

FORM APPROVED COUNTY COUNSEL
 BY: Y. D. Lee 4/22/10
 MARSHAL VICTOR DATE

675



**SUBMITTAL TO THE BOARD OF SUPERVISORS
 COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

FROM: Economic Development Agency

SUBMITTAL DATE:
 April 8, 2010

SUBJECT: Riverside County Regional Medical Center Medical Air Pumps and Medical Air Dryer Replacement

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the attached construction agreement between the County of Riverside and Inland Mechanical Construction, Inc., of Lake Elsinore, California, in the amount of \$109,000 and authorize the Chairman to execute the agreement on behalf of the County;
2. Authorize the Assistant County Executive Officer/EDA to administer the agreement in accordance with applicable Board policies;
3. Approve the total project budget of \$300,023; and
4. Delegate project management authority for this project to the Assistant County Executive Officer/EDA in accordance with applicable policies.

BACKGROUND: (Commences on Page 2)

FISCAL PROCEDURES APPROVED
 ROBERT E. BYRD, AUDITOR-CONTROLLER
 BY: Samuel Wong 4/22/10
 SAMUEL WONG

Robert Field
 Robert Field
 Assistant County Executive Officer/EDA

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 110,283	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost FY 10/11:	\$ 0	For Fiscal Year:	09/10

SOURCE OF FUNDS: RCRMC Enterprise Fund	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
 Jennifer L. Sargent

County Executive Office Signature

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

Prev. Agn. Ref.: 3.27 of 3/17/09 | District: 5 | Agenda Number: **3.44**

ATTACHMENTS FILED
 WITH THE CLERK OF THE BOARD

BACKGROUND:

On March 17, 2009, the Board of Supervisors approved the bid documents for the Riverside County Regional Medical Center Medical Air Pumps and Medical Air Dryer Replacement and authorized the Clerk of the Board to advertise for bids. Due to time requirements associated with final approval from OSHPD and consideration by RCRMC whether the project should be canceled due to design considerations associated with other campus buildings being developed as part of hospital's master plan, the project was not advertised for bid until the fall of 2009.

On September 24, 2009, seven contractors attended a mandatory job walk for the project. On October 26, 2009, the bids were opened and Atom Engineering Construction was the apparent low bidder. Upon review of the documents, Atom Engineering Construction was recommended as non-responsive by County Counsel and was notified by EDA through certified mail.

The second apparent low bidder was Inland Mechanical Construction Inc., and their bid documents were found to constitute the basis for an award by County Counsel. Representatives from EDA, RCRMC Plant Operations and the project architect and engineer interviewed Inland Mechanical Construction Inc., who demonstrated their capabilities and preparedness to meet the project requirements. Inland Mechanical Construction Inc., was, therefore, determined to be the lowest responsive and responsible bidder.

PROJECT BUDGET:

The approximate allocation of the project budget is as follows:

System Design	\$ 35,300
Construction	\$109,000
Equipment	\$108,112
Project Management	\$ 20,870
Project Contingency	<u>\$ 26,741</u>
TOTAL	\$300,023

Project related expenditures for FY 09/10 are estimated at \$110,283; expenditures for FY 10/11 are estimated at \$189,740. All costs associated with this project will be fully funded by RCRMC Enterprise Fund.

AGREEMENT FORM

2010

THIS AGREEMENT, entered into this 8th day of February, ~~2009~~, by and between Inland Mechanical Construction, Inc., hereinafter called the "Contractor", and the County of Riverside hereinafter called the "Owner".

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, the Instructions to Bidders, the Contractor's Proposal, Wage Schedule, Payment and Performance Bonds, the Plans and Specifications plus any Addenda thereto, the General Conditions, the Supplementary General Conditions, if applicable and this Agreement. All Contract Documents are intended to cooperate and be 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 and materials for the RCRMC Medial Air Pumps and Medical Air Dryer Replacement Project (#FM08430003907). In strict accordance with the Plans and Specifications dated 2008 & approved by County Counsel on 1/13/09 and prepared by Institutional Designs & Architectural Services (IDAS) hereinafter called the "Architect", including Addenda thereto as listed in the Contractor's Proposal, all of which are made a part hereof.

TIME FOR COMPLETION: The work shall be commenced on a date to be specified in a written order of the Architect and shall be completed within ninety (90) 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 Owner 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 One Hundred Nine thousand dollars (\$109,000) being the total of the base bid plus the following addenda: N/A, ____, ____. 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 require 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 the work of this Contract.

IN WITNESS WHEREOF, the parties hereto on the day and year first above written have executed this agreement in four (4) counterparts.

Type of Contractor's organization: Corporation
If other than individual or corporation, list names of all members who have authority to bind firm.

Firm Name: Inland Mechanical Construction, Inc.
Address: 571-C Crane Street Lake Elsinore, CA 92530
Contractor's License No.: 198273

IF OTHER THAN CORPORATION EXECUTE HERE

Signature: _____
Title: _____

Affix Seal
If
Corporation

IF CORPORATION, FILL OUT FOLLOWING AND EXECUTE

Name of President of Corporation: John D. Basse
Name of Secretary of Corporation: Carol Winn
Corporation is organized under the laws of State of California
Signature: John W. Basse
Title: Vice-President

Owner: COUNTY OF RIVERSIDE
Signature: _____
Title: Chairman - Board of Supervisors

Attest: Clerk - Board of Supervisors
By: _____
Title: _____

FORM APPROVED COUNTY COUNSEL
BY: Marshall Victor 4/22/10
MARSHAL VICTOR DATE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
 County of Riverside

On Feb. 11, 2010 before me, Carol A. Winn, Notary Public
Date Here Insert Name and Title of the Officer
 personally appeared John W. Basse
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 [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

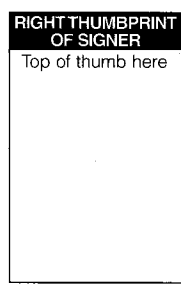
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Agreement Form
 Document Date: Feb. 8, 2010 Number of Pages: 1
 Signer(s) Other Than Named Above: N/A

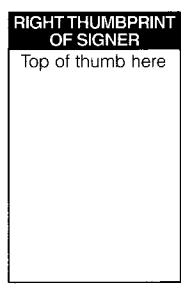
Capacity(ies) Claimed by Signer(s)

Signer's Name: John W. Basse
 Individual
 Corporate Officer — Title(s): Vice-President
 Partner — Limited General
 Attorney in Fact
 Trustee
 Guardian or Conservator
 Other: _____



Signer Is Representing: Inland Mechanical Construction

Signer's Name: N/A
 Individual
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Attorney in Fact
 Trustee
 Guardian or Conservator
 Other: _____



Signer Is Representing: _____

Bond #1613933
Premium \$1,962.00

PERFORMANCE BOND

The makers of this Bond, Inland Mechanical Construction, Inc., as Principal, and Great American Insurance Company as Surety, are held and firmly bound unto County of Riverside, hereinafter called the Owner, in the sum of One Hundred Nine Thousand Dollars (\$109,000) for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal entered into a certain contract, hereto attached, with the Owner, dated 2-8-10, ~~2009~~ for:

RCRMC Medial Air Pumps and Medical Air Dryer Replacement

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 Owner, with or without notice to the Surety, and during the file 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 February, ~~2009~~ 2010

Inland Mechanical Construction, Inc.

(Firm Name - Principal)
571-C Crane St., Lake Elsinore, CA 92530

(Business Address)

Affix Seal
if
Corporation

By: Jew. B.
(Signature - Attach Notary's Acknowledgment)

Vice-President
(Title)

Great American Insurance Company

(Corporation Name - Surety)

750 City Dr. South, Ste. 300, Orange, CA 92868

(Business Address)

Affix
Corporate
Seal

By: Richard C. Lloyd
(Signature - Attach Notary's Acknowledgment)

Richard C. Lloyd
ATTORNEY-IN-FACT
(Title-Attach Power of Attorney)

PAYMENT BOND

Bond #1613933
Premium : Included in
Perf. bond

(Public Work - Civil Code Section 3247 et seq.)
Inland Mechanical Construction, Inc.

The makers of this Bond are _____ as Principal and Original Contractor and
Great American 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 2-8-10,
~~2009~~ between Principal and County of Riverside, a public entity, as owner, for One Hundred Nine Thousand
dollars (\$ 109,000) the total amount payable. THE AMOUNT OF THIS BOND IS 100% OF SAID SUM. Said
contract is for public work of:

RCRMC Medial Air Pumps and Medical Air Dryer Replacement

The beneficiaries of this Bond are as is stated in 3248 of the Civil Code and the requirements and conditions
of this Bond are as is 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 February ~~2006~~ 2010

Inland Mechanical Construction, Inc.

(Firm Name - Principal)

571-C Crane St., Lake Elsinore, CA 92530

(Business Address)

Affix Seal
if
Corporation

By: Jew. B.
(Signature - Attach Notary's Acknowledgment)

V.P.
(Title)

Great American Insurance Company

(Corporation Name - Surety)

750 City Dr. South Ste 300, Orange, CA 92868

(Business Address)

Affix
Corporate
Seal

By: Richard C. Lloyd
(Signature - Attached Notary's Acknowledgment)

Richard C. Lloyd
ATTORNEY-IN-FACT
(Title-Attach Power of Attorney)

State of California)
County of Orange)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

On 2/10/10 before me, Susan A. Lloyd, a Notary Public,
(here insert name and title of the officer)

personally appeared Richard C. Lloyd

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 Susan A Lloyd

(Seal)

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Performance/Pymnt bond

containing 2 pages, and dated 2/10/10

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-Fact
- Corporate Officer(s) _____ Title(s)

- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: _____

representing: _____
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information	
Method of Signer Identification	
Proved to me on the basis of satisfactory evidence: <input type="checkbox"/> form(s) of identification <input type="checkbox"/> credible witness(es)	
Notarial event is detailed in notary journal on: Page # _____ Entry # _____	
Notary contact: _____	
Other	
<input type="checkbox"/> Additional Signer(s)	<input type="checkbox"/> Signer(s) Thumbprint(s)
<input type="checkbox"/> _____	

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 580 WALNUT STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than ONE

No. 0 13872

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute in behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
RICHARD C. LLOYD	NEWPORT BEACH, CALIFORNIA	\$75,000,000.00

This Power of Attorney revokes all previous powers issued in behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 23rd day of, OCTOBER, 2008.

Attest

GREAT AMERICAN INSURANCE COMPANY

STATE OF OHIO, COUNTY OF HAMILTON - ss:

DAVID C. KITCHIN (513-412-4602)

On this 23rd day of OCTOBER, 2008, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is the Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated March 1, 1993.

RESOLVED: That the Division President, the Division Senior Vice President, the several Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract or suretyship or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, EVE CUTLER ROSEN, Senior Vice President, General Counsel & Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of March 1, 1993 have not been revoked and are now in full force and effect.

Signed and sealed this 10th day of, February, 2010

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Riverside

On Feb. 11, 2010 before me, Carol A. Winn, Notary Public
Date Here Insert Name and Title of the Officer

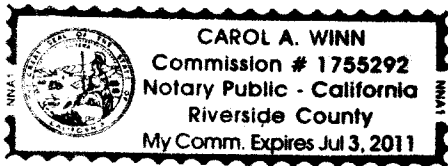
personally appeared John W. Basse
Name(s) of Signer(s)

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 Carol A. Winn
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: Payment & Performance Bonds

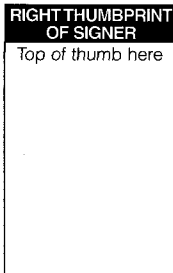
Document Date: Feb. 10, 2010 Number of Pages: 2

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: John W. Basse

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



Signer Is Representing: Inland Mechanical Construction

Signer's Name: N/A

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



Signer Is Representing: _____

**CONTRACTOR'S CERTIFICATE
REGARDING WORKERS' COMPENSATION**

Labor Code Section 3700

Every employer, except the State and all political subdivisions or institutions thereof, shall secure the payment of compensation in one or more of the following ways:

- (a) By being insured against liability to pay compensation in one or more insurers duly authorized to write compensation insurance in this State.
- (b) By securing from the Director of Industrial Relations, a Certificate of Consent to Self-Insure, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his employees

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for Workers' 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 this Contract.

J. W. B.
Principal

Principal

VICE PRESIDENT
Title

(In accordance with Article 5 [commencing at Section 1860], Chapter, Part 7, Division 2 of the Labor Code, the above Certificate must be signed and filed with the Owner prior to performing any work under this Contract.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/19/10

PRODUCER K-C Insurance Agency, Inc.
P.O. BOX 1
Moreno Valley, CA 92556
Phone (951) 247-1104 Fax (951) 247-5668

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 Inland Mechanical Construction, Inc.
571-C Crane St.
Lake Elsinore, CA 92530-

INSURERS AFFORDING COVERAGE NAIC #

INSURER A: Scottsdale Insurance Company.
INSURER B: Nationwide Mutual Insurance Company
INSURER C: State Compensation Insurance Fund
INSURER D:
INSURER E:
INSURER F:

COVERAGES

THE POLICIES OF INSURANCE LISTED 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 OF 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 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	BCS0021109	12/31/09	12/31/10	EACH OCCURRENCE	1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	50000
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	1000000
						GENERAL AGGREGATE	2000000
						PRODUCTS - COM/POP AGG	2000000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	ACPBA7832431183	12/31/09	12/31/10	COMBINED SINGLE LIMIT (Ea accident)	1000000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC AGG	
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	XLS0064122	12/31/09	12/31/10	EACH OCCURRENCE	4,000,000
						AGGREGATE	4,000,000
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	6683028-10	01/01/10	01/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	1000000
						E.L. DISEASE - EA EMPLOYEE	1000000
						E.L. DISEASE - POLICY LIMIT	1000000
B		OTHER Installation Floater	ACP CIM 783243118	12/31/09	12/31/10	\$400,000	\$1,000 Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: Medical Air & Gas Pump Replacement Project.

Project #20063907 @ Riverside County Regional Medical Center, 26520 Cactus Ave., Moreno Valley, CA 92555

Riverside County shall be named as Additional Insured and furnished 30 days written notice of prior to cancellation. Waiver of Subrogation applies.

CERTIFICATE HOLDER

County of Riverside
3133 Mission Inn Ave.
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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Chris E. [Signature]

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.

POLICY NUMBER- BCSOO21109

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/ COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

County of Riverside
3133 Mission Inn Avenue
Riverside, CA 92507

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us of Section IV— Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "Your work done under a contract with that person or organization and included in the 'products- completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

POLICY NUMBER BCS0021109

G 20 10 11 85

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:

County of Riverside
3133 Mission Inn Avenue
Riverside, CA 92507

(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 the liability arising out of "your work" for that insured by or for you.

INSURED: Inland Mechanical Construction, Inc.

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 02-09-2010

 GROUP:
 POLICY NUMBER: 7683028-2010
 CERTIFICATE ID: 63
 CERTIFICATE EXPIRES: 01-01-2011
 01-01-2010/01-01-2011

 COUNTY OF RIVERSIDE

 3133 MISSION INN AVE
 RIVERSIDE CA 92507-4138

SK

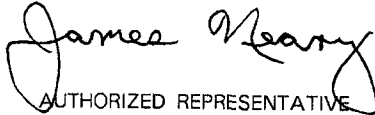
 JOB: RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
 26520 CACTUS AVE.
 MORENO VALLEY
 CA 92555

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.



AUTHORIZED REPRESENTATIVE



PRESIDENT

THIS CERTIFICATE IS PART OF AN ADR FAMILY THAT ALSO INCLUDES THE FOLLOWING POLICIES:

6683028-10

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

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 01-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2570 ENTITLED WAIVER OF SUBROGATION EFFECTIVE 2010-02-08 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. THIRD PARTY NAME:
 COUNTY OF RIVERSIDE

EMPLOYER

 INLAND MECHANICAL CONSTRUCTION INC
 571 CRANE ST STE C
 LAKE ELSINORE CA 92530

SK

[B10,SP]