



## BOARD OFFICERS

[Elaine Alaniz](#)  
PRESIDENT

[Miran Kalaydjian](#)  
VICE PRESIDENT

[Mirna Aguilar](#)  
SECRETARY

[Rebecca M Alvarado](#)  
TREASURER

## City of Los Angeles WESTLAKE NORTH NEIGHBORHOOD COUNCIL AGENDA

**Special Meeting - WNNC  
7:00 PM  
Wednesday, July 15, 2026**

### WNNC Board Meeting

**WEBINAR LINK:**  
[https://us02web.zoom.us/j/  
88123700220](https://us02web.zoom.us/j/88123700220)

**WEBINAR ID: 881 2370 0220**

**WEBSITE:**  
<https://www.westlakenorthnc.org>



## BOARD MEMBERS

MIRNA AGUILAR

ELAINE ALANIZ

REBECCA M. ALVARADO

JOSE M CALDERON

ERNESTO CASTRO

ANA PALACIOS

MIRAN KALADJIAN

IN CONFORMITY WITH THE JANUARY 1, 2026 ENACTMENT OF CALIFORNIA SENATE BILL 707 (DURAZO) AND LA CITY COUNCIL FILE 23-1114, THE WESTLAKE NORTH NEIGHBORHOOD COUNCIL MEETING WILL BE CONDUCTED VIRTUALLY.

Every person wishing to address the Board must dial **(669) 444-9171**, and enter **881 2370 0220** and then press # to join the meeting. When prompted by the presiding officer, to provide public input at the Neighborhood Council meeting the public will be requested to dial \*9 or use the Raise Hand option, to address the Board on any agenda item before the Board takes an action on an item. Comments from the public on agenda items will be heard only when the respective item is being considered. Comments from the public on other matters not appearing on the agenda that are within the Board's jurisdiction will be heard during the General Public Comment period. Please note that under the Brown Act, the Board is prevented from acting on a matter that you bring to its attention during the General Public Comment period; however, the issue raised by a member of the public may become the subject of a future Board meeting. Public comment is limited to 2 minutes per speaker, unless adjusted by the presiding officer of

the Board. In the event of a disruption that prevents the eligible legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the eligible legislative body's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the eligible legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the eligible legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1. California Government Code Section 54953.8(b)(3). The legislative body shall not require public comments to be submitted in advance of the meeting and shall provide an opportunity for the public to address the legislative body and offer comments in real time. California Government Code Section 54953.8(b)(4). Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the eligible legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate. California Government Code Section 54953.8(b)(3). The legislative body shall not require public comments to be submitted in advance of the meeting and shall provide an opportunity for the public to address the legislative body and offer comments in real time. California Government Code Section 54953.8(b)(4). Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the eligible legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate. California Government Code Section 54953.8(b)(5), A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to paragraph (5), to provide public comment until that timed public comment period has elapsed. California Government Code Section 54953.8(b)(6(A), A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to paragraph (5), or otherwise be recognized for the purpose of providing public comment. California Government Code Section 54953.8(b)(6)(B).

### **1. WELCOMING REMARKS**

- a. Call to Order & Roll Call

### **2. COMMUNITY AND GOVERNMENT REPORTS AND ANNOUNCEMENTS**

- a. LA Police Department Senior Lead Representatives
- b. LA City Fire Department Representatives
- c. LA City Council District Representatives

- 1. Mayor's Office Karen Bass Rep: **Susana Cervantes**
- 2. Council District 1 – **Gabriela Agarie**
- 3. Council District 13 - **Regina Mallare**

- d. Government Departments/Agencies, including:  
Department of Neighborhood Empowerment - **Mario Hernandez**
- e. Community Organizations

### 3. GENERAL PUBLIC COMMENT

- A. Comments from the public on non-agenda items within the Board's subject matter jurisdiction.  
Each speaker will be allowed on the floor for 2 minutes.

### 4. MONTHLY EXPENDITURE REPORTS & FINANCIALS

- a. Discussion and possible action to approve the June 2026 Monthly Expenditure Report (MER).
- b. Discussion and possible action to approve the May 2026 Monthly Expenditure Report (MER).
- c. Discussion and possible action to approve and revise the 2026–2027 Fiscal Year Administrative Packet.
- d. Discussion and possible action to approve the Website Service Agreement with The Web Corner for the Westlake North Neighborhood Council website in the amount of \$199 per month (\$2,388 annually).
- e. Discussion and possible action to reaffirm the previously approved reimbursement of \$95.88 to Elaine Alaniz for Los Angeles Fire Department (LAFD) Fire Service Day outreach food expenses incurred on behalf of the Westlake North Neighborhood Council. The expenditure was within the Board's previously approved outreach budget of up to \$500 and was paid with personal funds after Neighborhood Council payment cards were unavailable due to declined transactions, ensuring timely support of the previously approved outreach event.
- f. Discussion and possible action to acknowledge an inadvertent personal purchase in the amount of \$40.49 charged on July 19, 2026, to the Westlake North Neighborhood Council bank card for a GOOP Kitchen transaction. The charge occurred because the Neighborhood Council card had been unintentionally linked to Elaine Alaniz's personal Google Pay account, causing the wrong payment method to be selected at the time of purchase. The purchase was personal and was made in error. The Board will consider authorizing Elaine Alaniz to complete the City's required repayment documentation and reimburse the full amount to the Neighborhood Council by check or money order.

- g. Discussion and possible action to approve up to \$2,000 for sponsorship of the 2026 Congress of Neighborhoods event scheduled for September 26, 2026, on behalf of the Westlake North Neighborhood Council.
- h. Discussion and possible action to approve up to \$3,500 to plan and host a Firefighter Appreciation Event recognizing Los Angeles Fire Department (LAFD) first responders for their response to the Boyle Heights fire, in partnership with neighboring Neighborhood Councils.
- i. Discussion and possible action to approve payment in the amount of \$100.00 for the 2026–2027 Canva license for the Westlake North Neighborhood Council.
- j. Discussion and possible action to approve payment in the amount of \$255.61 for the 2026–2027 Zoom license for the Westlake North Neighborhood Council.

### **5. PRESENTATION**

- A. Presentation by Aurora Corona, President, Friends of the Pico Union Library, regarding the Bike Safety Day event to be held at Loyola High School on August 29, 2026, followed by discussion and possible action regarding Westlake North Neighborhood Council participation and/or support of the event.
- B. Discussion and possible action to approve up to \$500 for Westlake North Neighborhood Council participation in the Bike Safety Day event at Loyola High School on August 29, 2026, including community outreach materials, supplies, and related event expenses.

### **6. NEW BUSINESS**

- a. Discussion and possible action to approve up to \$3,000 for a Westlake North Neighborhood Council Community Outreach fall themed outreach event to provide family friendly festivities to include games, candy, soft drinks and local resources in October 2026 at LAPD Rampart Community Police Station.
- b. Discussion and possible action to complete and approve the 2027 Neighborhood Council Election Information Worksheet, as requested by the Department of Neighborhood Empowerment, and authorize submission of the completed worksheet.
- c. Discussion and possible action to appoint up to two (2) Budget Representatives to represent the Westlake North Neighborhood Council at the Neighborhood Council Budget Advocates monthly meetings, held on the first Monday of each month at 7:00 p.m. and the third Saturday of each month at 9:30 a.m.

### **7. COMMUNITY IMPACT STATEMENTS**

- a. Discussion and possible action to approve a Community Impact Statement (CIS) regarding Council File 23-1011 (Reconnecting MacArthur Park), including, but not limited to, the proposed permanent closure and/or vacation of a portion of Wilshire Boulevard; public safety; emergency response; traffic circulation; cumulative impacts; environmental review (CEQA); community outreach; transparency in public engagement; the collection, disclosure, and intended use of surveys, questionnaires, attendance data, observations, and other public input collected during project-related outreach events, including the July 10–11, 2026 Park to Park event; and requests for clarification regarding how such information may be incorporated into the project's planning, environmental review, or other official decision-making process.
- b. Discussion and possible action to approve a Community Impact Statement (CIS) regarding Council File 23-0952, The Legacy@Sixth-Union Redevelopment Project (550 S. Union Avenue and 1701, 1709, 1715, 1717, and 1717½ W. 6th Street), addressing community concerns related to the displacement of neighborhood-serving businesses, the project's affordable housing component, neighborhood compatibility, building scale and height, demolition impacts, public safety, infrastructure capacity, and the Los Angeles City Council's October 15, 2024 action upholding the project's Class 32 Categorical Exemption under the California Environmental Quality Act (CEQA).

### 8. COMMITTEE UPDATES

- a. *Outreach Committee (Rebecca A., Miran K.)*
- b. *Budget and Finance Committee members (Rebecca A.)*
- c. *Youth/Education Committee members (Ana A.)*
- d. *Beautification and Land Use and Planning Committee (Jose C., Miran K.)*
- e. *Crime Prevention/Public Safety Committee (Elaine A., Ana P.)*
- f. *Rules and Selections/AD Hoc Committee.*
- g. *Government Committee/Liaison (Elaine A.)*
- h. *Homelessness Liaisons/Committee (Jose C.)*
- i. *Region 6 Budget Advocates (Elaine A.)*

### 9. Board Member Comments

- a. Introduce new or agenda items for consideration by the Board at its next meeting and request for items on future agenda.

### 10. ADJOURNMENT

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and upon request will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assistive listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least 3 business days (72 hours) prior to the meeting by contacting the Department of Neighborhood Empowerment by calling (213) 978-1551 or email: [NCsupport@lacity.org](mailto:NCsupport@lacity.org)

### **Public Posting of Agendas -**

Neighborhood Council agendas are posted for public review as follows:

- 1401 W 6th St, Los Angeles, CA 90017
- [www.westlakenorthnc.org](http://www.westlakenorthnc.org)
- You can also receive our agendas via email by subscribing to L.A. City's [Early Notification System \(ENS\)](#)

### **Notice to Paid Representatives -**

If you are compensated to monitor, attend, or speak at this meeting, City law may require you to register as a lobbyist and report your activity. See Los Angeles Municipal Code Section 48.01 et seq. More information is available at [ethic](http://ethic.s.lacity.org/lobbying)

[s.lacity.org/lobbying](http://s.lacity.org/lobbying). For assistance, please contact the Ethics Commission at (213) 978-1960 or [ethics.commission@lacity.org](mailto:ethics.commission@lacity.org)

### **Public Access of Records -**

In compliance with Government Code section 54957.5, non-exempt writings that are distributed to a majority or all of the board in advance of a meeting may be viewed at Neighborhood Council Office Space Address (if applicable), at our website: [www.westlakenorthnc.org](http://www.westlakenorthnc.org) or at the scheduled meeting at 1401 W 6th St, Los Angeles, CA 90017. In addition, if you would like a copy of any record related to an item on the agenda, please contact Heather Stokes, Secretary, at: [hstokes@westlakenorthnc.org](mailto:hstokes@westlakenorthnc.org)

### **Reconsideration and Grievance Process -**

For information on the NC's process for board action reconsideration, stakeholder grievance policy, or any other procedural matters related to this Council, please consult the NC Bylaws. The Bylaws are available at our Board meetings and our website [www.westlakenorthnc.org](http://www.westlakenorthnc.org)



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

May 29, 2026

For Informational Purposes  
15300 VENTURA BLVD STE 400  
SHERMAN OAKS CA 91403-3142

## Account Information:

|                         |                     |
|-------------------------|---------------------|
| Policy Holder Details : | THE WEB CORNER INC. |
|-------------------------|---------------------|



## Contact Us

### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2026

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

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

|                                                                                                                                                    |                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>USAA INSURANCE AGENCY INC/PHS<br>65812846<br>The Hartford Business Service Center<br>3600 Wiseman Blvd<br>San Antonio, TX 78251 | <b>CONTACT</b><br><b>NAME:</b><br><b>PHONE</b> (888) 242-1430<br><b>(A/C, No, Ext):</b><br><b>FAX</b><br><b>(A/C, No):</b><br><b>E-MAIL</b><br><b>ADDRESS:</b>                                                                                   |
| <b>INSURED</b><br>THE WEB CORNER INC.<br>15300 VENTURA BLVD STE 400<br>SHERMAN OAKS CA 91403-3142                                                  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A :</b> Hartford Underwriters Insurance Company<br><b>INSURER B :</b> Hartford Fire Insurance Company<br><b>INSURER C :</b><br><b>INSURER D :</b><br><b>INSURER E :</b><br><b>INSURER F :</b> |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                         | ADDL INSR                           | SUBR WVD        | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YYYY) | LIMITS                                    |                            |
|----------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------|---------------|-------------------------|---------------------------|-------------------------------------------|----------------------------|
| A        | COMMERCIAL GENERAL LIABILITY                                                                              |                                     |                 | 65 SBA BB4BNY | 05/26/2026              | 05/26/2027                | EACH OCCURRENCE                           | \$2,000,000                |
|          | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                     |                                     |                 |               |                         |                           | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000                |
|          | General Liability                                                                                         |                                     |                 |               |                         |                           | MED EXP (Any one person)                  | \$10,000                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |                                     |                 |               |                         |                           | PERSONAL & ADV INJURY                     | \$2,000,000                |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                     |                 |               |                         |                           | GENERAL AGGREGATE                         | \$4,000,000                |
|          | OTHER:                                                                                                    |                                     |                 |               |                         |                           | PRODUCTS - COMP/OP AGG                    | \$4,000,000                |
| A        | AUTOMOBILE LIABILITY                                                                                      |                                     |                 | 65 SBA BB4BNY | 05/26/2026              | 05/26/2027                | COMBINED SINGLE LIMIT (Ea accident)       | \$2,000,000                |
|          | ANY AUTO                                                                                                  |                                     |                 |               |                         |                           | BODILY INJURY (Per person)                |                            |
|          | ALL OWNED AUTOS                                                                                           |                                     | SCHEDULED AUTOS |               |                         |                           | BODILY INJURY (Per accident)              |                            |
|          | <input checked="" type="checkbox"/> HIRED AUTOS                                                           | <input checked="" type="checkbox"/> | NON-OWNED AUTOS |               |                         |                           | PROPERTY DAMAGE (Per accident)            |                            |
|          |                                                                                                           |                                     |                 |               |                         |                           |                                           |                            |
|          | UMBRELLA LIAB EXCESS LIAB                                                                                 |                                     |                 |               |                         |                           | EACH OCCURRENCE                           |                            |
|          | DED                                                                                                       |                                     | RETENTION \$    |               |                         |                           | AGGREGATE                                 |                            |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             |                                     |                 |               |                         |                           | PER STATUTE                               | OTH-ER                     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |                                     |                 |               |                         |                           | E.L. EACH ACCIDENT                        |                            |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |                                     |                 |               |                         |                           | E.L. DISEASE -EA EMPLOYEE                 |                            |
|          |                                                                                                           |                                     |                 |               |                         |                           | E.L. DISEASE - POLICY LIMIT               |                            |
| B        | FailSafe Technology Errors or Omissions Liability                                                         |                                     |                 | 65 SBA BB4BNY | 05/26/2026              | 05/26/2027                | Each Wrongful Act Aggregate Limit         | \$1,000,000<br>\$1,000,000 |

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

Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**

For Informational Purposes  
15300 VENTURA BLVD STE 400  
SHERMAN OAKS CA 91403-3142

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

© 1988-2015 ACORD CORPORATION. All rights reserved.

# CITY OF LOS ANGELES

## BOARD OF NEIGHBORHOOD COMMISSIONERS

LEONARD SHAFFER  
PRESIDENT

KEREN WATERS  
VICE PRESIDENT

DEBBIE WEHBE  
MAGGIE QUIROZ  
RANDELL ERVING  
DOUGLAS EPPERHART  
GINA FIELDS

Email: [commission@empowerla.org](mailto:commission@empowerla.org)

## CALIFORNIA



KAREN BASS  
MAYOR

## NEIGHBORHOOD COUNCILS **EMPOWER LA** Department of NEIGHBORHOOD EMPOWERMENT

20<sup>th</sup> FLOOR, CITY HALL  
100 NORTH SPRING STREET  
LOS ANGELES, CA 90012

TELEPHONE (213) 978-1351  
TOLL-FREE 3-1-1  
E-MAIL: [EmpowerLA@lanc.org](mailto:EmpowerLA@lanc.org)

CARMEN CHANG  
GENERAL MANAGER

ERICK MUÑOZ  
COMMISSION EXECUTIVE ASSISTANT

[www.EmpowerLA.org](http://www.EmpowerLA.org)

### Westlake North Neighborhood Council

Elaine Alaniz, Mihran Kalaydijian, [WestlakeNorthNC@gmail.com](mailto:WestlakeNorthNC@gmail.com)

Rebecca Alvarado, [ralvarado@westlakenorth.org](mailto:ralvarado@westlakenorth.org)

Date: 5/27/2026

Zoom License Reimbursements for 2026-27

INVOICE # WESTLAKE NORTH NC 2026-27 001

DUE DATE: 6/26/2026

Dear Elaine Alaniz, Mihran Kalaydijian, please remit payment in the amount of \$255.61 for your 2026-27 Zoom license(s).

Please make Checks Payable to:

**City of Los Angeles - Department of Neighborhood Empowerment**

200 N. Spring Street, Suite 2005

Los Angeles, CA 90012

Please email [Accounting@EmpowerLA.org](mailto:Accounting@EmpowerLA.org) if you have any questions.

# CITY OF LOS ANGELES

## BOARD OF NEIGHBORHOOD COMMISSIONERS

LEONARD SHAFFER  
PRESIDENT

KEREN WATERS  
VICE PRESIDENT

DEBBIE WEHBE  
MAGGIE QUIROZ  
RANDELL ERVING  
DOUGLAS EPPERHART  
GINA FIELDS

Email: [commission@empowerla.org](mailto:commission@empowerla.org)

## CALIFORNIA



KAREN BASS  
MAYOR

## NEIGHBORHOOD COUNCILS **EMPOWER LA** Department of NEIGHBORHOOD EMPOWERMENT

20<sup>th</sup> FLOOR, CITY HALL  
100 NORTH SPRING STREET  
LOS ANGELES, CA 90012

TELEPHONE (213) 978-1351  
TOLL-FREE 1-800-3-1-1  
E-MAIL: [EmpowerLA@lacity.org](mailto:EmpowerLA@lacity.org)

CARMEN CHANG  
GENERAL MANAGER

ERICK MUÑOZ  
COMMISSION EXECUTIVE ASSISTANT

[www.EmpowerLA.org](http://www.EmpowerLA.org)

Westlake North Neighborhood Council

Elaine Alaniz, Mihran Kalaydijian, [WestlakeNorthNC@gmail.com](mailto:WestlakeNorthNC@gmail.com)

Rebecca Alvarado, [ralvarado@westlakenorth.org](mailto:ralvarado@westlakenorth.org)

Date: 7/7/2026

Canva License Reimbursements for 2026-27

INVOICE # WESTLAKE NORTH NC 2026-27 002

DUE DATE: 8/6/2026

Dear Elaine Alaniz, Mihran Kalaydijian, please remit payment in the amount of \$100.00 for your 2026-27 Canva license(s).

Please make Checks Payable to:

**City of Los Angeles - Department of Neighborhood Empowerment**

200 N. Spring Street, Suite 2005

Los Angeles, CA 90012

Please email [Accounting@EmpowerLA.org](mailto:Accounting@EmpowerLA.org) if you have any questions.



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

July 1, 2026

For Informational Purposes  
15300 VENTURA BLVD STE 400  
SHERMAN OAKS CA 91403-3142

## Account Information:

|                         |                     |
|-------------------------|---------------------|
| Policy Holder Details : | THE WEB CORNER INC. |
|-------------------------|---------------------|



## Contact Us

### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,  
Your Hartford Service Team

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

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

|                                                                                                                                                    |                                                            |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------|
| <b>PRODUCER</b><br>USAA INSURANCE AGENCY INC/PHS<br>65812846<br>The Hartford Business Service Center<br>3600 Wiseman Blvd<br>San Antonio, TX 78251 | <b>CONTACT</b><br><b>NAME:</b>                             |                          |
|                                                                                                                                                    | <b>PHONE</b> (888) 242-1430<br>(A/C, No, Ext):             | <b>FAX</b><br>(A/C, No): |
| <b>INSURED</b><br>THE WEB CORNER INC.<br>15300 VENTURA BLVD STE 400<br>SHERMAN OAKS CA 91403-3142                                                  | <b>E-MAIL</b><br><b>ADDRESS:</b>                           |                          |
|                                                                                                                                                    | <b>INSURER(S) AFFORDING COVERAGE</b>                       |                          |
|                                                                                                                                                    | <b>NAIC#</b>                                               |                          |
|                                                                                                                                                    | <b>INSURER A :</b> Hartford Underwriters Insurance Company | 30104                    |
|                                                                                                                                                    | <b>INSURER B :</b> Hartford Fire Insurance Company         | 19682                    |
|                                                                                                                                                    | <b>INSURER C :</b>                                         |                          |
|                                                                                                                                                    | <b>INSURER D :</b>                                         |                          |
| <b>INSURER E :</b>                                                                                                                                 |                                                            |                          |
| <b>INSURER F :</b>                                                                                                                                 |                                                            |                          |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. \* LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY

| INSR LTR | TYPE OF INSURANCE                                                                                             | ADDL INSD                      | SUBR WVD                                                 | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|----------|---------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A        | <b>COMMERCIAL GENERAL LIABILITY</b>                                                                           |                                |                                                          | 65 SBA BB4BNY | 05/26/2026              | 05/26/2027              | EACH OCCURRENCE \$ \$2,000,000                                       |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                |                                | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000 |               |                         |                         |                                                                      |
|          | <input checked="" type="checkbox"/> General Liability                                                         |                                | MED EXP (Any one person) \$ \$10,000                     |               |                         |                         |                                                                      |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                            |                                | PERSONAL & ADV INJURY \$ \$2,000,000                     |               |                         |                         |                                                                      |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC     |                                |                                                          |               |                         |                         | GENERAL AGGREGATE \$ \$4,000,000                                     |
|          | OTHER:                                                                                                        |                                |                                                          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ \$4,000,000                                |
|          |                                                                                                               |                                |                                                          |               |                         |                         | \$                                                                   |
| A        | <b>AUTOMOBILE LIABILITY</b>                                                                                   |                                |                                                          | 65 SBA BB4BNY | 05/26/2026              | 05/26/2027              | COMBINED SINGLE LIMIT (Ea accident) \$ \$2,000,000                   |
|          | <input type="checkbox"/> ANY AUTO                                                                             |                                | BODILY INJURY (Per person) \$                            |               |                         |                         |                                                                      |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                            |                                | BODILY INJURY (Per accident) \$                          |               |                         |                         |                                                                      |
|          | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |                                | PROPERTY DAMAGE (Per accident) \$                        |               |                         |                         |                                                                      |
|          |                                                                                                               |                                |                                                          |               |                         |                         | \$                                                                   |
|          | <b>UMBRELLA LIAB</b>                                                                                          |                                |                                                          |               |                         |                         | EACH OCCURRENCE \$                                                   |
|          | <b>EXCESS LIAB</b>                                                                                            |                                |                                                          |               |                         |                         | AGGREGATE \$                                                         |
|          | DED <input type="checkbox"/> RETENTION \$                                                                     |                                |                                                          |               |                         |                         | \$                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                          |                                |                                                          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                   | Y / N <input type="checkbox"/> | N / A                                                    |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                        |                                |                                                          |               |                         |                         | E.L. DISEASE -EA EMPLOYEE \$                                         |
|          |                                                                                                               |                                |                                                          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| B        | FailSafe Technology Errors or Omissions Liability                                                             |                                |                                                          | 65 SBA BB4BNY | 05/26/2026              | 05/26/2027              | Each Wrongful Act Aggregate Limit \$1,000,000 \$1,000,000            |

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

Those usual to the Insured's Operations.

## CERTIFICATE HOLDER

For Informational Purposes  
15300 VENTURA BLVD STE 400  
SHERMAN OAKS CA 91403-3142

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
See Specific Instructions on page 3.

|                                                                                                                                                                                                                                                                                                                                                                    |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)                                                                                                                                                             |                                                |
| <b>The Web Corner, Inc.</b>                                                                                                                                                                                                                                                                                                                                        |                                                |
| <b>2</b> Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                           |                                                |
| <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.                                                                                                                                                                                   |                                                |
| <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate                                                                                                                                            |                                                |
| <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____                                                                                                                                                                                                                                           |                                                |
| <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.                                                                           |                                                |
| <input type="checkbox"/> Other (see instructions) _____                                                                                                                                                                                                                                                                                                            |                                                |
| <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/> |                                                |
| <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):                                                                                                                                                                                                                                                           |                                                |
| Exempt payee code (if any) _____                                                                                                                                                                                                                                                                                                                                   |                                                |
| Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____                                                                                                                                                                                                                                                                            |                                                |
| (Applies to accounts maintained outside the United States.)                                                                                                                                                                                                                                                                                                        |                                                |
| <b>5</b> Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                        | <b>Requester's name and address (optional)</b> |
| <b>15300 Ventura Blvd. Ste 400</b>                                                                                                                                                                                                                                                                                                                                 |                                                |
| <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                 |                                                |
| <b>Sherman Oaks, CA 91403</b>                                                                                                                                                                                                                                                                                                                                      |                                                |
| <b>7</b> List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                    |                                                |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                       |                      |
|---------------------------------------|----------------------|
| <b>Social security number</b>         |                      |
| <input type="text"/>                  | <input type="text"/> |
| <b>or</b>                             |                      |
| <b>Employer identification number</b> |                      |
| <input type="text"/>                  | <input type="text"/> |

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                                                                                     |             |
|------------------|-------------------------------------------------------------------------------------|-------------|
| <b>Sign Here</b> | <b>Signature of U.S. person</b>                                                     | <b>Date</b> |
|                  |  | 01/02/2026  |

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/25/2026

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 an endorsement(s).

|                                                                                                                           |                                                                   |                                               |               |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------|---------------|
| <b>PRODUCER</b><br><br>AUTOMATIC DATA PROC INS<br>1 ADP BLVD<br>ROSELAND, NJ 07068-1728                                   | <b>CONTACT NAME:</b>                                              |                                               |               |
|                                                                                                                           | <b>PHONE</b><br>(A/C. No. Ext.): (877) 677-0428                   | <b>FAX</b><br>(A/C. No. Ext.): (877) 677-0430 |               |
|                                                                                                                           | <b>E-MAIL</b><br>ADDRESS: spcbicadp@travelers.com                 |                                               |               |
|                                                                                                                           |                                                                   |                                               |               |
| <b>INSURED</b><br><br>THE WEB CORNER, INC. DBA: THE WEB CORNER<br>15300 VENTURA BLVD<br>STE 400<br>SHERMAN OAKS, CA 91403 | <b>INSURER(S) AFFORDING COVERAGE</b>                              |                                               | <b>NAIC #</b> |
|                                                                                                                           | <b>INSURER A : TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA</b> |                                               |               |
|                                                                                                                           | <b>INSURER B :</b>                                                |                                               |               |
|                                                                                                                           | <b>INSURER C :</b>                                                |                                               |               |
|                                                                                                                           | <b>INSURER D :</b>                                                |                                               |               |
|                                                                                                                           | <b>INSURER E :</b>                                                |                                               |               |
|                                                                                                                           | <b>INSURER F :</b>                                                |                                               |               |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                             | ADDL INSD                    | SUBR WVD                     | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                          |             |
|----------|-----------------------------------------------------------------------------------------------|------------------------------|------------------------------|-------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|-------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b>                                                           |                              |                              |                   |                         |                         | EACH OCCURRENCE                                                                 | \$          |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                           |                              |                              |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea Occurrence)                                       | \$          |
|          |                                                                                               |                              |                              |                   |                         |                         | MED EXP (Any one person)                                                        | \$          |
|          |                                                                                               |                              |                              |                   |                         |                         | PERSONAL & ADV INJURY                                                           | \$          |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                            |                              |                              |                   |                         |                         | GENERAL AGGREGATE                                                               | \$          |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                              |                              |                   |                         |                         | PRODUCTS - COMP/OP AGG                                                          | \$          |
|          | <input type="checkbox"/> OTHER                                                                |                              |                              |                   |                         |                         |                                                                                 |             |
|          |                                                                                               |                              |                              |                   |                         |                         |                                                                                 |             |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                   |                              |                              |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                             | \$          |
|          | <input type="checkbox"/> ANY AUTO                                                             |                              |                              |                   |                         |                         | BODILY INJURY (Per person)                                                      | \$          |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS            |                              |                              |                   |                         |                         | BODILY INJURY (Per accident)                                                    | \$          |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY       |                              |                              |                   |                         |                         | PROPERTY DAMAGE (Per accident)                                                  | \$          |
|          | <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY                       |                              |                              |                   |                         |                         |                                                                                 | \$          |
|          |                                                                                               |                              |                              |                   |                         |                         |                                                                                 |             |
|          |                                                                                               |                              |                              |                   |                         |                         |                                                                                 |             |
|          |                                                                                               |                              |                              |                   |                         |                         |                                                                                 |             |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR                                           |                              |                              |                   |                         |                         | EACH OCCURRENCE                                                                 | \$          |
|          | <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                       |                              |                              |                   |                         |                         | AGGREGATE                                                                       | \$          |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                            |                              |                              |                   |                         |                         |                                                                                 |             |
|          |                                                                                               |                              |                              |                   |                         |                         |                                                                                 |             |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                          | <input type="checkbox"/> Y/N | <input type="checkbox"/> N/A | UB-8L787240-26-42 | 02/01/2026              | 02/01/2027              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |             |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   |                              |                              |                   |                         |                         | 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 |
|          |                                                                                               |                              |                              |                   |                         |                         |                                                                                 | \$          |
|          |                                                                                               |                              |                              |                   |                         |                         | \$                                                                              |             |
|          |                                                                                               |                              |                              |                   |                         |                         | \$                                                                              |             |

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

**CERTIFICATE HOLDER****CANCELLATION**THE WEB CORNER, INC. DBA: THE WEB CORNER  
15300 VENTURA BLVD  
STE 400  
SHERMAN OAKS, CA 91403

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

Renan M. Beltran

© 1993-2015 ACORD CORPORATION. All rights reserved.

# Westlake North Neighborhood Council Website Pricing 2026-2027



the web corner



The Web Corner, Inc.  
15300 Ventura Blvd. Ste 400  
Sherman Oaks, CA 91403

ncsupport@thewebcorner.com  
www.TheWebCorner.com  
Phone 818-345-7443

## Westlake North Neighborhood Council Website Pricing 2026-2027.

We are grateful for the opportunity to continue maintaining the council's website. Our services encompass web design, business development, online marketing, and sales support. The Web Corner has developed a custom website for the Neighborhood Council and provides ongoing monthly support. With over 20 years of experience working with Neighborhood Councils, we have built a strong reputation and a deep understanding of their budgetary needs and commitments. Our team is fully equipped to meet these requirements. The council will have direct access to our team through phone, email, and virtual meetings. Thank you for your continued trust and partnership.

Sincerely,

Robert Adams, President  
The Web Corner, Inc.  
Phone: (818) 345-7443  
Email: [rob@thewebcorner.com](mailto:rob@thewebcorner.com)



## Neighborhood Council 2.0 SaaS Platform

### Required Maintenance \$199 per month.

- Monthly support includes 1.5 hours for phone support, web development, requests, & website adjustments
- Secure Website Hosting: Service fee to keep the website online in its current state.

### Additional Monthly Pricing

Website Development - Design Only \$200/hour

Website Development - Programming Only \$165/hour

Website Development - Project Management \$165/hour

Maintenance - Content Development \$165/hour

Maintenance - Technical Support \$165/hour

Maintenance - Database Administrative Services \$165/hour

Training - Development \$95/hour

Training - NC Board Members \$95/hour

Training and Documentation \$95/hour

Telephone Support \$95/hour