9/29/2022

Evaluator: Jacob Mendonsa

X Jacob Mendonsa

HATTON CRANE & RIGGING 3643 DEPOT ROAD, HAYWARD 94545



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/30/2024

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).

PRODUCER LIC #	CA LIC	925-244-7700	CONTACT	Certificates Department		
Edgewood Partners Insurance Centers (EPIC)			NAME:			
[San Ramon - Branch ID 14394]			PHONE (A/C, No. Ext):	925-244-7700	FAX (A/C, No):	925-901-0671
P. O. Box 5003			E-MAIL ADDRESS:	EPICcerts@epicbrokers.com		
San Ramon, CA 94583 USA			INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED			INSURER A: OLD REPUBLIC UNION INS CO		31143	
Hatton Crane & Rigging Inc.			INSURER B: ZURICH AMER INS CO		16535	
3643 Depot Road			INSURER C: HOMESITE INS CO		17221	
Hayward, CA 94545 USA			INSURER D:			
			INSURER E:			
			INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 750770524

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		X	ORANGL00102000	05/01/24	05/01/25	EACH OCCURRENCE	\$ 1,000,000		
	CLAIMS-MADE	<input checked="" type="checkbox"/>	X				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	SIR: \$10,000						MED EXP (Any one person)	\$ 5,000		
	Includes On Hook						PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PROJECT	<input checked="" type="checkbox"/>	LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000		
B	AUTOMOBILE LIABILITY		X	BAP302990205	05/01/24	05/01/25	Rigger's Liability	\$ 1,000,000		
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000		
	OWNED AUTOS ONLY		X				BODILY INJURY (Per person)	\$		
	Hired AUTOS ONLY						BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
A	UMBRELLA LIAB	X	OCCUR	ORANXS00069300	05/01/24	05/01/25	EACH OCCURRENCE	\$ 2,000,000		
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 2,000,000		
	DED X RETENTION \$ 0							\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	WC302990105	05/01/24	05/01/25	<input checked="" type="checkbox"/> PER STATUTE	OTHE-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N				E.L. EACH ACCIDENT		\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000	
C	2nd Layer Excess			CXP03343900	05/01/24	05/01/25	\$3,000,000	000cc	3,000,000	Agg

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

Proof of Insurance

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF COVERAGE	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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edgewood partners
insurance center

ca license 0B29370

PO BOX 5003
San Ramon, CA 94583

Phone 925.244.7700
Fax 925.901.0244

epiccerts@epicbrokers.com

To: Whom it may concern

From: EPIC Insurance Brokers & Consultants

Named Insured: Hatton Crane & Rigging Inc.

Policy Number(s): GLO293061800;BAP302990206;
CXP03343901;UXP105532001;
WC302990106;ICELLUW00163531;
MXI93075480

RE: Notice of Cancellation

Should the above described policy be cancelled before the expiration date thereof, we will mail 30 days' written notice to the Certificate Holder; except, 10 days' notice for non-payment of premium.

Sincerely,

Carol Cohn

account manager

Additional Insured – Automatic – Owners, Lessees Or Contractors



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GLO293061800

Effective Date: 05/01/2025

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

A. Section **II – Who Is An Insured** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured under a written contract or written agreement executed by you, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" and subject to the following:

1. If such written contract or written agreement specifically requires that you provide that the person or organization be named as an additional insured under one or both of the following endorsements:
 - a. The Insurance Services Office (ISO) ISO CG 20 10 (10/01 edition); or
 - b. The ISO CG 20 37 (10/01 edition),

such person or organization is then an additional insured with respect to such endorsement(s), but only to the extent that "bodily injury", "property damage" or "personal and advertising injury" arises out of:

- (1) Your ongoing operations, with respect to Paragraph 1.a. above; or
- (2) "Your work", with respect to Paragraph 1.b. above,

which is the subject of the written contract or written agreement.

However, solely with respect to this Paragraph 1., insurance afforded to such additional insured:

- (a) Only applies if the "bodily injury", "property damage" or "personal and advertising injury" offense occurs during the policy period and subsequent to your execution of the written contract or written agreement; and
- (b) Does not apply to "bodily injury" or "property damage" caused by "your work" and included within the "products-completed operations hazard" unless the written contract or written agreement specifically requires that you provide such coverage to such additional insured.

2. If such written contract or written agreement specifically requires that you provide that the person or organization be named as an additional insured under one or both of the following endorsements:

- a. The Insurance Services Office (ISO) ISO CG 20 10 (07/04 edition); or
- b. The ISO CG 20 37 (07/04 edition),

such person or organization is then an additional insured with respect to such endorsement(s), but only to the extent that "bodily injury", "property damage" or "personal and advertising injury" is caused, in whole or in part, by:

- (1) Your acts or omissions; or
- (2) The acts or omissions of those acting on your behalf,

in the performance of:

- (a) Your ongoing operations, with respect to Paragraph **2.a.** above; or
- (b) "Your work" and included in the "products-completed operations hazard", with respect to Paragraph **2.b.** above,

which is the subject of the written contract or written agreement.

However, solely with respect to this Paragraph **2.**, insurance afforded to such additional insured:

- (i) Only applies if the "bodily injury", "property damage" or "personal and advertising injury" offense occurs during the policy period and subsequent to your execution of the written contract or written agreement; and
- (ii) Does not apply to "bodily injury" or "property damage" caused by "your work" and included within the "products-completed operations hazard" unless the written contract or written agreement specifically requires that you provide such coverage to such additional insured.

3. If neither Paragraph **1.** nor Paragraph **2.** above apply and such written contract or written agreement requires that you provide that the person or organization be named as an additional insured:

- a. Under the ISO CG 20 10 (04/13 edition, any subsequent edition or if no edition date is specified); or
- b. With respect to ongoing operations (if no form is specified),

such person or organization is then an additional insured only to the extent that "bodily injury", "property damage" or "personal and advertising injury" is caused, in whole or in part by:

- (1) Your acts or omissions; or
- (2) The acts or omissions of those acting on your behalf,

in the performance of your ongoing operations, which is the subject of the written contract or written agreement.

However, solely with respect to this Paragraph **3.**, insurance afforded to such additional insured:

- (a) Only applies to the extent permitted by law;
- (b) Will not be broader than that which you are required by the written contract or written agreement to provide for such additional insured; and
- (c) Only applies if the "bodily injury", "property damage" or "personal and advertising injury" offense occurs during the policy period and subsequent to your execution of the written contract or written agreement.

4. If neither Paragraph **1.** nor Paragraph **2.** above apply and such written contract or written agreement requires that you provide that the person or organization be named as an additional insured:

- a. Under the ISO CG 20 37 (04/13 edition, any subsequent edition or if no edition date is specified); or
- b. With respect to the "products-completed operations hazard" (if no form is specified),

such person or organization is then an additional insured only to the extent that "bodily injury" or "property damage" is caused, in whole or in part by "your work" and included in the "products-completed operations hazard", which is the subject of the written contract or written agreement.

However, solely with respect to this Paragraph **4.**, insurance afforded to such additional insured:

- (1) Only applies to the extent permitted by law;
- (2) Will not be broader than that which you are required by the written contract or written agreement to provide for such additional insured;
- (3) Only applies if the "bodily injury" or "property damage" occurs during the policy period and subsequent to your execution of the written contract or written agreement; and

(4) Does not apply to "bodily injury" or "property damage" caused by "your work" and included within the "products-completed operations hazard" unless the written contract or written agreement specifically requires that you provide such coverage to such additional insured.

B. Solely with respect to the insurance afforded to any additional insured referenced in Section **A.** of this endorsement, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services including:

1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
2. 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.

C. Solely with respect to the coverage provided by this endorsement, the following is added to Paragraph **2. Duties In The Event Of Occurrence, Offense, Claim Or Suit** of Section **IV – Commercial General Liability Conditions:**

The additional insured must see to it that:

- (1) We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
- (2) We receive written notice of a claim or "suit" as soon as practicable; and
- (3) A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured if the written contract or written agreement requires that this coverage be primary and non-contributory.

D. Solely with respect to the coverage provided by this endorsement:

1. The following is added to the **Other Insurance** Condition of Section **IV – Commercial General Liability Conditions:**

Primary and Noncontributory insurance

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

- a. The additional insured is a Named Insured under such other insurance; and
- b. You are required by written contract or written agreement that this insurance be primary and not seek contribution from any other insurance available to the additional insured.

2. The following paragraph is added to Paragraph **4.b.** of the **Other Insurance** Condition under Section **IV – Commercial General Liability Conditions:**

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by a written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

E. This endorsement does not apply to an additional insured which has been added to this Coverage Part by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

F. Solely with respect to the insurance afforded to an additional insured under Paragraph **A.3.** or Paragraph **A.4.** of this endorsement, the following is added to Section **III – Limits Of Insurance:**

Additional Insured – Automatic – Owners, Lessees Or Contractors Limit

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the written contract or written agreement referenced in Section **A.** of this endorsement; or
2. Available under the applicable Limits of Insurance shown in the Declarations,
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms, conditions, provisions and exclusions of this policy remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE**

Designated Construction Project(s):	A general aggregate limit applies to each construction project where the named insured is performing operations, however, a general aggregate limit does not apply to any construction project where the named insured is performing operations that are insured under a wrap up or any other consolidated or similar insurance program.
--	--

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage **A**, and for all medical expenses caused by accidents under Section I – Coverage **C**, 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.
 - 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 "products-completed 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, Damage To Premises Rented To You 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 Section I – Coverage **A**, and for all medical expenses caused by accidents under Section I – Coverage **C**, 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.
- 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 Section III – Limits Of Insurance not otherwise modified by this endorsement shall continue to apply as stipulated.

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:
Any Person or Organization that requires You to waive your Rights of Recovery, in a written contract or agreement with the Named Insured that is executed prior to the accident or loss.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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.

Coverage Extension Endorsement



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l Prem.	Return Prem.
BAP 3029902 - 06	05/01/2025	05/01/2026		16220000	INCL	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Business Auto Coverage Form
Motor Carrier Coverage Form

A. Amended **Who Is An Insured**

1. The following is added to the **Who Is An Insured** Provision in **Section II – Covered Autos Liability Coverage**:

The following are also "insureds":

- a. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow for acts performed within the scope of employment by you. Any "employee" of yours is also an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- b. Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business.
- c. Anyone else who furnishes an "auto" referenced in Paragraphs **A.1.a.** and **A.1.b.** in this endorsement.
- d. Where and to the extent permitted by law, any person(s) or organization(s) where required by written contract or written agreement with you executed prior to any "accident", including those person(s) or organization(s) directing your work pursuant to such written contract or written agreement with you, provided the "accident" arises out of operations governed by such contract or agreement and only up to the limits required in the written contract or written agreement, or the Limits of Insurance shown in the Declarations, whichever is less.

2. The following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and the **Other Insurance – Primary and Excess Insurance Provisions Condition** in the Motor Carrier Coverage Form:

Coverage for any person(s) or organization(s), where required by written contract or written agreement with you executed prior to any "accident", will apply on a **primary and non-contributory** basis and any insurance maintained by the additional "insured" will apply on an excess basis. However, in no event will this coverage extend beyond the terms and conditions of the Coverage Form.

B. Amendment – **Supplementary Payments**

Paragraphs **a.(2)** and **a.(4)** of the **Coverage Extensions** Provision in **Section II – Covered Autos Liability Coverage** are replaced by the following:

- (2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

C. Fellow Employee Coverage

The **Fellow Employee** Exclusion contained in **Section II – Covered Autos Liability Coverage** does not apply.

D. Driver Safety Program Liability and Physical Damage Coverage

1. The following is added to the **Racing** Exclusion in **Section II – Covered Autos Liability Coverage**:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

2. The following is added to Paragraph **2.** in the **Exclusions of Section III – Physical Damage Coverage** of the Business Auto Coverage Form and Paragraph **2.b.** in the **Exclusions of Section IV – Physical Damage Coverage** of the Motor Carrier Coverage Form:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

E. Lease or Loan Gap Coverage

The following is added to the **Coverage** Provision of the **Physical Damage Coverage** Section:

Lease Or Loan Gap Coverage

In the event of a total "loss" to a covered "auto", we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

- a. Any amount paid under the **Physical Damage Coverage** Section of the Coverage Form; and
- b. Any:
 - (1) Overdue lease or loan payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Security deposits not returned by the lessor;
 - (4) Costs for extended warranties, credit life insurance, health, accident or disability insurance purchased with the loan or lease; and
 - (5) Carry-over balances from previous leases or loans.

F. Towing and Labor

Paragraph **A.2.** of the **Physical Damage Coverage** Section is replaced by the following:

We will pay up to \$75 for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

G. Extended Glass Coverage

The following is added to Paragraph **A.3.a.** of the **Physical Damage Coverage** Section:

If glass must be replaced, the deductible shown in the Declarations will apply. However, if glass can be repaired and is actually repaired rather than replaced, the deductible will be waived. You have the option of having the glass repaired rather than replaced.

H. Hired Auto Physical Damage – Increased Loss of Use Expenses

The **Coverage Extension for Loss Of Use Expenses** in the **Physical Damage Coverage** Section is replaced by the following:

Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or written rental agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$100 per day, to a maximum of \$3000.

I. Personal Effects Coverage

The following is added to the **Coverage** Provision of the **Physical Damage Coverage** Section:

Personal Effects Coverage

- a. We will pay up to \$750 for "loss" to personal effects which are:
 - (1) Personal property owned by an "insured"; and
 - (2) In or on a covered "auto".
- b. Subject to Paragraph a. above, the amount to be paid for "loss" to personal effects will be based on the lesser of:
 - (1) The reasonable cost to replace; or
 - (2) The actual cash value.
- c. The coverage provided in Paragraphs a. and b. above, only applies in the event of a total theft of a covered "auto". No deductible applies to this coverage. However, we will not pay for "loss" to personal effects of any of the following:
 - (1) Accounts, bills, currency, deeds, evidence of debt, money, notes, securities, or commercial paper or other documents of value.
 - (2) Bullion, gold, silver, platinum, or other precious alloys or metals; furs or fur garments; jewelry, watches, precious or semi-precious stones.
 - (3) Paintings, statuary and other works of art.
 - (4) Contraband or property in the course of illegal transportation or trade.
 - (5) Tapes, records, discs or other similar devices used with audio, visual or data electronic equipment.

Any coverage provided by this Provision is excess over any other insurance coverage available for the same "loss".

J. Tapes, Records and Discs Coverage

1. The Exclusion in Paragraph **B.4.a. of Section III – Physical Damage Coverage** in the Business Auto Coverage Form and the Exclusion in Paragraph **B.2.c. of Section IV – Physical Damage Coverage** in the Motor Carrier Coverage Form does not apply.
2. The following is added to Paragraph **1.a. Comprehensive Coverage** under the **Coverage** Provision of the **Physical Damage Coverage** Section:

We will pay for "loss" to tapes, records, discs or other similar devices used with audio, visual or data electronic equipment. We will pay only if the tapes, records, discs or other similar audio, visual or data electronic devices:

- (a) Are the property of an "insured"; and
- (b) Are in a covered "auto" at the time of "loss".

The most we will pay for such "loss" to tapes, records, discs or other similar devices is \$500. The **Physical Damage Coverage Deductible** Provision does not apply to such "loss".

K. Airbag Coverage

The Exclusion in Paragraph **B.3.a. of Section III – Physical Damage Coverage** in the Business Auto Coverage Form and the Exclusion in Paragraph **B.4.a. of Section IV – Physical Damage Coverage** in the Motor Carrier Coverage Form does not apply to the accidental discharge of an airbag.

L. Two or More Deductibles

The following is added to the **Deductible** Provision of the **Physical Damage Coverage** Section:

If an accident is covered both by this policy or Coverage Form and by another policy or Coverage Form issued to you by us, the following applies for each covered "auto" on a per vehicle basis:

1. If the deductible on this policy or Coverage Form is the smaller (or smallest) deductible, it will be waived; or
2. If the deductible on this policy or Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

M. Physical Damage – Comprehensive Coverage – Deductible

The following is added to the **Deductible** Provision of the **Physical Damage Coverage** Section:

Regardless of the number of covered "autos" damaged or stolen, the maximum deductible that will be applied to Comprehensive Coverage for all "loss" from any one cause is \$5,000 or the deductible shown in the Declarations, whichever is greater.

N. Temporary Substitute Autos – Physical Damage

1. The following is added to **Section I – Covered Autos**:

Temporary Substitute Autos – Physical Damage

If Physical Damage Coverage is provided by this Coverage Form on your owned covered "autos", the following types of vehicles are also covered "autos" for Physical Damage Coverage:

Any "auto" you do not own when used with the permission of its owner as a temporary substitute for a covered "auto" you do own but is out of service because of its:

1. Breakdown;
2. Repair;
3. Servicing;
4. "Loss"; or
5. Destruction.

2. The following is added to the Paragraph **A. Coverage** Provision of the **Physical Damage Coverage** Section:

Temporary Substitute Autos – Physical Damage

We will pay the owner for "loss" to the temporary substitute "auto" unless the "loss" results from fraudulent acts or omissions on your part. If we make any payment to the owner, we will obtain the owner's rights against any other party.

The deductible for the temporary substitute "auto" will be the same as the deductible for the covered "auto" it replaces.

O. Amended Duties In The Event Of Accident, Claim, Suit Or Loss

Paragraph **a.** of the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition is replaced by the following:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident", claim, "suit" or "loss". However, these duties only apply when the "accident", claim, "suit" or "loss" is known to you (if you are an individual), a partner (if you are a partnership), a member (if you are a limited liability company) or an executive officer or insurance manager (if you are a corporation). The failure of any

agent, servant or employee of the "insured" to notify us of any "accident", claim, "suit" or "loss" shall not invalidate the insurance afforded by this policy.

Include, as soon as practicable:

- (1) How, when and where the "accident" or "loss" occurred and if a claim is made or "suit" is brought, written notice of the claim or "suit" including, but not limited to, the date and details of such claim or "suit";
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

If you report an "accident", claim, "suit" or "loss" to another insurer when you should have reported to us, your failure to report to us will not be seen as a violation of these amended duties provided you give us notice as soon as practicable after the fact of the delay becomes known to you.

P. Waiver of Transfer Of Rights Of Recovery Against Others To Us

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

This Condition does not apply to the extent required of you by a written contract, executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by such contract. This waiver only applies to the person or organization designated in the contract.

Q. Employee Hired Autos – Physical Damage

Paragraph **b.** of the **Other Insurance** Condition in the Business Auto Coverage Form and Paragraph **f.** of the **Other Insurance – Primary and Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form are replaced by the following:

For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1) Any covered "auto" you lease, hire, rent or borrow; and
- (2) Any covered "auto" hired or rented under a written contract or written agreement entered into by an "employee" or elected or appointed official with your permission while being operated within the course and scope of that "employee's" employment by you or that elected or appointed official's duties as respect their obligations to you.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

R. Unintentional Failure to Disclose Hazards

The following is added to the **Concealment, Misrepresentation Or Fraud** Condition:

However, we will not deny coverage under this Coverage Form if you unintentionally:

- (1) Fail to disclose any hazards existing at the inception date of this Coverage Form; or
- (2) Make an error, omission, improper description of "autos" or other misstatement of information.

You must notify us as soon as possible after the discovery of any hazards or any other information that was not provided to us prior to the acceptance of this policy.

S. Hired Auto – World Wide Coverage

Paragraph **7a.(5)** of the **Policy Period, Coverage Territory** Condition is replaced by the following:

- (5) Anywhere in the world if a covered "auto" is leased, hired, rented or borrowed for a period of 60 days or less,

T. Bodily Injury Redefined

The definition of "bodily injury" in the **Definitions** Section is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease, sustained by a person including death or mental anguish, resulting from any of these at any time. Mental anguish means any type of mental or emotional illness or disease.

U. Expected Or Intended Injury

The **Expected Or Intended Injury** Exclusion in Paragraph **B. Exclusions** under **Section II – Covered Auto Liability Coverage** is replaced by the following:

Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

V. Physical Damage – Additional Temporary Transportation Expense Coverage

Paragraph **A.4.a. of Section III – Physical Damage Coverage** is replaced by the following:

4. Coverage Extensions

a. Transportation Expenses

We will pay up to \$50 per day to a maximum of \$1,000 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

W. Replacement of a Private Passenger Auto with a Hybrid or Alternative Fuel Source Auto

The following is added to Paragraph **A. Coverage** of the **Physical Damage Coverage** Section:

In the event of a total "loss" to a covered "auto" of the private passenger type that is replaced with a hybrid "auto" or "auto" powered by an alternative fuel source of the private passenger type, we will pay an additional 10% of the cost of the replacement "auto", excluding tax, title, license, other fees and any aftermarket vehicle upgrades, up to a maximum of \$2500. The covered "auto" must be replaced by a hybrid "auto" or an "auto" powered by an alternative fuel source within 60 calendar days of the payment of the "loss" and evidenced by a bill of sale or new vehicle lease agreement.

To qualify as a hybrid "auto", the "auto" must be powered by a conventional gasoline engine and another source of propulsion power. The other source of propulsion power must be electric, hydrogen, propane, solar or natural gas, either compressed or liquefied. To qualify as an "auto" powered by an alternative fuel source, the "auto" must be powered by a source of propulsion power other than a conventional gasoline engine. An "auto" solely propelled by biofuel, gasoline or diesel fuel or any blend thereof is not an "auto" powered by an alternative fuel source.

X. Return of Stolen Automobile

The following is added to the **Coverage Extension** Provision of the **Physical Damage Coverage** Section:

If a covered "auto" is stolen and recovered, we will pay the cost of transport to return the "auto" to you. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage.

All other terms, conditions, provisions and exclusions of this policy remain the same.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

WC 04 03 06 (Ed. 4 84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 05/01/2025 at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. WC 3029901 - 06 Endorsement No.

of the Zurich American Insurance Company
(NAME OF INSURANCE COMPANY)

issued to Hatton Crane & Rigging, Inc.

Premium (if any) \$

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be % of the California workers' compensation premium otherwise due on such remuneration

Schedule

Person or Organization	Job Description
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ALL PERSONS AND/OR ORGANIZATIONS THAT ARE
REQUIRED BY WRITTEN CONTRACT OR AGREEMENT
WITH THE INSURED, EXECUTED PRIOR TO THE
ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION
BE PROVIDED UNDER THIS POLICY FOR WORK
PERFORMED BY YOU FOR THAT PERSON AND/OR
ORGANIZATION

Inspection Report



Inspection #58498893

Inspection Cards: 24

Inspected Items: 69

Reported as: PASSED



Form

Inspection Date (Local time)

Inspection Duration

1. Daily Pre-trip/workday crane inspection (mobile cranes)

Sat, Mar 8, 2025 4:44 AM

19m 33s

Company

HATTON CRANE & RIGGING

Inspected by

John Menenez

Team

HATTON CRANE & RIGGING

Asset Name

1. C-18

Year

2013

Make

Peterbilt

Model

TM-1882-S/N EX0403

VIN

1NPWL40X8DD181944

License Plate

35520X1

Inspection GPS Location

0 0

Submitted Odometer

68,947 mi
hrs

Submitted Engine Hours

4,858

Total Defects: 0

⚠ New: 0



In Progress: 0

✓ Corrected: 0

12 Rigging Box

12.1	Shackles	Pass	
12.2	Straps	Pass	
12.3	Cables	Pass	
12.4	Hooks	Pass	
12.5	ENOUGH RIGGING TO DO TODAYS WORK SAFELY	Pass	

Inspections are done
daily on cranes
before leaving yard.



JOB SAFETY ANALYSIS

Hydraulic Truck Cranes Mob/DeMob

Struck By/ Caught Between, and Pinch points.	<ul style="list-style-type: none">• Hard hats and safety glasses should be worn at all times.• When driving a pin do not hold it for someone after pin is set.• Do not stand in front of outriggers when extending.• Do not leave objects on outrigger beams or deck.• Barricades should be in place before work starts when working near passing traffic, road or jobsite.• Use a dedicated person to direct traffic if needed for safety.• When hoist wire is removed from sheaves caution must be used to make sure wire doesn't fall off boom.• Use extreme caution when handling coiled wire rope.• Replace mushroomed pins or grind off mushrooming areas as to reduce fragment displacement.• Always strike pins square and in the center of pin.• It is a good practice to use friction tape on handles of beaters for a better grip.• Do not stand in operators blind spots when crane is working.• Do not use body parts to check for air or hydraulic leaks.• Relieve pressure to air or hydraulic lines before disconnecting.• Do not attempt to repair crane while engine is running, unless absolutely necessary.• Do not place body parts between counterweights at any time.• If for any reason personnel need to go under the crane all crane operations will stop until operator is sure the underside of crane is clear of personnel.• Timbers stored on crane deck will not be thrown off deck to ground.• Do not stand inside outriggers while crane is rotating.
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Crane Mob-In		
STEPS FOR WORK	POTENTIAL HAZARD	RECOMMENDED ACTION OR PROCEDURE
1. Move crane on site	Crane or property damage, Struck By, Crushing	<ul style="list-style-type: none"> • Use spotter if needed. • Back up alarm when reversing crane. • Keep lights on when traveling on site. • Travel path of crane should be clear of personnel and equipment.
2. Set and place outriggers and cribbing	Struck By, Pinching, Crushing	<ul style="list-style-type: none"> • Place cribbing level centered under outriggers. • Outriggers should be controlled from the side that is being extended or use a spotter. • Keep all body parts out from under outrigger pads. • Do not stand in front of extending outrigger. • Do not stand or sit on outrigger beam.
3. Setting counterweights	Struck By, Pinching, Crushing	<ul style="list-style-type: none"> • Keep body parts from between counterweight plates • When setting plates do not get in swing pinch points • Do not put body parts between crane and counterweights
4. Raising crane boom	Tip over	<ul style="list-style-type: none"> • Check crane level before raising boom. • Check for overhead obstructions. • Turn on and set computer to set up before initial operations proceed.
5. Extension of crane boom	Struck By, Pinching, Crushing, Tip over	<ul style="list-style-type: none"> • Check for overhead obstructions. • Extend crane boom to desired length for working radius and height. Set computer for boom configuration.
6. De-mob of crane process will be performed in reverse order of the Mob-in sequence. Refer to manufactures manual if needed.		

HOISTING WITH A CRANE	
PERSONAL PROTECTIVE EQUIPMENT. (Used at all times per OSHA standards.)	Hard hats, safety vest, approved safety glasses, gloves, work boots, fall protection, hearing protection if noise level is above 90 dba, & all other site/task specific P.P.E PROCEDURE
Common Hazards	RECOMMENDED ACTION OR PROCEDURE
Pinching, crushing	<ul style="list-style-type: none"> • Barricade working area from all other personnel. • Keep body and hands away from pinch points. • Do not put hands between slings and the load. • Do not stand between the load and other objects or structures. • Always make sure hook is centered over load as hoisting begins. • Use tag lines when needed to control loads. • Do not stand on crane deck while hoisting. • Use a dedicated signal person for operations.
Trips, Falls, and Slips	<ul style="list-style-type: none"> • Keep good housekeeping in staging area. • Do not run in work area. • Do not ride a load or headache ball. • Use personal fall protection when working above 6' feet. • Keep 3 points of contact when using a ladder or climbing on the crane. • Keep safety glasses clear from dirt and dust so vision is not impaired. • Do not remove floor protection at any time, for any reason.
Falling objects	<ul style="list-style-type: none"> • Never work under a suspended load. • Always wear a hard hat. • Inspect all rigging components before use for correct sizing and any damage. • Do not use damaged rigging components. • Inspect rigging at the start of each shift. • Make sure loads are secure before hoisting. • Clear the load of any loose debris or parts before hoisting. • Make sure safety latches on hooks are in good working order. • Make sure hoisting path is clear of personnel.
Tip over	<ul style="list-style-type: none"> • Ground conditions should be firm and able to support crane or equipment. • The outriggers should never be set over a vault or on a recently filled, uncompacted, trench or other soft earth. • Do not set outriggers on any sidewalk unless approved by management. • Use proper cribbing and/or mats or plates if needed for support. • Do not overload crane or equipment. • Make sure all safety devices are in working order before hoisting.
Electrical shock	<ul style="list-style-type: none"> • Check for power lines, overhead and underground, before crane setup. • Keep adequate distance from overhead AC power lines per OSHA Title 8, Article 15, Section 1612.1, Table A; 10 feet at a minimum. • Do not touch or climb on crane if chassis is energized. • Do not operate when lightning could strike the crane. • Use nylon pendant between hook and crane when static electricity is present.

General	<ul style="list-style-type: none"> • Before hoisting operations start, a pre-lift meeting should be held including crane operator, signal person, and foreman in charge. • All hoisting should be overseen by qualified rigger. • Crane shall be operated by a certified or qualified operator at all times per OSHA standards 1618.1. • Crane operator has the authority to stop hoisting operations for safety reasons. • The only persons allowed in the fall zone will be employees hooking onto materials or landing materials in place.
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ADDITIONAL SAFETY PLAN INFORMATION AVAILABLE IN ATTACHED INJURY ILLNESS PREVENTION PLAN:	 Hatton Crane IIPP Handbook.pdf
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1. **EMERGENCY CONTACTS [24-HOUR CONTACT and RESPONSE TIME]**

CONTRACTOR:

- Project Manager: Mario Arias [24 hours, 2 hours response] 510-940-3711
- Project Superintendent: Jacob Mendonsa [24 hours, 2 hours response] 831-821-0454
- Health and Safety Representative: Vern Gunderson [24 hours, 2 hours response] 510-329-2544

**SIGNATURE OF PERSONNEL INFORMED OF LIFTING PLAN REQUIREMENTS:
RECEIVED, READ AND UNDERSTOOD.**