

**SUBMITTAL TO THE BOARD OF DIRECTORS OF THE
REDEVELOPMENT AGENCY
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

360



FROM: Redevelopment Agency

SUBMITTAL DATE:
August 17, 2009

SUBJECT: Mobile Home Demolition Services Agreement

RECOMMENDED MOTION: That the Board of Directors:

1. Approve the attached Agreement with Duran's Farming and Clean Up for mobile home demolition services in Eastern Riverside County;
2. Approve the attached Agreement with Vizion's West Inc., for mobile home demolition services in Western Riverside County;
3. Authorize the Chairman of the Board of Directors to execute each of the attached Agreements; and
4. Authorize the Executive Director or designee to take all necessary steps to implement each Agreement, including but not limited to signing subsequent necessary and relevant documents.

BACKGROUND: (Commences on Page 2)

Robert Field
Executive Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 500,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2009/2010

COMPANION ITEM ON BOARD OF SUPERVISORS AGENDA:

SOURCE OF FUNDS: Redevelopment Low-and Moderate-Income Housing Funds	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY:
Jennifer L. Sargent

County Executive Office Signature

- Dep't Recomm.: Consent
- Per Exec. Ofc.: Consent
- Policy: Policy

FORM APPROVED COUNTY COUNSEL
BY:
DATE: 9/1/09
Deputy Chief Concurrence
LARISA R-MCKENNA

Prev. Agn. Ref.:

District: All

Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

4.3
FRM 11 (REV 06/2003)

BACKGROUND: On June 10, 2009, the Redevelopment Agency for the County of Riverside (Agency) issued a Public Works Notice Inviting Bids for mobile home demolition services with a maximum award of \$500,000. The mobile home demolition services are required to remove and properly dispose of dilapidated and unsafe mobile homes throughout the unincorporated areas of Riverside County.

Based on the demand for mobile home demolition services throughout the unincorporated areas of Riverside County, the Public Works Notice Inviting Bids was structured to allow a bidder to select the geographical area they preferred. Additional consideration was given to overall responsiveness, general understanding of the scope of services to be performed, experience and ability to perform the work, area of services, overall cost to the Agency, and a valid C-21 Building Moving/Demolition Contractor's License.

On July 6, 2009, the six bids that were received were opened, evaluated and tabulated. Four of the bids received were determined to be incomplete as they did not submit the required documentation as required by the Public Works Notice Inviting Bids. The incomplete bids were submitted by Medina General Mfg & Housing Inc., Oak Tree Construction Services, C R Gann Demolition, Inc. and ATE Environmental Inc. The remaining two, Duran's Farming and Clean up and Vizion's West, Inc., were determined to be the most responsive to the scope of services based on experience and ability to perform the work, area of service, and overall cost to the Agency.

Duran's Farming and Clean Up will provide demolition services to the East County for the proposed lump sum cost of \$4,100 for each single wide or double wide mobile home that is demolished. Vizion's West Inc. will provide demolition services to the West County, for the proposed lump sum cost of \$3,900 for each single wide mobile home and \$5,875 for each double wide mobile home that is demolished.

The agreement period is 12 months, with a 12 month extension upon mutual agreement by the Agency and the contractor. The maximum amount for each agreement will be \$250,000 for Duran's Farming and Clean up and \$250,000 for Vizion's West Inc., with no contractual obligation by the Agency to purchase any specified amount of services. The agreement amounts are based on the anticipated amount of services required countywide, although these amounts may need to be modified during the contract period, depending on the contractor performance and the need for services within a specific area of the County.

Agency Counsel has approved the attached agreements as to form. Staff recommends that the Board approve the attached agreements.

Redevelopment Agency for the County of Riverside
44-199 Monroe Street, Suite B
Indio, CA 92201
PH (760) 863-2552 Fax (760) 863-2551

Request for Bid: Abatement Services
Bid Issue Date: June 10, 2009
CLOSING DATE: June 24, 2009 5:00 PM
Monica Telles
mtelles@rivcoaeafd.org

AGREEMENT FORM

Page 1 of 2

THIS AGREEMENT, entered into this _____ day of _____, 2009, by and between Duran's Farming & Clean-Up, hereinafter called the "Contractor", and the Redevelopment Agency for the County of Riverside, hereinafter called "Agency".

WITNESSETH: That the parties hereto have mutually covenanted and agreed as follows:

CONTRACT: The complete contract includes all of the Contract documents, to wit: The Notice Inviting Bids, Instructions to Bidders, Contractor's Bid Proposal, Bid Bond, Payment and Performance Bonds, Plans, Appendices A and B, and References, plus any Addenda thereto, General Conditions, Supplementary General Conditions and this Agreement. All Contract documents are intended to cooperate and become complimentary so that any work called for in one and not mentioned in the other, or vice versa, is to be executed the same as if mentioned in all Contract Documents.

STATEMENT OF WORK: The Contractor hereby agrees to furnish all tools, equipment, services, apparatus, facilities, transportation, labor, materials the abatement by removal and disposal, on as as-needed basis, of mobile homes, travel trailers or parts thereof that are located within Riverside County and designated for removal by the Redevelopment Agency for the County of Riverside in accordance with this RFB as prepared by the REDEVELOPMENT AGENCY FOR THE COUNTY OF RIVERSIDE, including addenda thereto as listed in the Contractor's Proposal, all of which are made part hereof.

TIME FOR COMPLETION: The work shall be commenced on a date to be specified in a written work order of the Agency and shall be completed within fourteen (14) calendar days from and after said date. It is expressly agreed that except for extensions of time duly granted in the manner and for the reasons specified in the General Conditions, time shall be of the essence.

COMPENSATION TO BE PAID TO CONTRACTOR: The Agency agrees to pay and the Contractor agrees to accept in full consideration for the performance of the Contract, subject to additions and deductions as provided in the General Conditions, the sum of Two Hundred Fifty Thousand Dollars, \$(250,000) being the total of the base bid plus the following alternatives:

Addendum No's _____

The sum is to be paid according to the schedule as provided in the General Conditions.

Pursuant to Labor Code Section 1861, the Contractor gives the following certification: "I am aware of the provisions of section 3700 of the Labor Code which requires every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of work of this contract".

IN WITNESS WHEREOF, the parties hereto on the day and year first above written have executed this agreement.

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mtelles@rivcoaeafd.org

AGREEMENT FORM

Page 2 of 2

Type of Contractor's organization: Sole Proprietor

If other than individual or Corporation, list names of all members who have authority to bind firm:

Sergio Duran

IF OTHER THAN CORPORATION EXECUTE HERE:

Firm Name: Duran's Farming & Clean-Up
Address: PO Box 1243, Thermal, CA 92274
Contractor's License No. 933882
Signature: Title: [Signature]

IF CORPORATION, FILL OUT THE FOLLOWING AND EXECUTE:

Name of President of Corporation: _____
Name of Secretary of Corporation: _____
Corporation organized under the laws of the State of _____
Firm Name: _____
Address: _____
Contractor's License No. _____
Signature: Title: _____

DO NOT COMPLETE BELOW THIS LINE

=====

ATTEST:

Redevelopment Agency for the County of Riverside

By: _____
(Official Title)

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Monica Telles
mtelles@rivcoaeafd.org

BID BOND
Page 1 of 2

KNOWN TO ALL BY THESE PRESENTS, that we the undersigned Duran's Farming and Clean Up, as Principals; and SureTec Insurance Company, as Surety, are hereby held and firmly bound unto the County of Riverside Redevelopment Agency, hereinafter called the "Agency", in the sum of Ten Percent of amount bid Dollars, (\$ 10% of Bid) for payment of such sum, well and truly to be made, do hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assignees.

WHEREAS, the said Principal is herewith submitting its proposal necessary for the abatement by removal and disposal, on as as-needed basis, of mobile homes, travel trailers or parts thereof that are located within Riverside County and designated for removal by the Redevelopment Agency for the County of Riverside. THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that if the aforesaid Principal shall be awarded the Contract upon said proposal and shall, within the required number of days after the notice of such award, execute a written memorial of the awarded Contract and submit the required labor and material payment and faithful Performance Bond, then this obligation shall be null and void; and in the event that the Principal fails and/or refuses to execute and deliver said documents this bond will be charged with the costs of the damages experienced by the Agency as a result of such refusal, including but not limited to, publication cost, the difference in money between the amount of the bid of the said Principal and the amount for which the obligee may legally contract with another party to perform the said work if such amount be in excess of the former; building lease or rental costs, transportation costs, and additional salary costs that result from the delay due to the Principal's default on the awarded Contract. In no event however, shall the Surety's liability exceed the penal sum hereof. The Surety for value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Agency may accept such bid; and said Surety does hereby waive notice of any such extension.

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BID BOND
Page 2 of 2

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their separate seals this 1st day of July, 2009, the name and corporate seal of each corporate party being hereto affixed and those present duly signed by its undersigned representative, pursuant to authority of its governing body.

Duran's Farming and Clean Up
(Firm Name – Principal)
88-300 Ave. 57, Thermal, CA 92274
(Business Address)
[Signature]
(Original Signature)
By: OWACR
(Title)



Affix Seal
if
Corporation

SureTec Insurance Company
(Corporation Name – Surety)
3033 5th Avenue #300, San Diego, CA 92103
(Business Address)
[Signature]
(Original Signature)
Andrew Sysyn, Attorney-in-Fact
(Title)

Affix
Corporate
Seal

ATTORNEY-IN-FACT Above
(Title – Attach Power of Attorney)

ACKNOWLEDGMENT

State of California
County of RIVERSIDE

On September 16, 2009 before me, LETICIA NAVARRO, NOTARY PUBLIC
(here insert name and title of the officer)

personally appeared SERGIO DURAN

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Leticia Navarro



(Seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange

On 7/1/2009 before me, R. Mendoza, Notary Public
Date Here Insert Name and Title of the Officer

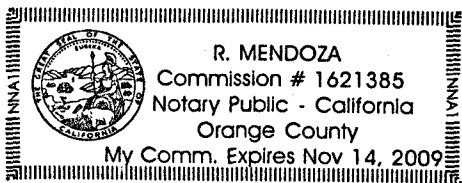
personally appeared Andrew Sysyn
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature 
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer Is Representing: _____

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Raylene Mendoza, Andrew Sysyn

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety, providing the bond penalty does not exceed

Five Million Dollars and no/100 (\$5,000,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment shall continue in force until 10/31/11 and is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 28th day of October, A.D. 2008.



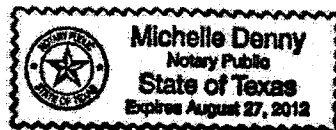
SURETEC INSURANCE COMPANY

By: [Signature]
B.J. King, President

State of Texas
County of Harris

ss:

On this 28th day of October, 2008 before me personally came B.J. King, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



[Signature]

Michelle Denny, Notary Public
My commission expires August 27, 2012

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 1st day of JULY, 20 09, A.D.

[Signature]
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

Redevelopment Agency for the County of Riverside
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Monica Telles
mtelles@rivcoaeafd.org

PAYMENT BOND

Page 1 OF 1

(Public Work - Civil Code Section 3247 et seq.)

The makers of this Bond are Duran's Farming & Clean-Up, as principal and Original Contractor and SureTec Insurance Company a corporation, authorized to issue Surety Bonds in California, as Surety, and this Bond is issued in conjunction with that certain public works contract dated _____, 2009, between Principal and County of Riverside Redevelopment Agency, a public entity, as Agency, for \$ 250,000.00, the total amount payable. THE AMOUNT OF THIS BOND IS FOR 100% OF SAID SUM. Said Contract is for public work generally consisting of:

The beneficiaries of this Bond are as stated in 3248 of the Civil Code and the requirements and conditions of this bond are as set forth in Sections 3248, 3249, 3250, and 3252 of said Code. Without notice, Surety consents to extension of time for performance, change in requirements, amount of compensation, or prepayment under said contract.

Signed and Sealed this 10th Day of September, 2009.

Duran's Farming & Clean-Up
(Firm Name - Principal)

88-300 Avenue 57, Thermal, CA 92274
(Business Address)

[Signature]
(Signature - Attach Notary's Acknowledgement)

By: Owner
(Title)



Affix seal if corporation

SureTec Insurance Company
(Corporation Name - Surety)

3033 5th Avenue, Suite 300, San Diego, CA 92103
(Business Address)

[Signature]
(Original Signature)

Andrew Sysyn, Attorney-in-Fact
(Title)

Affix corporate seal

ATTORNEY-IN-FACT: Andrew Sysyn
(Title - Attach Power of Attorney)

ACKNOWLEDGMENT

State of California
County of RIVERSIDE

On SEPTEMBER 16, 2009 before me, LETICIA NAVARRO, NOTARY PUBLIC
(here insert name and title of the officer)

personally appeared SERGIO DURAN

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she~~/~~they~~ executed the same in his/~~her~~/~~their~~ authorized capacity(ies), and that by his/~~her~~/~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Leticia Navarro



(Seal)

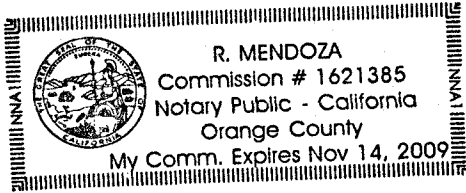
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
 County of Orange }

On 9/10/2009 before me, R. Mendoza, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Andrew Sysyn
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person ~~(s)~~ whose name ~~(s)~~ ~~is~~ ~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~ ~~she~~ ~~they~~ executed the same in ~~his~~ ~~her~~ ~~their~~ authorized capacity ~~(as)~~, and that by ~~his~~ ~~her~~ ~~their~~ signature ~~(s)~~ on the instrument the person ~~(s)~~, or the entity upon behalf of which the person ~~(s)~~ acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Payment Bond

Document Date: 9/10/2009 Number of Pages: 1

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Andrew Sysyn Signer's Name: _____

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Corporate Officer — Title(s): _____
<input type="checkbox"/> Individual
<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General
<input checked="" type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee
<input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____ | <p style="text-align: center; margin: 0;">RIGHT THUMBPRINT OF SIGNER</p> <p style="text-align: center; margin: 0;">Top of thumb here</p> | <input type="checkbox"/> Corporate Officer — Title(s): _____
<input type="checkbox"/> Individual
<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee
<input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____ | <p style="text-align: center; margin: 0;">RIGHT THUMBPRINT OF SIGNER</p> <p style="text-align: center; margin: 0;">Top of thumb here</p> |
|--|---|---|---|

Signer Is Representing: SureTec Insurance Co. Signer Is Representing: _____

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Raylene Mendoza, Andrew Sysyn

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety, providing the bond penalty does not exceed

Five Million Dollars and no/100 (\$5,000,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment shall continue in force until 10/31/11 and is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 28th day of October, A.D. 2008.



SURETEC INSURANCE COMPANY

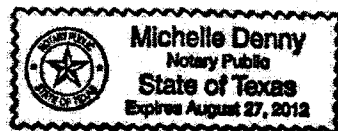
By: _____

B.J. King, President

State of Texas
County of Harris

ss:

On this 28th day of October, 2008 before me personally came B.J. King, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Michelle Denny

Michelle Denny, Notary Public

My commission expires August 27, 2012

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 10th day of September, 2009, A.D.

M. Brent Beaty
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

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PH (760) 863-2552 Fax (760) 863-2551

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Monica Telles
mtelles@rivcoaeafd.org

PERFORMANCE BOND

Page 1 of 1

Duran's Farming &

SureTec Insurance

The makers of this Bond, Clean-Up, as Principal and Company as Surety, are held and firmly bound unto County of Riverside Redevelopment Agency, hereinafter called the Agency, in the sum of Dollars \$(250,000.00) for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrator, and successors, jointly and severally, firm by these presents. The condition of this obligation is such, that whereas the Principal entered into a certain contract, hereto attached, with the Agency, dated: _____ for:

Abatement Services. Now therefore, if the Principal shall well and truly perform and fulfill all the undertakings, covenants, terms, conditions, and agreements of said Contract during the original term of said Contract and any extension thereof that may be granted by the Agency, with or without notice to the Surety, and during the life of any guarantee required under the Contract, and shall also well and truly perform and fulfill all the undertakings, covenants, terms, conditions and agreements of any and all duly authorized modifications of said Contract that may thereafter be made, then this obligation to be void, otherwise to remain in full force and virtue. Without notice, Surety consents to extension of time for performance, change in requirements, change in compensation or prepayment under said Contract.

Signed and Sealed this 10th Day of September, 2009

Duran's Farming & Clean-Up
(Firm Name - Principal)

88-300 Avenue 57, Thermal, CA 92274
(Business Address)

[Signature]
(Signature - Attach Notary's Acknowledgement)



Affix seal if corporation

By: Owner
(Title)

SureTec Insurance Company
(Corporation Name - Surety)

3033 5th Avenue, Suite 300, San Diego, CA 92103
(Business Address)

[Signature]
(Original Signature)

Affix corporate seal

Andrew Sysyn, Attorney-in-Fact
(Title)

ATTORNEY-IN-FACT: Andrew Sysyn
(Title - Attach Power of Attorney)

ACKNOWLEDGMENT

State of California
County of RIVERSIDE

On SEPTEMBER 16, ²⁰⁰⁹ before me, LETICIA NAVARRO, NOTARY PUBLIC
(here insert name and title of the officer)

personally appeared SERGIO DURAN

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Leticia Navarro



(Seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

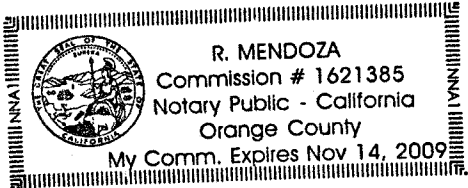
State of California }

County of Orange }

On 9/10/2009 before me, R. Mendoza, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Andrew Sysyn
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person ~~(s)~~ whose name ~~(s)~~ ~~(is)~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/hers/their~~ authorized capacity ~~(ies)~~, and that by ~~his/hers/their~~ signature ~~(s)~~ on the instrument the person ~~(s)~~, or the entity upon behalf of which the person ~~(s)~~ acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature: [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Performance Bond

Document Date: 9/10/2009 Number of Pages: 1

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Andrew Sysyn Signer's Name: _____

- Corporate Officer — Title(s): _____
- Individual
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

- Corporate Officer — Title(s): _____
- Individual
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____
SureTec Insurance Co.

Signer Is Representing: _____

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Raylene Mendoza, Andrew Sysyn

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety, providing the bond penalty does not exceed

Five Million Dollars and no/100 (\$5,000,000.00)

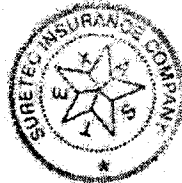
and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment shall continue in force until 10/31/11 and is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 28th day of October, A.D. 2008.

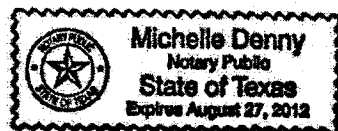


SURETEC INSURANCE COMPANY

By: B.J. King, President

State of Texas ss:
County of Harris

On this 28th day of October, 2008 before me personally came B.J. King, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Michelle Denny
Michelle Denny, Notary Public
My commission expires August 27, 2012

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 10th day of September, 20 09, A.D.

M. Brent Beaty
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 312-0800 any business day between 8:00 am and 5:00 pm CST.

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 09/16/2009
PRODUCER 760.347.5552 FAX 760.347.2858 Coachella Valley Insurance Service, Inc. Lic# 0542476 78-411 Highway 111 La Quinta, CA 92253-2075	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Sergio & Monica G Duran DBA: Duran's Farming & Clean Up P O Box 348 Thermal, CA 92274	INSURERS AFFORDING COVERAGE	
	INSURER A: Scottsdale Insurance Company	NAIC # 41297
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CPS1029301	05/20/2009	05/20/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
***Cancellation provision reverts to 10 days for Non-Payment of Premium.**
Certificate holder is Additional Insured in respects to General Liability.
 *** Endorsement to follow from Carrier***

CERTIFICATE HOLDER Riverside County Economic Development Agency Attn: Beverly Coleman Development Specialist 5555 Arlington Avenue Riverside, CA 92504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Guillermo Molina/EMAG
--	--

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/16/2009


PRODUCER ALL DESERT INSURANCE SERVICES 44-320 JACKSON STREET SUITE A INDIO CA 92202	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURED SERGIO DURAN DBA: DURAN'S FARMING AND CLEANUP PO BOX 1243 THERMAL, CA 92274	INSURERS AFFORDING COVERAGE

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	6128303	08/04/2009	08/04/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 05 UTILITY 16VDX182151649797
 1999 FORD F350 1FDWF37F4XED34626
 1987 INTERNATIONAL 1HSZBLYR4HH485155

CERTIFICATE HOLDER RIVERSIDE COUNTY ECONOMIC DEVELOPEMENT AGENCY 44199 MONROE ST #B INDIO CA 92201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--

Duran's Farming and Clean-Up
PO Box 1243
Thermal, Ca 92274
(760) 578-0340 Fax (760) 399-1933

September 16, 2009

To: Riverside County Department/EDA

Duran's Farming and Clean-up does not have any employees working for the company. I (Sergio Duran) am a sole proprietor and I have never nor do I anticipate hiring anyone therefore we are exempt from workers comp insurance.

I you have any questions; feel free to call me at (760) 578-0340.

Sincerely,

A handwritten signature in black ink, appearing to be 'SD', with a long horizontal line extending to the right.

Sergio Duran
Owner/Contractor

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/17/2009

PRODUCER 760.347.5552 FAX 760.347.2858
Coachella Valley Insurance Service, Inc.
Lic# 0542476
78-411 Highway 111
La Quinta, CA 92253-2075

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Sergio & Monica G Duran
DBA: Duran's Farming & Clean Up
P O Box 348
Thermal, CA 92274

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Insurance Company	41297
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	CPS1029301	05/20/2009	05/20/2010	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
*Cancellation provision reverts to 10 days for Non-Payment of Premium.

Certificate holder is Additional Insured in respects to General Liability with Primary/ Non-Contributory wording and Waiver of Subrogation per attached endorsements.

CERTIFICATE HOLDER

Riverside County Redevelopment Agency
1325 Spruce St Suite 400
Riverside, CA 92507

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Guillermo Molina/EMAG

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Additional Coverages and Factors

09/14/2009

Line of Business Coverages for General Liability

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
General Aggregate	2,000,000				
Products/Completed Ops	1,000,000				
Aggregate					
Personal & Advertising	1,000,000				
Injury					
Each Occurrence	1,000,000				
Fire Damage	100,000				
Medical Expense	5,000				

DURAN'S FARMING AND CLEAN UP
Endorsement No. 1

VULCAN EXCESS & SURPLUS INS SERVICE
04028 RW 9/17/2009

POLICY NUMBER: CPS1029301
EFFECTIVE: 09/16/09 TO 05/20/10

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured person(s) Or Organization(s):	Location(s) Of Covered Operations
RIVERSIDE COUNTY REDEVELOPMENT AGENCY 1325 SPRUCE ST., SUITE 400 RIVERSIDE, CA 92504	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is an Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omission of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply: This insurance does not apply to “bodily injury” or “property damage” occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

NO ADDITIONAL PREMIUM.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
CPS1029301	09/16/09 TO 05/20/10	DURAN'S FARMING AND CLEAN UP	VULCAN EXCESS & SURPLUS INS. SERV 04028 RW 09/17/09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED—OWNERS, LESSEES OR CONTRACTORS SPECIAL CONDITION

If any of the endorsements below are attached to this policy, coverage provided by the additional insured endorsement is amended to be afforded on a primary, noncontributory or primary and noncontributory basis when and as agreed to in writing in a contract or agreement between you and the additional insured.

Additional Insured—Owners, Lessees Or Contractors—Scheduled Person Or Organization (CG 20 10)

Additional Insured—State Or Political Subdivisions—Permits (CG 20 12)

Additional Insured—Owners, Lessees Or Contractors—Automatic Status When Required In Construction Agreement With You (CG 20 33)

Additional Insured—Owners, Lessees Or Contractors—Completed Operations (CG 20 37)

Other: (Specify title and form number)

Brad Snow

AUTHORIZED REPRESENTATIVE

9/17/09

DATE

SCOTTSDALE INSURANCE CO
INSURED: DURAN'S FARMING AND CLEAN UP
EFFECTIVE: 09/16/09 TO 05/20/10

Vulcan Excess & Surplus Ins. Serv., Inc.
#04028 9/17/09 RW

POLICY NUMBER: CPS1029301

COMMERCIAL GENERAL LIABILITY
END. # 3A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WAIVER OF TRANSFER RIGHTS OF RECOVERY
AGAINST OTHERS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

**RIVERSIDE COUNTY REDEVELOPMENT AGENCY
1325 SPRUCE ST., SUITE 400
RIVERSIDE, CA 92504**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule 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.

Redevelopment Agency for the County of Riverside
44-199 Monroe Street, Suite B
Indio, CA 92201
PH (760) 863-2552 Fax (760) 863-2551

Request for Bid: Abatement Services
Bid Issue Date: June 10, 2009
CLOSING DATE: June 24, 2009 5:00 PM
Monica Telles
mtelles@rivcoaeafd.org

AGREEMENT FORM

Page 1 of 2

THIS AGREEMENT, entered into this _____ day of _____, 2009, by and between Vizion's West, Inc., hereinafter called the "Contractor", and the Redevelopment Agency for the County of Riverside, hereinafter called "Agency".

WITNESSETH: That the parties hereto have mutually covenanted and agreed as follows:

CONTRACT: The complete contract includes all of the Contract documents, to wit: The Notice Inviting Bids, Instructions to Bidders, Contractor's Bid Proposal, Bid Bond, Payment and Performance Bonds, Plans, Appendices A and B, and References, plus any Addenda thereto, General Conditions, Supplementary General Conditions and this Agreement. All Contract documents are intended to cooperate and become complimentary so that any work called for in one and not mentioned in the other, or vice versa, is to be executed the same as if mentioned in all Contract Documents.

STATEMENT OF WORK: The Contractor hereby agrees to furnish all tools, equipment, services, apparatus, facilities, transportation, labor, materials the abatement by removal and disposal, on as as-needed basis, of mobile homes, travel trailers or parts thereof that are located within Riverside County and designated for removal by the Redevelopment Agency for the County of Riverside in accordance with this RFB as prepared by the REDEVELOPMENT AGENCY FOR THE COUNTY OF RIVERSIDE, including addenda thereto as listed in the Contractor's Proposal, all of which are made part hereof.

TIME FOR COMPLETION: The work shall be commenced on a date to be specified in a written work order of the Agency and shall be completed within fourteen (14) calendar days from and after said date. It is expressly agreed that except for extensions of time duly granted in the manner and for the reasons specified in the General Conditions, time shall be of the essence.

COMPENSATION TO BE PAID TO CONTRACTOR: The Agency agrees to pay and the Contractor agrees to accept in full consideration for the performance of the Contract, subject to additions and deductions as provided in the General Conditions, the sum of Two Hundred Fifty Thousand Dollars \$(250,000) being the total of the base bid plus the following alternatives:

Addendum No's None to Report

The sum is to be paid according to the schedule as provided in the General Conditions.

Pursuant to Labor Code Section 1861, the Contractor gives the following certification: "I am aware of the provisions of section 3700 of the Labor Code which requires every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of work of this contract".

IN WITNESS WHEREOF, the parties hereto on the day and year first above written have executed this agreement.

Redevelopment Agency for the County of Riverside
44-199 Monroe Street, Suite B
Indio, CA 92201
PH (760) 863-2552 Fax (760) 863-2551

Request for Bid: Abatement Services
Bid Issue Date: June 10, 2009
CLOSING DATE: June 24, 2009 5:00 PM
Monica Telles
mtelles@rivcoaeafd.org

AGREEMENT FORM
Page 2 of 2

Type of Contractor's organization: California Corporation

If other than individual or Corporation, list names of all members who have authority to bind firm:

Lloyd R. (Bob) Earleywine

IF OTHER THAN CORPORATION EXECUTE HERE:

Firm Name: _____
Address: _____
Contractor's License No. _____
Signature: Title: _____

IF CORPORATION, FILL OUT THE FOLLOWING AND EXECUTE:

Name of President of Corporation: Vizion's West, Inc.
Name of Secretary of Corporation: Lloyd R. Earleywine
Corporation organized under the laws of the State of California
Firm Name: Vizion's West, Inc.
Address: 29226 Avenida Gaviota, Quail Valley CA 92587
Contractor's License No. 812067
Signature: Title: *Lloyd R. Earleywine* CEO/President

DO NOT COMPLETE BELOW THIS LINE

ATTEST:

Redevelopment Agency for the County of Riverside

By: _____
(Official Title)

Reviewed by County Counsel
County Counsel Approved as to Form

FORM APPROVED COUNTY COUNSEL
BY: *Larisa R-Mckenna* 2/12/09
LARISA R-MCKENNA DATE

Redevelopment Agency for the County of Riverside
44-199 Monroe Street, Suite B
Indio, CA 92201
PH (760) 863-2552 Fax (760) 863-2551

Request for Bid: Abatement Services
Bid Issue Date: June 10, 2009
CLOSING DATE: June 24, 2009 5:00 PM
Monica Telles
mtelles@rtvcoaeo.org

SU 110 2912 B

PERFORMANCE BOND

Page 1 of 1

The makers of this Bond, VIZION'S WEST INC, as Principal and Arch Insurance Company's Surety, are held and firmly bound unto County of Riverside Redevelopment Agency, hereinafter called the Agency, in the sum of Dollars \$ (250,000.00) for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrator, and successors, jointly and severally, firm by these presents. The condition of this obligation is such, that whereas the Principal entered into a certain contract, hereto attached, with the Agency, dated: _____ for: West County Demolition One Year Services. Now therefore, if the Principal shall well and truly perform and fulfill all the undertakings, covenants, terms, conditions, and agreements of said Contract during the original term of said Contract and any extension thereof that may be granted by the Agency, with or without notice to the Surety, and during the life of any guarantee required under the Contract, and shall also well and truly perform and fulfill all the undertakings, covenants, terms, conditions and agreements of any and all duly authorized modifications of said Contract that may thereafter be made, then this obligation to be void, otherwise to remain in full force and virtue. Without notice, Surety consents to extension of time for performance, change in requirements, change in compensation or prepayment under said Contract.

Signed and Sealed this 4th Day of SEPTEMBER, 2009

VIZION'S WEST INC
(Firm Name - Principal)

29226 Avenida Gaviota
(Business Address)

[Handwritten Signature]
(Signature - Attach Notary's Acknowledgement)

Affix seal if corporation

By: CEO/President
(Title)

ARCH INSURANCE COMPANY
(Corporation Name - Surety)

3100 BROADWAY-KANSAS CITY, MO 64111
(Business Address)

[Handwritten Signature]
(Original Signature)

Affix corporate seal

Attorney-in-fact
(Title)

ATTORNEY-IN-FACT: MARIA A GONZALEZ
(Title - Attach Power of Attorney)

Reviewed by County Counsel
County Counsel Approved as to Form

ACKNOWLEDGMENT

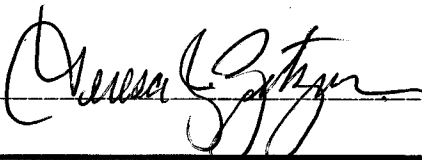
State of California
County of Riverside)

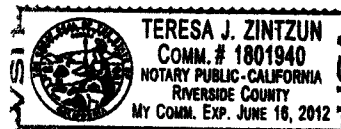
On September 4, 2009 before me, Teresa J. Zintzun, Notary Public
(insert name and title of the officer)

personally appeared Lloyd R. Earleywine,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5907

State of Illinois

County of Cook

On SEPTEMBER 4, 2009 before me, Dana M. Kuber, Notary Public
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared MARIA A. GONZALEZ
NAME(S) OF SIGNER(S)

personally known to me - **OR** - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

OFFICIAL SEAL
DANA M. KUBER
NOTARY PUBLIC
STATE OF ILLINOIS
My Commission Expires 06/17/2012

Dana M. Kuber
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
- CORPORATE OFFICER

TITLE(S)

- PARTNER(S) LIMITED
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

ARCH INSURANCE COMPANY

3 Parkway, Suite 1500, Philadelphia, PA 19102

SIGNER(S) OTHER THAN NAMED ABOVE

POWER OF ATTORNEY

SU 110 2912 B

Know All Men By These Presents:

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal office in Kansas City, Missouri (hereinafter referred to as the "Company") does hereby appoint

William A. Bailey, Maria A. Gonzalez, Anne M. Barber, Michael J. Friedrich and Dana M. Kuber of Bridgeview, IL (EACH)

its true and lawful Attorney(s)-in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed:

Any and all bonds and undertakings

EXCEPTION: NO AUTHORITY is granted to make, execute, seal and deliver bonds or undertakings that guarantee the payment or collection of any promissory note, check, draft or letter of credit.

This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The Company may revoke this appointment at any time.

The execution of such bonds and undertakings in pursuance of these presents shall be as binding upon the Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged regularly elected officers at its principal office in Kansas City, Missouri.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on March 3, 2003, true and accurate copies of which are hereinafter set forth and are hereby certified the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or any Vice President, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings, obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on March 3, 2003:

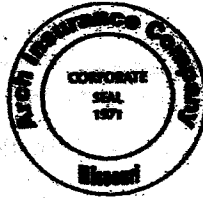
VOTED, That the signature of the Chairman of the Board, the President, or any Vice President, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on March 3, 2003, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company.

Double Sided

In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 1st day of May, 2008.

Arch Insurance Company

Attested and Certified

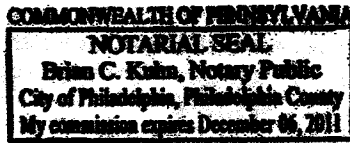


Martin J. Nilsen
Martin J. Nilsen, Secretary

J. Michael Pete
J. Michael Pete, Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, Brian C. Kuhn, a Notary Public, do hereby certify that Martin J. Nilsen and J. Michael Pete personally known to me to be the same persons whose names are respectively as Secretary and Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.



Brian C. Kuhn
Brian C. Kuhn, Notary Public
My commission expires 12-06-2011

CERTIFICATION

I, Martin J. Nilsen, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated May 1, 2008 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said J. Michael Pete, who executed the Power of Attorney as Vice President, was on the date of execution of the attached Power of Attorney the duly elected Vice President of the Arch Insurance Company.

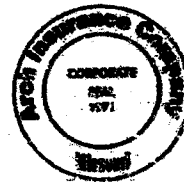
IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 4th day of SEPT., 2009.

Martin J. Nilsen
Martin J. Nilsen, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Surety
3 Parkway, Ste. 1500
Philadelphia, PA 19102



Redevelopment Agency for the County of Riverside
44-199 Monroe Street, Suite B
Indio, CA 92201
PH (760) 863-2552 Fax (760) 863-2551

Request for Bid: Abatement Services
Bid Issue Date: June 10, 2009
CLOSING DATE: June 24, 2009 5:00 PM
Monica Telles
mtelles@rivcoaeafd.org

SU 110 2912 B

PAYMENT BOND

Page 1 OF 1

(Public Work - Civil Code Section 3247 et seq.)

The makers of this Bond are VIZION'S WEST INC, as principal and Original Contractor and Arch Insurance Company, a corporation, authorized to issue Surety Bonds in California, as Surety, and this Bond is issued in conjunction with that certain public works contract dated 2009, between Principal and County of Riverside Redevelopment Agency, a public entity, as Agency, for \$ 250,00.00, the total amount payable. THE AMOUNT OF THIS BOND IS FOR 100% OF SAID SUM. Said Contract is for public work generally consisting of:

WEST COUNTY DEMOLITION ONE YEAR SERVICES

The beneficiaries of this Bond are as stated in 3248 of the Civil Code and the requirements and conditions of this bond are as set forth in Sections 3248, 3249, 3250, and 3252 of said Code. Without notice, Surety consents to extension of time for performance, change in requirements, amount of compensation, or prepayment under said contract.

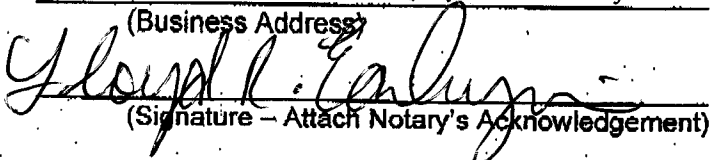
Signed and Sealed this 4th Day of SEPTEMBER, 2009

VIZION'S WEST INC

(Firm Name - Principal)

29226 Avenida Gaviota, Quail Valley CA 92587

(Business Address)



(Signature - Attach Notary's Acknowledgement)

Affix seal if corporation

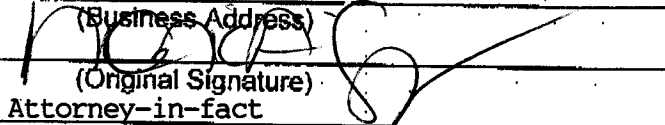
By: CEO/President
(Title)

ARCH INSURANCE COMPANY

(Corporation Name - Surety)

3100 BROADWAY-KANSAS CITY, MO 64111

(Business Address)



(Original Signature)

Attorney-in-fact

(Title)

Affix corporate seal

ATTORNEY-IN-FACT: MARIA A GONZALEZ
(Title - Attach Power of Attorney)

ACKNOWLEDGMENT

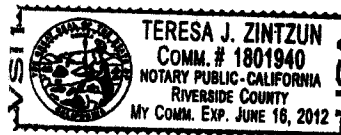
State of California
County of Riverside)

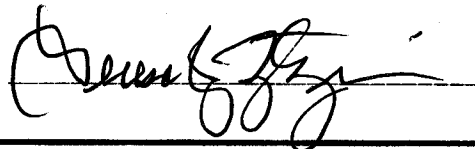
On September 4, 2009 before me, Teresa J. Zintzun, Notary Public
(insert name and title of the officer)

personally appeared Lloyd R. Earleywine,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.



Signature  (Seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5907

State of Illinois

County of Cook

On SEPTEMBER 4, 2009 before me, Dana M. Kuber, Notary Public
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared MARIA A. GONZALEZ
NAME(S) OF SIGNER(S)

personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

OFFICIAL SEAL
DANA M. KUBER
NOTARY PUBLIC
STATE OF ILLINOIS
My Commission Expires 06/17/2012

Dana M. Kuber
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
- CORPORATE OFFICER

TITLE(S)

- PARTNER(S) LIMITED
- GENERAL

- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)
ARCH INSURANCE COMPANY
3 Parkway, Suite 1500, Philadelphia, PA 19102

DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE

POWER OF ATTORNEY

SU 110 2912 B

Know All Men By These Presents:

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal office in Kansas City, Missouri (hereinafter referred to as the "Company") does hereby appoint

William A. Bailey, Maria A. Gonzalez, Anne M. Barber, Michael J. Friedrich and Dana M. Kuber of Bridgeview, IL (EACH)

its true and lawful Attorney(s)-in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed:

Any and all bonds and undertakings

EXCEPTION: NO AUTHORITY is granted to make, execute, seal and deliver bonds or undertakings that guarantee the payment or collection of any promissory note, check, draft or letter of credit.

This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The Company may revoke this appointment at any time.

The execution of such bonds and undertakings in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office in Kansas City, Missouri.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on March 3, 2003, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or any Vice President, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings, obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on March 3, 2003:

VOTED, That the signature of the Chairman of the Board, the President, or any Vice President, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on March 3, 2003, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company.

In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 1st day of May, 2008.

Arch Insurance Company

Attested and Certified



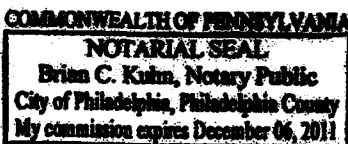
Martin J. Nilsen
Martin J. Nilsen, Secretary

J. Michael Pete
J. Michael Pete, Vice President

STATE OF PENNSYLVANIA SS

COUNTY OF PHILADELPHIA SS

I, Brian C. Kuhn, a Notary Public, do hereby certify that Martin J. Nilsen and J. Michael Pete personally known to me to be the same persons whose names are respectively as Secretary and Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.



Brian C. Kuhn
Brian C. Kuhn, Notary Public
My commission expires 12-06-2011

CERTIFICATION

I, Martin J. Nilsen, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated May 1, 2008 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said J. Michael Pete, who executed the Power of Attorney as Vice President, was on the date of execution of the attached Power of Attorney the duly elected Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 4th day of SEPT, 2009, 20 .

Martin J. Nilsen
Martin J. Nilsen, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Surety
3 Parkway, Ste. 1500
Philadelphia, PA 19102



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2009

PRODUCER Bigner Insurance 202 W. LINCOLN AVE STE K Orange, Ca 92865 Phone: (714) 998-3332 Fax: (714) 282-1225	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED VIZION'S WEST 29226 AVENIDA GAVIOTA QUAIL VALLEY, CA 92587	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 30%;">NAIC #</td> </tr> <tr> <td>INSURER A CENTURY-NATIONAL INS CO</td> <td>26905</td> </tr> <tr> <td>INSURER B</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A CENTURY-NATIONAL INS CO	26905	INSURER B		INSURER C		INSURER D		INSURER E	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A CENTURY-NATIONAL INS CO	26905												
INSURER B													
INSURER C													
INSURER D													
INSURER E													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L	LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
A	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAP0160969	4/6/2009	4/6/2010	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 PROJECT: WEST COUNTY DEMOLITION ABATEMENT SERVICES

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER RIVERSIDE COUNTY REDEVELOPMENT AGENCY 44-199 MORROE STREET, SUITE B INDIO CA 92201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE BIGNER
---	---

POLICYHOLDER COPY

NF



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 09-16-2009

GROUP: 000044
POLICY NUMBER: 0022328-2008
CERTIFICATE ID: 128
CERTIFICATE EXPIRES: 12-01-2009
12-01-2008/12-01-2009

RIVERSIDE COUNTY REDEVELOPMENT AGENCY

NF

JOB: WEST COUNTY DEMOLITION ABATEMENT SERVICES

44198 MONROE ST STE B
INDIO CA 92201-3094

This is to certify that we have issued a valid Workers' Compensation Insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
AUTHORIZED REPRESENTATIVE

Janet Frank
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1800 - LLOYD EARLEYWINE PRES, SEC. TREAS - EXCLUDED.

ENDORSEMENT #1800 - BRIAN SCOTT SMITH DIRECTOR - EXCLUDED.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 12-01-2005 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2001 ASBESTOS CERTIFICATION EFFECTIVE 12-01-2004 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

VIZIONS WEST INC.
29228 AVENIDA GAVIOTA
QUAIL VALLEY CA 92587

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[B10,NF]



Bonding & Insurance Specialists Agency, Inc.

9340 S. Harlem Ave., Bridgeview, Illinois 60455 1.800.346.1031 Fax 708.598.6686

September 16, 2009



RE: Additional Insured Endorsement / Primary / Waiver of Subrogation

INSURED: Vizion's West, Inc.

ADDITIONAL INSURED: Riverside County Redevelopment Agency

To Whom It May Concern:

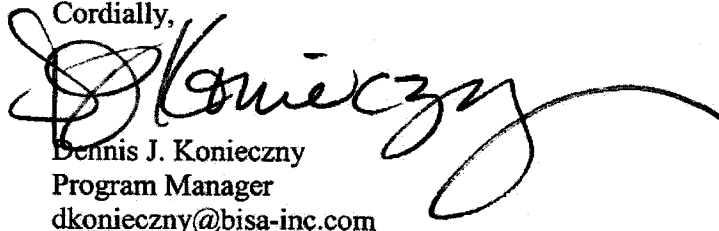
By way of introduction, BISA is the program manager for Arch Specialty Insurance Company with respect to policy #12 EMP 43677 04 issued on behalf of the Riverside County Redevelopment Agency.

The policy contains additional insured coverage, which we believe should satisfy your requirement for an ISO CG 20 10 11/85 or equivalent endorsement. The attached pages were directly copies from the policy. These pages describe who is an insured. Make special note of paragraph 5 of page 20. You will note that the coverage afforded corresponds to the coverage afforded under the CG 20 10 11/85, a copy of which is also attached.

Arch's policy also contains a blanket primary and waiver of subrogation clause, which is highlighted on the enclosure.

Feel free to call if you should have any questions.

Cordially,



Dennis J. Konieczny
Program Manager
dkonieczny@bisa-inc.com

3. With respect to Coverages A., B., D., E. and if applicable, Coverage F., we will pay up to \$500 for compensation to your principals, directors, EXECUTIVE OFFICERS or EMPLOYEES for each day or part of a day that they personally attend any legal proceeding at our request or as required by court. This payment shall only apply to appearances involving CLAIMS against you. The maximum payable amount for such appearances made during the POLICY PERIOD shall not exceed \$5,000 as a total aggregate regardless of how many appearances are actually made during the POLICY PERIOD, or how many different individuals make appearances, and regardless of any other fact, circumstance, or situation.

These payments will not reduce the limits of insurance.



SECTION III - WHO IS AN INSURED

1. Under Coverages A., B. and C., if you are designated in the Declarations as:
 - a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
 - c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
 - d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your EXECUTIVE OFFICERS and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
2. Under Coverages A., B. and C., each of the following is also an insured:
 - a. Your EMPLOYEES, other than either your EXECUTIVE OFFICERS (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these EMPLOYEES is an insured for:
 - (1) BODILY INJURY or PERSONAL AND ADVERTISING INJURY:
 - (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to another EMPLOYEE while that other EMPLOYEE is either in the course of his or her employment or while performing duties related to the conduct of your business;
 - (b) To the spouse, child, parent, brother or sister of that other EMPLOYEE as a consequence of Paragraph (1), (a) above;
 - (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in paragraphs (1), (a) or (b) above; or
 - (d) Arising out of his or her providing or failing to provide professional health care services.
 - (2) PROPERTY DAMAGE to property:
 - (a) Owned, occupied or used by,

(b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by

You, any of your EMPLOYEES, any partner or member (if you are a partnership or joint venture) or, any member (if you are a limited liability company).

- b. Any person (other than your EMPLOYEE) or any organization while acting as your real estate manager.
 - c. Any person or organization having proper temporary custody of your property if you die, but only:
 - (1) With respect to liability arising out of the maintenance or use of that property; and
 - (2) Until your legal representative has been appointed.
 - d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this policy.
3. Under Coverages A., B. and C., with respect to MOBILE EQUIPMENT registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:
- a. BODILY INJURY to a co-EMPLOYEE of the person driving the equipment; or
 - b. PROPERTY DAMAGE to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.
4. Under Coverages A., B. and C., any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
- a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the POLICY PERIOD, whichever is earlier.
 - b. Coverage A. does not apply to BODILY INJURY or PROPERTY DAMAGE that occurred before you acquired or formed the organization.
 - c. Coverage B. does not apply to PERSONAL AND ADVERTISING INJURY arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in Item 1 of the Declarations.

- * →
- 5. Under Coverage A., all clients whom you have agreed, by written contract, to include as additional insureds, but only for liability arising out of YOUR WORK, and excluding liability arising out of such clients own negligence.
 - 6. Under Coverage D. (and Coverage F. if applicable), each of the following is an insured:
 - a. The person or entity designated as the Named Insured in Item 1 of the Declarations;
 - b. Your current or former principals, partners, EXECUTIVE OFFICERS, directors, stockholders or EMPLOYEES, but only within the scope of their duties as such;

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

8. Legal Action Against Us

No person or organization has a right under this Policy:

- a. To join us as a party or otherwise bring us into a SUIT asking for damages from an insured; or
- b. To sue us on this Policy unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured obtained after an actual trial; but we will not be liable for damages that are not payable under the terms of this Policy or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

9. Named Insureds

- a. The FIRST NAMED INSURED is authorized to act on behalf of all persons or organizations insured under this policy with respect to all matters pertaining to the insurance provided by this policy.
- b. Each Named Insured is jointly and severally liable for:
 - (1) All premiums due under this policy; and
 - (2) All obligations that arise due to any deductible or self insured retention (including CLAIM EXPENSES) which may apply to this policy; and
 - (3) Any other financial obligations of the named insured to us arising out of any agreements contained in this policy.

10. Other Insurance

Applicable to Coverages A. and B.

If other valid and collectible insurance is available to an insured for a LOSS we cover under Coverages A. or B. of this Policy, our obligations are limited as follows:



a. Primary Insurance

This insurance is primary except when b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below.

b. Excess Insurance

This insurance is excess over:

- (1) Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for YOUR WORK;
 - (b) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;

- (c) That is insurance purchased by you to cover your liability as a tenant for PROPERTY DAMAGE to premises rented to you or temporarily occupied by you with permission of the owner; or
 - (d) If the LOSS arises out of the maintenance or use of aircraft, AUTOS or watercraft to the extent not subject to Exclusion g. of Section I - COVERAGE A. - BODILY INJURY AND PROPERTY DAMAGE LIABILITY.
 - (e) Where you are an insured on a Policy for YOUR WORK performed at a specific job site and that applies to a specific job site.
- (2) Any other primary insurance available to you covering liability for damages arising out of the premises or operations for which you have been added as an additional insured by attachment of an endorsement to such other primary insurance.

When this insurance is excess, we will have no duty under Coverage A. or B. to defend the insured against any SUIT if any other insurer has a duty to defend the insured against that SUIT. If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the LOSS, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the LOSS in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under such other insurance.

We will share the remaining LOSS, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Policy.

c. Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the LOSS remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

Applicable to Coverages D., E. and if Applicable, Coverage F.

If other valid insurance, whether collectible or not, is available to the insured for LOSS covered under the terms and conditions of Coverage D. or Coverage E. or Coverage F. if applicable, our obligation to the insured shall be as follows:

- a. This insurance shall apply as excess insurance over any other valid insurance, whether collectible or not, be it primary or excess including, but not limited to insurance where you are an insured on a policy for COVERED OPERATIONS or PROFESSIONAL SERVICES performed by or on your behalf at a specific job site and that applies to a specific job site. This excess insurance shall in no way be increased or expanded as a result of the receivership, insolvency, or inability to pay of any insurer with respect to both the duty to indemnify and the duty to defend.
- b. Where this insurance is excess insurance, we will pay only our share of the amount of LOSS, if any, that exceeds the total amount of all such valid insurance, including any applicable deductible or self-insured amounts under such insurance coverage(s).

You shall promptly upon our request provide us with copies of all policies potentially applicable to LOSS covered by Coverage D. or Coverage E. or Coverage F. if applicable.

11. Representations

By accepting this policy, you agree:

- a. The statements in the Declarations are accurate and complete;
- b. Those statements are based on representations you made to us; and
- c. We have issued this policy in reliance upon your representations

12. Separation of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned to you, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom a CLAIM is made.

Misrepresentation, concealment, breach of contract or violation of any duty under this policy by one insured shall not prejudice the interest of coverage of another insured under this policy.

13. Subrogation

In the event of any payment under this policy, we shall be subrogated to all your rights of recovery against any person or organization and you shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. You shall do nothing to prejudice such rights.



We shall not exercise any such right against any persons, firms, or corporations described as an insured by Section III – Who is an Insured or against your clients if prior to the CLAIM, a waiver of subrogation was so required and accepted under a specific contractual undertaking by you.

All recoveries obtained through subrogation shall be applied equally towards your deductible or retention as applicable and our costs with any remaining balance payable to us.

SECTION VI - EXTENDED REPORTING PERIOD - COVERAGE E. AND COVERAGE F. (if applicable)

Automatic Extended Claims Reporting Period

If we or you terminate coverage or non-renew this insurance for any reason other than nonpayment of premium or deductible, your failure to comply with any term and condition, or fraud or material misrepresentation, you shall be entitled to a period of sixty (60) days from the date of policy termination to report CLAIMS covered by Coverage E. or Coverage F. of this Policy which are made against you prior to such termination and that arise out of a WRONGFUL ACT or a POLLUTION EVENT resulting from COVERED OPERATIONS that took place on or after the RETROACTIVE DATE and before the expiration of the POLICY PERIOD.

This Automatic Extended Claims Reporting Period may not be cancelled by us and does not require the payment of an additional premium. This Automatic Extended Claim Reporting Period does not increase or reinstate the Limits of Insurance applicable under the policy. The coverage afforded for CLAIMS first reported during the Automatic Extended Claims Reporting Period is excess over any other valid insurance, whether collectible or not.

SECTION VII - DEFINITIONS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/16/2009

PRODUCER BONDING & INSURANCE SPECIALISTS AGENCY, INC. 9340 S. HARLEM AVENUE BRIDGEVIEW, IL 60455 IN CALIFORNIA, DBA BONDS AND INSURANCE SERVICES, LICENSE #0795489	Serial # 138060	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	INSURERS AFFORDING COVERAGE	NAIC#
INSURED VIZION'S WEST, INC. 29226 AVENIDA GAVIOTA QUAIL VALLEY, CA 92587	INSURER A: ARCH SPECIALTY INSURANCE COMPANY	21199
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES
 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	12 EMP 43677 04	08/05/09	08/05/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	EL EACH ACCIDENT	\$	EL DISEASE - EA EMPLOYEE	\$	EL DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
EL EACH ACCIDENT	\$													
EL DISEASE - EA EMPLOYEE	\$													
EL DISEASE - POLICY LIMIT	\$													
A		OTHER CONTRACTOR'S POLLUTION LIABILITY INCLUDES ASBESTOS/LEAD OPS OCCURRENCE FORM	12 EMP 43677 04	08/05/09	08/05/10	\$1,000,000 PER CLAIM								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 PROJECT: WEST COUNTY DEMOLITION
 THE RIVERSIDE COUNTY REDEVELOPMENT AGENCY, THEIR RESPECTIVE DIRECTORS, OFFICERS, BOARD OF DIRECTORS, EMPLOYEES, ELECTED OR APPOINTED OFFICIALS, AGENTS OR REPRESENTATIVES ARE ALSO NAMED AS ADDITIONAL INSURED UNDER THE GENERAL LIABILITY POLICY FOR ONGOING AND COMPLETED OPERATIONS; THE GENERAL LIABILITY COVERAGE SHOWN IS PRIMARY IN ACCORDANCE WITH CONDITIONS OF THE COMMERCIAL GENERAL LIABILITY COVERAGE PART; THE GENERAL LIABILITY POLICY INCLUDES A WAIVER OF SUBROGATION IN FAVOR OF THE ADDITIONAL INSURED (SEE ATTACHED).

CERTIFICATE HOLDER RIVERSIDE COUNTY REDEVELOPMENT AGENCY ATTN: LORENA RODRIGUEZ 44-199 MONROE STREET, SUITE B INDIO, CA 92201 KAO	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL PROVIDE TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BY FAX OR TELEPHONE. AUTHORIZED REPRESENTATIVE <i>Dora M. Hulman</i>
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Bonding & Insurance Specialists Agency, Inc.

9340 S. Harlem Ave., Bridgeview, Illinois 60455 1.800.346.1031 Fax 708.598.6686

September 16, 2009



RE: Additional Insured Endorsement / Primary / Waiver of Subrogation
INSURED: Vizion's West, Inc.
ADDITIONAL INSURED: Riverside County Redevelopment Agency

To Whom It May Concern:

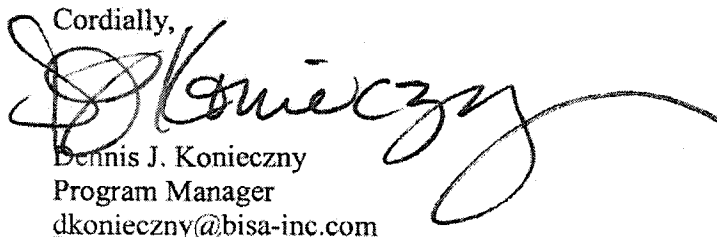
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Feel free to call if you should have any questions.

Cordially,


Dennis J. Konieczny
Program Manager
dkonieczny@bisa-inc.com

3. With respect to Coverages A., B., D., E. and if applicable, Coverage F., we will pay up to \$500 for compensation to your principals, directors, EXECUTIVE OFFICERS or EMPLOYEES for each day or part of a day that they personally attend any legal proceeding at our request or as required by court. This payment shall only apply to appearances involving CLAIMS against you. The maximum payable amount for such appearances made during the POLICY PERIOD shall not exceed \$5,000 as a total aggregate regardless of how many appearances are actually made during the POLICY PERIOD, or how many different individuals make appearances, and regardless of any other fact, circumstance, or situation.

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 - d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your EXECUTIVE OFFICERS and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
2. Under Coverages A., B. and C., each of the following is also an insured:
 - a. Your EMPLOYEES, other than either your EXECUTIVE OFFICERS (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these EMPLOYEES is an insured for:
 - (1) BODILY INJURY or PERSONAL AND ADVERTISING INJURY:
 - (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to another EMPLOYEE while that other EMPLOYEE is either in the course of his or her employment or while performing duties related to the conduct of your business;
 - (b) To the spouse, child, parent, brother or sister of that other EMPLOYEE as a consequence of Paragraph (1), (a) above;
 - (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in paragraphs (1), (a) or (b) above; or
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 - (2) PROPERTY DAMAGE to property:
 - (a) Owned, occupied or used by,

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 - c. Any person or organization having proper temporary custody of your property if you die, but only:
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 - (2) Until your legal representative has been appointed.
 - d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this policy.
3. Under Coverages A., B. and C., with respect to MOBILE EQUIPMENT registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:
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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

8. Legal Action Against Us

No person or organization has a right under this Policy:

- a. To join us as a party or otherwise bring us into a SUIT asking for damages from an insured; or
- b. To sue us on this Policy unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured obtained after an actual trial; but we will not be liable for damages that are not payable under the terms of this Policy or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

9. Named Insureds

- a. The FIRST NAMED INSURED is authorized to act on behalf of all persons or organizations insured under this policy with respect to all matters pertaining to the insurance provided by this policy.
- b. Each Named Insured is jointly and severally liable for:
 - (1) All premiums due under this policy; and
 - (2) All obligations that arise due to any deductible or self insured retention (including CLAIM EXPENSES) which may apply to this policy; and
 - (3) Any other financial obligations of the named insured to us arising out of any agreements contained in this policy.

10. Other Insurance

Applicable to Coverages A. and B.

If other valid and collectible insurance is available to an insured for a LOSS we cover under Coverages A. or B. of this Policy, our obligations are limited as follows:



a. Primary Insurance

This insurance is primary except when b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below.

b. Excess Insurance

This insurance is excess over:

- (1) Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for YOUR WORK;
 - (b) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;

- (c) That is insurance purchased by you to cover your liability as a tenant for PROPERTY DAMAGE to premises rented to you or temporarily occupied by you with permission of the owner; or
 - (d) If the LOSS arises out of the maintenance or use of aircraft, AUTOS or watercraft to the extent not subject to Exclusion g. of Section I - COVERAGE A. - BODILY INJURY AND PROPERTY DAMAGE LIABILITY.
 - (e) Where you are an insured on a Policy for YOUR WORK performed at a specific job site and that applies to a specific job site.
- (2) Any other primary insurance available to you covering liability for damages arising out of the premises or operations for which you have been added as an additional insured by attachment of an endorsement to such other primary insurance.

When this insurance is excess, we will have no duty under Coverage A. or B. to defend the insured against any SUIT if any other insurer has a duty to defend the insured against that SUIT. If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the LOSS, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the LOSS in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under such other insurance.

We will share the remaining LOSS, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Policy.

c. Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the LOSS remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

Applicable to Coverages D., E. and if Applicable, Coverage F.

If other valid insurance, whether collectible or not, is available to the insured for LOSS covered under the terms and conditions of Coverage D. or Coverage E. or Coverage F. if applicable, our obligation to the insured shall be as follows:

- a. This insurance shall apply as excess insurance over any other valid insurance, whether collectible or not, be it primary or excess including, but not limited to insurance where you are an insured on a policy for COVERED OPERATIONS or PROFESSIONAL SERVICES performed by or on your behalf at a specific job site and that applies to a specific job site. This excess insurance shall in no way be increased or expanded as a result of the receivership, insolvency, or inability to pay of any insurer with respect to both the duty to indemnify and the duty to defend.
- b. Where this insurance is excess insurance, we will pay only our share of the amount of LOSS, if any, that exceeds the total amount of all such valid insurance, including any applicable deductible or self-insured amounts under such insurance coverage(s).

You shall promptly upon our request provide us with copies of all policies potentially applicable to LOSS covered by Coverage D. or Coverage E. or Coverage F. if applicable.

11. Representations

By accepting this policy, you agree:

- a. The statements in the Declarations are accurate and complete;
- b. Those statements are based on representations you made to us; and
- c. We have issued this policy in reliance upon your representations

12. Separation of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned to you, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom a CLAIM is made.

Misrepresentation, concealment, breach of contract or violation of any duty under this policy by one insured shall not prejudice the interest of coverage of another insured under this policy.

13. Subrogation

In the event of any payment under this policy, we shall be subrogated to all your rights of recovery against any person or organization and you shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. You shall do nothing to prejudice such rights.



We shall not exercise any such right against any persons, firms, or corporations described as an insured by Section III – Who is an Insured or against your clients if prior to the CLAIM, a waiver of subrogation was so required and accepted under a specific contractual undertaking by you.

All recoveries obtained through subrogation shall be applied equally towards your deductible or retention as applicable and our costs with any remaining balance payable to us.

SECTION VI - EXTENDED REPORTING PERIOD - COVERAGE E. AND COVERAGE F. (if applicable)

Automatic Extended Claims Reporting Period

If we or you terminate coverage or non-renew this insurance for any reason other than nonpayment of premium or deductible, your failure to comply with any term and condition, or fraud or material misrepresentation, you shall be entitled to a period of sixty (60) days from the date of policy termination to report CLAIMS covered by Coverage E. or Coverage F. of this Policy which are made against you prior to such termination and that arise out of a WRONGFUL ACT or a POLLUTION EVENT resulting from COVERED OPERATIONS that took place on or after the RETROACTIVE DATE and before the expiration of the POLICY PERIOD.

This Automatic Extended Claims Reporting Period may not be cancelled by us and does not require the payment of an additional premium. This Automatic Extended Claim Reporting Period does not increase or reinstate the Limits of Insurance applicable under the policy. The coverage afforded for CLAIMS first reported during the Automatic Extended Claims Reporting Period is excess over any other valid insurance, whether collectible or not.

SECTION VII - DEFINITIONS