

FORM APPROVED COUNTY COUNSEL 1/29/15  
 BY: GREGORY P. PRIAMOS DATE

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

125A



**SUBMITTAL DATE:**  
 January 27, 2015

**FROM:** TLMA - Transportation Department

**SUBJECT:** Emergency Storm Damage Repair Work, Ewarton Road Retention Basin and 42<sup>nd</sup> Avenue Sidewalk, Curb and Gutter Replacement in the Community of Bermuda Dunes. 4<sup>th</sup> District; [\$101,177]; 100% Local Funds

**RECOMMENDED MOTION:** That the Board of Supervisors receive and file an emergency contract with Cooley Construction, Inc. that the Transportation Department has entered into on behalf of the County of Riverside.

**BACKGROUND:**

**Summary**

The Director of Transportation and Land Management Agency entered into an emergency contract with the firm Cooley Construction, Inc. of Hesperia, California to provide emergency storm repair work on Ewarton Road Retention Basin and 42nd Avenue sidewalk, curb and gutter replacement in the community of Bermuda Dunes.

*Patricia Romo*

Patricia Romo  
 Assistant Director of Transportation

*Juan C. Perez*

Juan C. Perez  
 Director of Transportation and Land Management

JCP: jrj

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (Per Exec. Office)
COST	\$ 101,177	\$ 0	\$ 101,177	\$ 0	Consent <input type="checkbox"/> Policy <input type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b> Gas Tax (100%). There are no General Funds used in this project.				<b>Budget Adjustment:</b> No	
				<b>For Fiscal Year:</b> 2014/2015	

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Tina Grande*  
 Tina Grande

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.: 1/11/11, Item 3-80

District: 4

Agenda Number:

3-30

Departmental Concurrence

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11: Emergency Storm Damage Repair Work, Ewarton Road Retention Basin and 42<sup>nd</sup> Avenue Sidewalk, Curb and Gutter Replacement in the Community of Bermuda Dunes. 4<sup>th</sup> District; [\$101,177]; 100% Local Funds**  
**DATE:** January 27, 2015  
**PAGE:** 2 of 2

**BACKGROUND:**

**Summary (continued)**

Rain storms flooded and damaged two areas within the Bermuda Dunes community on September 8, 2014:

1. Ewarton Road Retention Basin between Petersfield Road and Front Hall Road
2. 42<sup>nd</sup> Avenue sidewalk, curb and gutter near Washington Street sidewalk

Emergency work included the following tasks of work, as directed by the Engineer:

1. Earthwork, excavation, and grading work for drainage basin
2. Disposal of debris, all surplus soil, and unusable material
3. Repair and relocation of wrought iron fence
4. Removal and replacement of sidewalk, curb, and gutter
5. Grading work adjacent to the damaged sidewalk
6. Miscellaneous Hot Mix Asphalt work (Approximately 1,000 square feet)

The Specifications and Contract Documents for this repair work were approved as to legal form by County Counsel.

The contract was executed in accordance with the authority that the Board of Supervisors delegated to the Director of Transportation by Resolution No. 2011-015, approved January 11, 2011 (Agenda Item 3-80).

The contractor was qualified, and the Riverside County contract was executed. The contractor provided performance bond, payment bond, and insurance documents.

The emergency repair work started early November 2014, and repairs were completed by the end of November 2014.

Project No. 15-00004

**Impact on Residents and Businesses**

The Ewarton basin was filled to maximum capacity and the slopes of the basin and a perimeter fence were damaged. The 42<sup>nd</sup> Avenue location had sidewalk, curb, and gutter undermined and uplifted by storm water flowing underneath causing severe damage. Both locations required immediate repair for public safety, for protection of the roadway, and for properties located upstream and downstream.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

The amount of this contract is for \$101,177.

This work was performed in accordance with the Force Account provisions of the Standard Specifications. The work will be funded from Gas Tax until such time as disaster relief funds may become available for reimbursement.

There are no General Funds used in this project.

**Contract History and Price Reasonableness**

N/A

County of Riverside  
Transportation Department

Emergency Storm Damage Repair Work  
Ewarton Road Retention Basin  
and  
42<sup>nd</sup> Avenue Sidewalk, Curb and Gutter Replacement  
In the Community of Bermuda Dunes  
Project No. 15-00004



**Vicinity Map**  
Township 5S Range 7E Section 7  
County Road Book page No. 207B

Riverside County Contract No. 15-01-010

## Contract

THIS CONTRACT is entered into at Riverside, California as of the date set forth below is between County of Riverside hereafter called "County" and Cooley Construction, Inc., hereafter called "Contractor".

### WITNESSETH

#### Recitals:

1. Contractor has submitted to County his Contractor's Proposal for the construction of County Project, Emergency Storm Damage Repair Work, Ewarton Road Retention Basin and 42<sup>nd</sup> Avenue Sidewalk, Curb and Gutter Replacement, in the Community of Bermuda Dunes, Project No. 15-00004, in strict accordance with the Contract Documents identified below and County has accepted said Proposal.
2. Contractor states that he has reexamined his Contractor's Proposal and found it to be correct, has ascertained that his subcontractors are properly licensed and possess the requisite skill and forces, has reexamined the site and Contract Documents and is of the opinion that he can presently do the work in accordance with the Contract Documents for the money set forth in his Proposal to be paid as provided in the Contract Documents.

#### Agreement:

It is agreed by the parties as follows:

#### 1. Contract Documents

The entire Contract consists of the following: (a) The Construction Contract, ~~(b) The Notice Inviting Bids.~~ ~~(c) The Instruction to Bidders,~~ (d) The Bid, ~~(e) The Bid Bond,~~ (f) The Payment Bond, (g) The Performance Bond, (h) The General Conditions, (i) The Special Provisions, (j) The Standard Specifications of the State of California Department of Transportation edition of 2010 as modified in other portions of the Contract Documents and as amended by the State of California Department of Transportation, (k) The Standard Plans of the Department of Transportation identified on the plans or in the Special Provisions, (l) The Plans, ~~(m) Addenda~~ \_\_\_\_\_, (n) The Determination of Prevailing Wage Rates for Public Work, (o) Any Change Orders issued, (p) Any additional or supplemental specifications, notice, instructions and drawings issued in accordance with the provisions of the Contract Documents. All of said Documents presently in existence are by this reference incorporated herein with like effect as if here set forth in full and upon the proper issuance of other documents they shall likewise be deemed incorporated. The Bid Bond is exonerated upon execution of this Contract and the Payment Bond and Performance Bond.

2. The Work

Contractor shall do all emergency repair tasks necessary to construct the work generally described in Recital No. 1 and Special Provisions in accordance with the Contract Documents.

3. Prosecution, Progress and Liquidated Damages

Attention is directed to the provisions in Section 8-1.04, "Start of Job Site Activities", Section 8-1.05, "Time", and in Section 8-1.10 "Liquidated Damages" of the Standard Specifications and these Special Provisions.

Standard Specification Section 8-1.04B, "Standard Start" is modified to read as follows:

The Contractor shall begin work within two (2) calendar days, or as revised in the Special Provisions, of the date stated within the written "Notice to Proceed".

The Contractor shall notify the Engineer, in writing, of the Contractor's intent to begin work at least 24 hours before work is begun. If the project has more than one (1) location of work, Contractor shall submit a separate notice for each location. The notice shall be delivered to the Transportation Department's Construction Engineer and shall specify the date the Contractor intends to start at said location.

Should the Contractor begin work in advance of receiving a written "Notice to Proceed", any work performed by the Contractor in advance of the date stated in the "Notice to Proceed" shall be considered as having been done by the Contractor at his own risk and as a volunteer and subject to the following:

- A. The Contractor shall, on commencing operations, take all precautions required for public safety and shall observe all the provisions in the Specifications and the Special Provisions.
- B. All work done according to the Contract, prior to the issuance of the "Notice to Proceed", will be considered authorized work and will be paid for as provided in the contract.
- C. The Contractor shall not be entitled to any additional compensation or an extension of time for any delay, hindrance or interference caused by or attributable to commencement of work prior to the issuance of the "Notice to Proceed".

4. Compensation

The Contractor agrees to receive and accept payment, on a not to exceed lump sum amount of \$101,177.00, as full compensation for furnishing all materials and for doing all the work contemplated and embraced in this Contract, until its acceptance by the County of Riverside, and for well and faithfully completing the work, and the whole there of, in the manner according to the specifications, and the requirements of the Engineer.

**Emergency Storm Damage Repair Work  
Ewarton Road Retention Basin  
and  
42<sup>nd</sup> Avenue Sidewalk, Curb and Gutter Replacement  
In the Community of Bermuda Dunes  
Project No. 15-00004**

IN WITNESS WHEREOF the parties hereto have executed this Contract as of the date set forth below.

**COUNTY OF RIVERSIDE**

**COOLEY CONSTRUCTION, INC.**

BY: \_\_\_\_\_

BY: \_\_\_\_\_

Juan Perez  
Director of Transportation and Land Management

Paul R. Cooley, Jr.

DATED: \_\_\_\_\_

TITLE: \_\_\_\_\_

(If Corporation, affix Seal)

ATTEST:

Cheryl Olson  
Cheryl Olson

TITLE: \_\_\_\_\_

Assist. Secretary

FORM APPROVED COUNTY COUNCIL  
BY: \_\_\_\_\_ DATE: 4/20/15

Licensed in accordance with an act providing  
for the registration of Contractors,

License No. **348038**

Federal Employer Identification Number:  
**95-3134038**

\_\_\_\_\_  
"Corporation"  
(Seal)

**ACKNOWLEDGMENT**

State of California  
County of San Bernardino)

On December 11, 2014 before me, Kelly Trentham, Notary Public  
(insert name and title of the officer)

personally appeared Paul R. Cooley Jr. and Cheryl Olson,  
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)



**MINUTES OF ACTION OF BOARD OF DIRECTORS**

**OF**

**COOLEY CONSTRUCTION, INC.**

**IN LIEU OF ANNUAL MEETING**

**December 13, 2013**

The actions described in these Minutes of Action of the Board of Directors of the above-named Corporation are taken pursuant to provisions of the Corporation's Bylaws in lieu of the annual meeting of the Board of Directors.

The Directors hereby consent to and adopt the following recitals and resolutions:

Actions of Officers

RESOLVED: That the acts of the Officers of the Corporation since the last annual Board of Directors meeting are hereby ratified, adopted, and approved for and on behalf of the Corporation.

Appointment of Officers

RESOLVED: That the following persons shall be, and they hereby are, appointed as Officers of this Corporation to hold the office or offices set forth opposite their respective names until the first meeting of the Board of Directors following the next annual meeting of Shareholders of this Corporation and until their successors are appointed and qualified or their earlier resignation or removal, and such Officers shall serve at the pleasure of the Board of Directors of this Corporation:



Name:

Appointed Officer Position:

Paul R. Cooley, Jr.  
Glen Wesley Daniels  
Scott C. Daniels  
Thomas Sternfeld  
Cheryl Olson  
Benjamin Cooley  
William Daniels  
Ronald Walker

President  
EVP/Chief Financial Officer  
EVP/Secretary  
Vice President  
Vice President/Assistant Secretary  
Vice President  
Vice President  
Vice President

**AFFIDAVIT NAMING PERSON AUTHORIZED TO SIGN PAYROLL/INVOICES**

**STATE OF CALIFORNIA**

**COUNTY OF SAN BERNARDINO**

I, Paul R. Cooley, Jr. do until  
(Name of owner, partner or corporate officer and title)

further notice appoint CRYSTAL BLOUNT as paymaster  
(Name of individual being appointed)

and appoint KELLY TRENTAM as designated officer to

sign invoices on the construction work of the Cnty of Riverside,  
(Title of Project)  
Flood Control Work at Ewarton Rd. Retention

Basin, 42 Ave Sidewalk Contract no. 15-00004  
in the Community of Bermuda Dunes

I, do further appoint CRYSTAL BLOUNT  
(Name of individual being authorized)

and authorized (him) (her) to execute the combination Copeland, Davis-Bacon, Work Hours Act of 1962 compliance statements required to be filed with the payrolls and hereby certify that (he) (she) is in a position to have full knowledge of the facts set for the in this statement.

COOLEY CONSTRUCTION, INC.  
Contracting Company or Firm Name

By [Signature]  
Owner, Partner, or Corporate Officer

The Prime Contractor is required to obtain and deliver a similar affidavit for each of his subcontractors if such authorization is required.

Authorization is required if any individual other than an owner, partner of (Corporate Officer) is to execute the combination (Copeland, Davis-Bacon, Work Hours Act of 1962) compliance Statement required to be filed with each weekly payroll report. This affidavit is to be submitted with the first payroll only unless a change is made in the person authorized to supervise the payroll, in which case a new affidavit is required covering that person.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>COOLEY CONSTRUCTION, INC.</b>		
	Business name/disregarded entity name, if different from above		
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) <b>17525 EUCALYPTUS ST. STE. G</b>	Requester's name and address (optional)	
	City, state, and ZIP code <b>HESPERIA, CA 92345</b>	List account number(s) here (optional)	

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
<b>Employer identification number</b>									
9	5	-	3	1	3	4	0	3	8

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person      Date ▶ 1-8-14

**General Instructions**

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

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



State Of California

**CONTRACTORS STATE LICENSE BOARD**  
**ACTIVE LICENSE**



License Number **348038**

Entity **CORP**

Business Name **COOLEY CONSTRUCTION INC**

Classification(s) **A C-8 C12 C32**

Expiration Date **02/28/2015**

[www.cslb.ca.gov](http://www.cslb.ca.gov)



# Contractor's License Detail for License # 348038

**DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.**

CSLB complaint disclosure is restricted by law (B&P 7124.6) If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.  
Per B&P 7071.17, only construction related civil judgments reported to the CSLB are disclosed.  
Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.  
Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

### Business Information

COOLEY CONSTRUCTION INC  
P O BOX 401810  
HESPERIA, CA 92340  
Business Phone Number:(760) 948-8400

Entity Corporation  
Issue Date 12/06/1977  
Expire Date **02/28/2017**

### License Status

**This license is current and active.**  
All information below should be reviewed.

### Classifications

A - GENERAL ENGINEERING CONTRACTOR  
C-8 - CONCRETE  
C12 - EARTHWORK AND PAVING  
C32 - PARKING AND HIGHWAY IMPROVEMENT

### Bonding Information

#### Contractor's Bond

This license filed a Contractor's Bond with FIDELITY AND DEPOSIT COMPANY OF MARYLAND.  
**Bond Number:** 8084541  
**Bond Amount:** \$12,500  
**Effective Date:** 01/01/2007  
Contractor's Bond History

#### Bond of Qualifying Individual

The Responsible Managing Officer (RMO) COOLEY PAUL RICHARD JR certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of qualifying individual is **not** required.  
**Effective Date:** 06/02/2003

### Workers' Compensation

This license has workers compensation insurance with the TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA  
**Policy Number:**DTJUB6E61033714  
**Effective Date:** 08/01/2014  
**Expire Date:** 08/01/2015  
Workers' Compensation History

**Other**

Personnel listed on this license (current or disassociated) are listed on other licenses.

## BUSINESS REGISTRATION

## RIVERSIDE COUNTY

The person, firm or corporation named below is granted this registration certificate pursuant to the provisions of RIVERSIDE COUNTY Ordinance 857. Issuance of certificate is not an endorsement, nor certification of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the county zoning regulations. This certificate is issued without verification that the taxpayer is subject to or exempt from licensing by the State of California.

**Business Name:** Cooley Construction Inc.  
**Business Location:** 17525 EUCALYPTUS ST STE. GG  
HESPERIA, CA 92345  
**1st Owner Name:** Paul Cooley Jr.  
**2nd Owner Name:** Glen Daniels

COOLEY CONSTRUCTION INC.  
P.O. BOX 401810  
HESPERIA, CA 92340

**BUSINESS LICENSE #:** 029598  
**Business Type:** 240  
**Description:** Grading, Paving & Sealcoating  
**Effective Date:** May 18, 2013  
**Expiration Date:** May 17, 2014

TO BE POSTED IN A CONSPICUOUS PLACE

NOT TRANSFERABLE

**RECEIVED**  
MAY 03 2013  
Accts. Payable  
Cooley Const., Inc



PAVING ~ GRADING ~ SEALCOATING

Bill To: COUNTY OF RIVERSIDE  
TRANSPORTATION DEPT  
3525 14TH STREET  
RIVERSIDE CA 92501

Job: RIVERSIDE CO-FLOOD REPAIRS IND  
GRADE AND PAVE  
42ND AVE & EWARTON ST  
INDIO, CA

Invoice No.: 14431  
Period From: 10/29/14  
Period Thru: 11/30/14

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Original Contract Amount.....	95,682.00
Approved Change Orders.....	5,495.00
Total Contract to Date.....	101,177.00
Total Completed to Date.....	101,177.00
Total Retainage.....	5,058.85
Previous Total Completed.....	.00
Current Invoice Amount.....	101,177.00
Current Retainage.....	5,058.85
Current Amount Due .....	96,118.15



Project # :

Invoice Number : 14431

Thru: 11/30/14

Item Number	Description	Unit Of Measure	Unit Price	Contract Quantity	--Q U A N T I T Y--		----A M O U N T----	
					This Period	Job To Date	This Period	Job To Date
1 42ND ST2 WASHINGTON								
1	REM/REPLACE AC PAVING	SF	33.6000	420.00	420.00	420.00	14,112.00	14,112.00
2	REM/REPLACE CURB& GUTTER	LF	90.0000	70.00	70.00	70.00	6,300.00	6,300.00
3	REM/REPLACE 6'SIDEWALK	LF	76.0000	145.00	145.00	145.00	11,020.00	11,020.00
4	SLURRY UNDER EX.SIDEWALK	CY	600.0000	7.00	7.00	7.00	4,200.00	4,200.00
5	BACKFILL PARKWAY	LS	3700.0000	1.00	1.00	1.00	3,700.00	3,700.00
6	REPLACE PARKWAY DRAIN	LS	1480.0000	1.00	1.00	1.00	1,480.00	1,480.00
7	TRAFFIC CONTROL	LS	4400.0000	1.00	1.00	1.00	4,400.00	4,400.00
8	MOBILIZATION	LS	5200.0000	1.00	1.00	1.00	5,200.00	5,200.00
Total 42ND ST2 WASHINGTON							50,412.00	50,412.00
2 EWARTON RD@ LIMA HALL								
1	SLURRY UNDER SIDEWALK	CY	550.0000	15.00	15.00	15.00	8,250.00	8,250.00
2	REGRADE SLOPE	LS	7800.0000	1.00	1.00	1.00	7,800.00	7,800.00
3	REPLACE IRRIGATION	LS	7500.0000	1.00	1.00	1.00	7,500.00	7,500.00
4	RESET W.I. FENCE	LS	13000.0000	1.00	1.00	1.00	13,000.00	13,000.00
5	REMOVE DAMAGE PLANTS	LS	1520.0000	1.00	1.00	1.00	1,520.00	1,520.00
6	TRAFFIC CONTROL	LS	3300.0000	1.00	1.00	1.00	3,300.00	3,300.00
7	MOBILIZATION	LS	3900.0000	1.00	1.00	1.00	3,900.00	3,900.00
Total EWARTON RD@ LIMA HALL							45,270.00	45,270.00
3 CHANGE ORDERS								
1	CO#1 RELOCATE FENCE BEHIND SID	LS	5495.0000	1.00	1.00	1.00	5,495.00	5,495.00
Total CHANGE ORDERS							5,495.00	5,495.00
Job Totals							101,177.00	101,177.00

**CONDITIONAL WAIVER AND RELEASE  
UPON PROGRESS PAYMENT  
California Civil Code Section 8132**

**NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.**

Name of Claimant: COOLEY CONSTRUCTION, INC.

Cooley Job Number: 3678

Name of Customer: COUNTY OF RIVERSIDE

Job Location: RIVERSIDE CO-FLOOD REPAIRS IND

GRADE AND PAVE

42ND AVE & EWARTON ST INDIO, CA

Owner: COUNTY OF RIVERSIDE

Through Date: November 30, 2014

This document waives and releases lien, stop payment notice and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to customer on this job through the Through Date of this document. Rights based upon labor or service provided, or equipment or materials delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn.

Maker of Check: COUNTY OF RIVERSIDE

Amount of Check: \$ 96,118.15

Check Payable to: COOLEY CONSTRUCTION, INC

**Exceptions:**

This document does not affect any of the following:

- (1) Retentions
- (2) Extras for which the claimant has not received payment
- (3) The following progress payments for which the claimant has previously given a conditional waiver and release but has not received payment:
  - a. Date(s) of waiver and release: \_\_\_\_\_ N/A
  - b. Amount(s) of unpaid progress payment(s) \_\_\_\_\_ N/A
- (4) Contract rights, including (A) a right based on rescission, abandonment, or breach of contract, and (B) the right to recover compensation for work not compensated by the payment.

Claimant's Signature: \_\_\_\_\_

Claimant's Title: Paul R. Cooley, Jr.- President

Date of Signature: December 2, 2014

# ACT BILLING

E FLOOD & WAT

Invoice No: 3678-1

Job Number: 3678

Billing Date: November 30, 2014

Progress Payment No: 1

Job Description: RIVERSIDE CO-FLOOD REPAIRS INDIO AREA

12-1-14  
 JW Please Approve  
 KAT

**RECEIVED**  
 DEC - 2 2014

BY: .....

Contract Amount	Previously Billed		Current Request		Total-To-Date	
	Quantity	Amount	Quantity	Amount	Quantity	Amount
14,112.00	0.00	0.00	420.00	14,112.00	420.00	14,112.00
6,300.00	0.00	0.00	70.00	6,300.00	70.00	6,300.00
11,020.00	0.00	0.00	145.00	11,020.00	145.00	11,020.00
4,200.00	0.00	0.00	7.00	4,200.00	7.00	4,200.00
3,700.00	0.00	0.00	1.00	3,700.00	1.00	3,700.00
1,480.00	0.00	0.00	1.00	1,480.00	1.00	1,480.00
4,400.00	0.00	0.00	1.00	4,400.00	1.00	4,400.00
5,200.00	0.00	0.00	1.00	5,200.00	1.00	5,200.00
8,250.00	0.00	0.00	15.00	8,250.00	15.00	8,250.00
7,800.00	0.00	0.00	1.00	7,800.00	1.00	7,800.00
7,500.00	0.00	0.00	1.00	7,500.00	1.00	7,500.00
13,000.00	0.00	0.00	1.00	13,000.00	1.00	13,000.00
1,520.00	0.00	0.00	1.00	1,520.00	1.00	1,520.00
3,300.00	0.00	0.00	1.00	3,300.00	1.00	3,300.00
3,900.00	0.00	0.00	1.00	3,900.00	1.00	3,900.00
<b>95,682.00</b>		<b>0.00</b>		<b>95,682.00</b>		<b>95,682.00</b>
5,495.00	0.00	0.00	1.00	5,495.00	1.00	5,495.00
<b>5,495.00</b>		<b>0.00</b>		<b>5,495.00</b>		<b>5,495.00</b>
<b>01,177.00</b>		<b>0.00</b>		<b>101,177.00</b>		<b>101,177.00</b>
						<b>0.00</b>
		<b>0.00</b>		<b>5,058.85</b>		<b>5,058.85</b>
		<b>0.00</b>		<b>96,118.15</b>		<b>96,118.15</b>

ISSUED IN DUPLICATE

Bond No. 9173980  
Premium Included in  
Performance Bond

**Payment Bond**  
(Public Works - Civil Code §9550 et seq.)

The makers of this Bond are Cooley Construction, Inc., as Principal and Original Contractor and Fidelity and Deposit Company of Maryland, a corporation, authorized to issue Surety Bonds in California, as Surety, and this Bond is issued in conjunction with that certain public works contract to be executed between Principal and COUNTY OF RIVERSIDE a public entity, as Owner, for **\$101,177.00 (One hundred one thousand, one hundred seventy seven and no cents)**, the total amount payable. The amount of this bond is one hundred percent (100%) of said sum. Said contract is for public work generally consisting of **Emergency Storm Damage Repair Work, Ewarton Road Retention Basin and 42<sup>nd</sup> Avenue Sidewalk, Curb and Gutter Replacement, in the Community of Bermuda Dunes, Project No. 15-00004.**

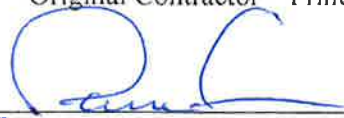
The beneficiaries of this Bond are as is stated in 9554 of the Civil Code and requirements and conditions of this Bond are as is set forth in 9554, 9558, 9560 and 9564 of said code. Without notice, Surety consents to extension of time for performance, change in requirements, amount of compensation, or prepayment under said contract.

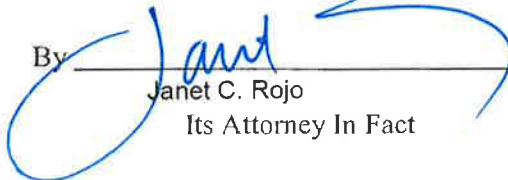
Dated: December 9, 2014

Cooley Construction, Inc.

Original Contractor – Principal

Fidelity and Deposit Company of Maryland  
Surety

By   
Paul R. Cooley, Jr.

By   
Janet C. Rojo  
Its Attorney In Fact

Title President

(If corporation, affix seal)

(Corporate Seal)

(Corporate Seal)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ }

ss. SURETY'S ACKNOWLEDGEMENT

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_, known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacities, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

Notary Public (Seal)

**NOTE: This Bond must be executed by both parties with corporate seal affixed. All signatures must be acknowledged. (Attach acknowledgements).**

**ACKNOWLEDGMENT**

State of California  
County of San Bernardino)

On December 11, 2014 before me, Kelly Trentham, Notary Public  
(insert name and title of the officer)

personally appeared Paul R. Cooley Jr.  
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 *Kelly Trentham*

(Seal)



# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Francisco

On December 9, 2014 before me, Virginia L. Ledford-Black, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared Janet C. Rojo

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

*Virginia L. Ledford-Black*

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: \_\_\_\_\_

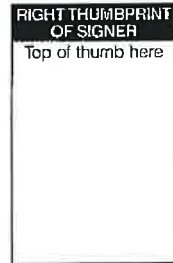
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

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



Signer Is Representing: \_\_\_\_\_



**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **THOMAS O. MCCLELLAN, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Susan HECKER, Janet C. ROJO, Betty L. TOLENTINO, M. MOODY, Maureen O'CONNELL, Robert P. WRIXON, Kevin RE, Virginia L. BLACK, R.A. BASS and K. ZEROUNIAN**, all of San Francisco, California, **EACH** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 24th day of October, A.D. 2012.

**ATTEST:**

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**



*Gregory E. Murray*

By: \_\_\_\_\_

*Assistant Secretary  
Gregory E. Murray*

*Thomas O. McClellan*

*Vice President  
Thomas O. McClellan*

State of Maryland  
City of Baltimore

On this 24th day of October, A.D. 2012, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **THOMAS O. MCCLELLAN, Vice President, and GREGORY E. MURRAY, Assistant Secretary**, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

*Maria D. Adamski*

Maria D. Adamski, Notary Public  
My Commission Expires: July 8, 2015



**EXTRACT FROM BY-LAWS OF THE COMPANIES**

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

**CERTIFICATE**

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of December, 2014.



*Geoffrey Delisio*

Geoffrey Delisio, Vice President



**Performance Bond**

**Recitals:**

- 1. **Cooley Construction, Inc.** (Contractor) has entered into a Contract with COUNTY OF RIVERSIDE (County) for construction of public work known as **Emergency Storm Damage Repair Work, Ewarton Road Retention Basin and 42<sup>nd</sup> Avenue Sidewalk, Curb and Gutter Replacement, in the Community of Bermuda Dunes, Project No. 15-0004.**
- 2. Fidelity and Deposit Company of Maryland, a           Maryland           corporation (Surety), is the Surety under this Bond.

**Agreement:**

We, Contractor as Principal and Surety as Surety, jointly and severally agree, state, and are bound unto County, as obligee, as follows:

- 1. The amount of the obligation of this Bond is 100% of the estimated contract price for the Project of **\$101,177.00 (One hundred one thousand, one hundred seventy seven and no cents)** and inures to the benefit of County.
- 2. This Bond is exonerated by Contractor doing all things to be kept and performed by it in strict conformance with the Contract Documents for this project, otherwise it remains in full force and effect for the recovery of loss, damage and expense of County resulting from failure of Contractor to so act. All of said Contract Documents are incorporated herein.
- 3. This obligation is binding on our successors and assigns.
- 4. For value received, Surety stipulates and agrees that no change, time extension, prepayment to Contractor, alteration or addition to the terms and requirements of the Contract Documents or the work to be performed thereunder shall affect its obligations hereunder and waives notice as to such matters, except the total contract price cannot be increased by more than 10% without approval of Surety.

THIS BOND is executed as of           December 9, 2014            
Cooley Construction, Inc.           Fidelity and Deposit Company of Maryland          

By           [Signature]          

By           [Signature]          

By           [Signature]          

Type Name           Janet C. Rojo          

Title           President          

Its Attorney in Fact  
"Surety"

"Contractor"

(Corporate Seal)

(Corporate Seal)

**NOTE: This Bond must be executed by both parties with corporate seal affixed. All signatures must be acknowledged. (Attach acknowledgements).**

## ACKNOWLEDGMENT

State of California  
County of San Bernardino )

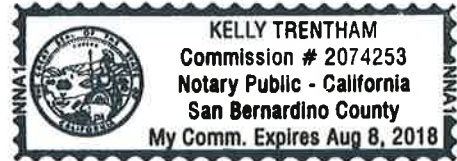
On December 11, 2014 before me, Kelly Trentham, Notary Public  
(insert name and title of the officer)

personally appeared Paul R. Cooley Jr.  
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

State of California

County of San Francisco

On December 9, 2014

Date

before me, Virginia L. Ledford-Black, Notary Public

Here Insert Name and Title of the Officer

personally appeared Janet C. Rojo

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.

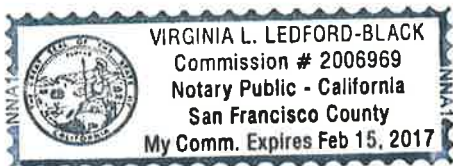
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

*Virginia L. Ledford-Black*

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: \_\_\_\_\_

<b>RIGHT THUMBPRINT OF SIGNER</b> 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: \_\_\_\_\_

<b>RIGHT THUMBPRINT OF SIGNER</b> Top of thumb here
--

Signer Is Representing: \_\_\_\_\_

**EXTRACT FROM BY-LAWS OF THE COMPANIES**

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

**CERTIFICATE**

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of December, 20 14.



*Geoffrey Delisio*

Geoffrey Delisio, Vice President

**EXTRACT FROM BY-LAWS OF THE COMPANIES**

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

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IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of December, 2014.



*Geoffrey Delisio*

Geoffrey Delisio, Vice President



- Company Profile
- Company Search
- Company Information
- Old Company Names
- Agent for Service
- Reference Information
- NAIC Group List
- Lines of Business
- Workers' Compensation Complaint and Request for Action/Appeals Contact Information
- Financial Statements PDF's
  - Annual Statements
  - Quarterly Statements
- Company Complaint
  - Company Performance & Comparison Data
  - Company Enforcement Action
  - Composite Complaints Studies
- Additional Info
  - Find A Company Representative In Your Area
  - View Financial Disclaimer

**COMPANY PROFILE**

**Company Information**

**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**  
**1400 AMERICAN LANE, 19TH FLOOR**  
**SCHUAMBURG, IL 60196-1056**  
**800-382-2150**

**Old Company Names**

**Effective Date**

**Agent For Service**

KASHONDA LAWSON  
 C/O CORPORATION SERVICE COMPANY  
 2710 GATEWAY OAKS DRIVE, SUITE 150N  
 SACRAMENTO CA 95833

**Reference Information**

NAIC #:	39306
California Company ID #:	2479-4
Date Authorized in California:	01/01/1982
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	MARYLAND

[back to top](#)

**NAIC Group List**

NAIC Group #: [0212](#) ZURICH INS GRP

**Lines Of Business**

The company is authorized to transact business within these lines of insurance. For an explanation of any of these terms, please refer to the [glossary](#).

- AIRCRAFT
- AUTOMOBILE
- BOILER AND MACHINERY
- BURGLARY
- CREDIT
- FIRE
- LIABILITY
- MARINE
- MISCELLANEOUS
- PLATE GLASS
- SPRINKLER

SURETY  
TEAM AND VEHICLE  
WORKERS' COMPENSATION

**back to top**

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# Ratings & Criteria Center

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Regional Centers: Asia-Pacific | Canada | Europe, Middle East and Africa | Latin America | MENA & SCA

## Ratings & Criteria

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## Fidelity and Deposit Company of Maryland (2)

A.M. Best #: 000387 NAIC #: 39306 FEIN #: 133046577

**Administrative Office**  
1400 American Lane  
Schaumburg, IL 60196-1056  
[United States](#)

[View Additional Address Information](#)

**Web:** [www.zurichna.com](http://www.zurichna.com)  
**Phone:** 800-987-3373  
**Fax:** 877-962-2567

Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



Based on A.M. Best's analysis, [050457 - Zurich Insurance Group Ltd](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

### Best's Credit Ratings

Financial Strength Rating	<a href="#">View Definition</a>
<b>Rating:</b>	A+ (Superior)
<b>Affiliation Code:</b>	g (Group)
<b>Financial Size Category:</b>	XV (\$2 Billion or greater)
<b>Outlook:</b>	Stable
<b>Action:</b>	Affirmed
<b>Effective Date:</b>	November 26, 2014
<b>Initial Rating Date:</b>	June 30, 1922

Best's Credit Rating Analyst
<b>Rating Issued by:</b> A.M. Best Company, Inc.
<b>Senior Financial Analyst:</b> Michael W. Russo
<b>Assistant Vice President:</b> Michael J. Lagomarsino, CFA

Long-Term Issuer Credit Rating	<a href="#">View Definition</a>
<b>Long-Term:</b>	aa-
<b>Outlook:</b>	Stable
<b>Action:</b>	Affirmed
<b>Effective Date:</b>	November 26, 2014
<b>Initial Rating Date:</b>	September 14, 2004

Disclosure Information
<a href="#">View A.M. Best's Rating Disclosure Statement</a>
<a href="#">A.M. Best Affirms Ratings of Zurich American Insurance Company and Its Affiliates</a> November 26, 2014

u Denotes [Under Review Best's Rating](#)

### Reports and News

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**AMB Credit Report** - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.  
Report Revision Date: 12/15/2014 (represents the latest significant change).

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**Data Status:** 2014 Best's Statement File - P/C, US Contains data compiled as of 12/19/2014 Quality Cross Checked.

- **Single Company** - five years of financial data specifically on this company.
- **Comparison** - side-by-side financial analysis of this company with a peer group of up to five other companies you select.
- **Composite** - evaluate this company's financials against a peer group composite. Report displays both the average and total composite of your selected peer group.

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2014

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

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

PRODUCER LIC #0451956 Wayne Evans Insurance Agency 34590 County Line Road Suite 6 Yucaipa CA 92399-	CONTACT NAME: Matt Evans PHONE (A/C, No, Ext): (909) 795-9885 E-MAIL ADDRESS: mattryanevans@aol.com	FAX (A/C, No): (909) 795-9886
	INSURER(S) AFFORDING COVERAGE	
INSURED Cooley Construction, Inc.  P.O. Box 401810  Hesperia CA 92340-	INSURER A: GEMINI INSURANCE COMPANY	10833
	INSURER B: TRAVELERS IND CO OF CT	25682
	INSURER C: STARR IND & LIAB CO	38318
	INSURER D: TRAVELERS PROP CAS CO OF AMER	25674
	INSURER E: ENDURANCE SOLUTIONS RISK ASSURA	43630
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:


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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y		VFGP001628	08/01/2014	08/01/2015	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 \$ 2,000,000 DEDUCTIBLE \$ 5,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		DT-810-6E610337-TCT-14	08/01/2014	08/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			1000021133	08/01/2014	08/01/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 OCC: \$4,000,000 AGG \$ 4,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	DTJ-UB-6E61033-7-14	08/01/2014	08/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>CONTRACTORS EQUIPMENT</b>			QT-660-6E423058-TIL-14	06/01/2014	06/01/2015	LIMIT 350,000 DEDUCTIBLE 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 SEE ATTACHED ADDITIONAL REMARKS SCHEDULE

RE: RESTORATION WORK (FLOOD CONTROL) 42ND AVE AND EWARTON ST, INDIO, CA

CCI# 3678

<b>CERTIFICATE HOLDER</b> ( ) - ( ) - COUNTY OF RIVERSIDE TRANSPORTATION DEPARTMENT ATTN: CONTRACTS/BIDDING UNIT 3525 14TH STREET RIVERSIDE CA 92501-	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY WAYNE EVANS INSURANCE AGENCY		NAMED INSURED Cooley Construction, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE: 08/01/2014	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE  
COUNTY OF RIVERSIDE, ITS AGENCIES, SPECIAL DISTRICTS AND DEPARTMENTS, THEIR RESPECTIVE DIRECTOR,  
OFFICERS, BOARD OF SUPERVISORS, ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, AND REPRESENTATIVES  
ARE NAMED ADDITIONAL INSURED ON POLICY# VFGP001628 & 810 6E610337 AND PROVIDED WAIVER OF SUBROGATION ON  
POLICY# UB 6E610337 PER FORMS ATTACHED.  
  
RE: RESTORATION WORK (FLOOD CONTROL) 42ND AVE AND EWARTON ST, INDIO, CA  
  
CCI# 3678

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

- A. Section II – Who Is An Insured** is amended to include as an insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability arising out of your ongoing operations performed for that insured. A person's or organization's status as an insured under this endorsement ends when your operations for that insured are completed.
- B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:
- 2. Exclusions**  
This insurance does not apply to:
- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
    - (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
    - (2) Supervisory, inspection, architectural or engineering activities.
  - b. "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 site 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.



MORLEY WAYNE EVANS - BROKER

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization when you and such person or organization have agreed in writing in a contract, prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury", that such person or organization be added as an additional insured on your policy.	All locations and completed operations for which you and the additional insured have agreed in writing in a contract prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury".
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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

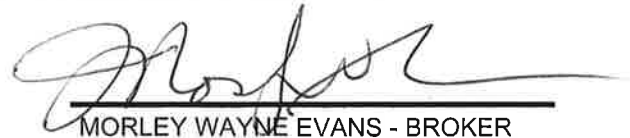
1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

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



MORLEY WAYNE EVANS - BROKER

Policy: VFGP001628  
Insured Name: Cooley Construction, Inc.  
Number: 20

CG 20 01 04 13  
Effective Date: 08/01/2014

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY --  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

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The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

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

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

  
MORLEY WAYNE EVANS - BROKER

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BUSINESS AUTO EXTENSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**GENERAL DESCRIPTION OF COVERAGE** – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to the Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- |   |   |
|---|---|
| <b>A. BROAD FORM NAMED INSURED</b>                                  | <b>H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT</b>  |
| <b>B. BLANKET ADDITIONAL INSURED</b>                                | <b>I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT</b> |
| <b>C. EMPLOYEE HIRED AUTO</b>                                       | <b>J. PERSONAL EFFECTS</b>  |
| <b>D. EMPLOYEES AS INSURED</b>                                      | <b>K. AIRBAGS</b>   |
| <b>E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS</b>                 | <b>L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS</b>                    |
| <b>F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS</b> | <b>M. BLANKET WAIVER OF SUBROGATION</b>                               |
| <b>G. WAIVER OF DEDUCTIBLE – GLASS</b>                              | <b>N. UNINTENTIONAL ERRORS OR OMISSIONS</b>                           |

### **PROVISIONS**

#### **A. BROAD FORM NAMED INSURED**

The following is added to Paragraph A.1., **Who Is An Insured**, of **SECTION II – LIABILITY COVERAGE**:

Any organization you newly acquire or form during the policy period over which you maintain 50% or more ownership interest and that is not separately insured for Business Auto Coverage. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

#### **B. BLANKET ADDITIONAL INSURED**

The following is added to Paragraph c. in A.1., **Who Is An Insured**, of **SECTION II – LIABILITY COVERAGE**:

Any person or organization who is required under a written contract or agreement between you and that person or organization, that is signed and

executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to be named as an additional insured is an "insured" for Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

#### **C. EMPLOYEE HIRED AUTO**

1. The following is added to Paragraph A.1., **Who Is An Insured**, of **SECTION II – LIABILITY COVERAGE**:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business.

COMMERCIAL AUTO

2. The following replaces Paragraph **b.** in **B.5., Other Insurance**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

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

- (1) Any covered "auto" you lease, hire, rent or borrow; and
- (2) Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

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

**D. EMPLOYEES AS INSURED**

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – LIABILITY COVERAGE**:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

**E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS**

1. The following replaces Paragraph **A.2.a.(2)**, of **SECTION II – LIABILITY COVERAGE**:

(2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

2. The following replaces Paragraph **A.2.a.(4)**, of **SECTION II – LIABILITY COVERAGE**:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

**F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS**

The following replaces Subparagraph **(5)** in Paragraph **B.7., Policy Period, Coverage Territory**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

(5) Anywhere in the world, except any country or jurisdiction while any trade sanction, embargo, or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or

within such country or jurisdiction, for Liability Coverage for any covered "auto" that you lease, hire, rent or borrow without a driver for a period of 30 days or less and that is not an "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.

(a) With respect to any claim made or "suit" brought outside the United States of America, the territories and possessions of the United States of America, Puerto Rico and Canada:

(i) You must arrange to defend the "insured" against, and investigate or settle any such claim or "suit" and keep us advised of all proceedings and actions.

(ii) Neither you nor any other involved "insured" will make any settlement without our consent.

(iii) We may, at our discretion, participate in defending the "insured" against, or in the settlement of, any claim or "suit".

(iv) We will reimburse the "insured" for sums that the "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, that the "insured" pays with our consent, but only up to the limit described in Paragraph C., Limit Of Insurance, of **SECTION II – LIABILITY COVERAGE**.

(v) We will reimburse the "insured" for the reasonable expenses incurred with our consent for your investigation of such claims and your defense of the "insured" against any such "suit", but only up to and included within the limit described in Paragraph C., Limit Of Insurance, of **SECTION II – LIABILITY COVERAGE**, and not in addition to such limit. Our duty to make such payments ends when we have used up the applicable limit of insurance in payments for damages, settlements or defense expenses.

(b) This insurance is excess over any valid and collectible other insurance available



to the "insured" whether primary, excess contingent or on any other basis.

- (c) This insurance is not a substitute for required or compulsory insurance in any country outside the United States, its territories and possessions, Puerto Rico and Canada.

You agree to maintain all required or compulsory insurance in any such country up to the minimum limits required by local law. Your failure to comply with compulsory insurance requirements will not invalidate the coverage afforded by this policy, but we will only be liable to the same extent we would have been liable had you complied with the compulsory insurance requirements.

- (d) It is understood that we are not an admitted or authorized insurer outside the United States of America, its territories and possessions, Puerto Rico and Canada. We assume no responsibility for the furnishing of certificates of insurance, or for compliance in any way with the laws of other countries relating to insurance.

#### G. WAIVER OF DEDUCTIBLE – GLASS

The following is added to Paragraph **D.**, **Deductible**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

No deductible for a covered "auto" will apply to glass damage if the glass is repaired rather than replaced.

#### H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT

The following replaces the last sentence of Paragraph **A.4.b.**, **Loss Of Use Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

However, the most we will pay for any expenses for loss of use is \$65 per day, to a maximum of \$750 for any one "accident".

#### I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT

The following replaces the first sentence in Paragraph **A.4.a.**, **Transportation Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

We will pay up to \$50 per day to a maximum of \$1,500 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type.

#### J. PERSONAL EFFECTS

The following is added to Paragraph **A.4.**, **Coverage Extensions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

##### Personal Effects

We will pay up to \$400 for "loss" to wearing apparel and other personal effects which are:

- (1) Owned by an "insured"; and
- (2) In or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto".

No deductibles apply to this Personal Effects coverage.

#### K. AIRBAGS

The following is added to Paragraph **B.3.**, **Exclusions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

Exclusion **3.a.** does not apply to "loss" to one or more airbags in a covered "auto" you own that inflate due to a cause other than a cause of "loss" set forth in Paragraphs **A.1.b.** and **A.1.c.**, but only:

- a. If that "auto" is a covered "auto" for Comprehensive Coverage under this policy;
- b. The airbags are not covered under any warranty; and
- c. The airbags were not intentionally inflated.

We will pay up to a maximum of \$1,000 for any one "loss".

#### L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS

The following is added to Paragraph **A.2.a.**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

- (a) You (if you are an individual);
- (b) A partner (if you are a partnership);
- (c) A member (if you are a limited liability company);
- (d) An executive officer, director or insurance manager (if you are a corporation or other organization); or
- (e) Any "employee" authorized by you to give notice of the "accident" or "loss".

COMMERCIAL AUTO

**M. BLANKET WAIVER OF SUBROGATION**

The following replaces Paragraph A.5., **Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

**5. Transfer Of Rights Of Recovery Against Others To Us**

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract signed and executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by

such contract. The waiver applies only to the person or organization designated in such contract.

**N. UNINTENTIONAL ERRORS OR OMISSIONS**

The following is added to Paragraph B.2., **Concealment, Misrepresentation, Or Fraud**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

  
MORLEY WAYNE EVANS - BROKER



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 99 03 76 ( A) - 001

POLICY NUMBER: DTJ-UB-6E61033-7-14

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA (BLANKET WAIVER)

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

The additional premium for this endorsement shall be 01.00 % of the California workers' compensation premium.

Schedule

Person or Organization

Job Description

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS WAIVER.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured

Policy No.

Endorsement No. Premium

Insurance Company

Countersigned by

Handwritten signature

DATE OF ISSUE: 08-01-14 ST ASSIGN:

**WE** | WAYNE EVANS  
INSURANCE AGENCY

---

License # 0451956

December 11, 2014

County of Riverside  
Transportation Department  
Attn: Contracts/Bidding Unit  
3525 14<sup>th</sup> Street  
Riverside, CA 92501

Re: Cooley Construction  
Excess Liability Policies:  
    Starr Indemnity & Liability Company – Policy# 1000021133  
    Endurance Solutions Risk Assurance – Policy# EXC1005346900

This letter is to confirm that the Excess Liability policies referenced above follow the form of the underlying liability policies.

Best Regards,



Matt Evans

Broker

Phone: (909) 795-9885

wayneeins@aol.com

Fax: (909) 795-9886

34590 County Line Road, Suite 6 • Yucaipa, California 92399

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***GEMINI INSURANCE COMPANY***

NAIC Number: 10833	SLA Number: 3212
State of Domicile: DE	State Dept. of Insurance: <a href="http://www.state.de.us/inscom">www.state.de.us/inscom</a>
NAIC Group Number: 98	NAIC Group Name: W.R. BERKLEY CORPORATION GROUP
Date Incorporated: 11/9/1995	Date Business Commenced: 9/30/1997
Principal Place of Business: 475 Steamboat Road Greenwich, CT 06830	Mailing Address: 7233 East Butherus Drive Scottsdale, AZ 85260-2410
Telephone: 203-542-3800	Facsimile: 203-542-3839
Approval Date: 2/23/1998	Company Web Address:

Agent for Service of Process: Ms. NANCY FLORES  
Corporate Operations Manager  
CT CORPORATION SYSTEM  
818 WEST 7TH STREET 2ND FLOOR  
LOS ANGELES, CA 90017  
GENERAL TEL: (800) 888-9207  
GENERAL FAX: (213) 614-9347

Contact Broker: Mr. ROBERT P. ABRAMSON  
President  
BLISS AND GLENNON INC.  
435 N. PACIFIC COAST HWY, SUITE 200  
REDONDO BEACH, CA 90277  
GENERAL TEL: (310) 372-9115  
GENERAL FAX: (310) 372-1903

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## Gemini Insurance Company (?)

A.M. Best #: 012118 NAIC #: 10833 FEIN #: 223410959

**Administrative Office**  
 475 Steamboat Road  
 Greenwich, CT 06830  
[United States](#)

[View Additional Address Information](#)

**Phone:** 203-542-3800  
**Fax:** 203-542-3839

Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, [058496 - W. R. Berkley Corporation](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

**Best's Credit Ratings**

Financial Strength Rating	<a href="#">View Definition</a>
<b>Rating:</b>	A+ (Superior)
<b>Affiliation Code:</b>	r (Reinsured)
<b>Financial Size Category:</b>	XV (\$2 Billion or greater)
<b>Outlook:</b>	Stable
<b>Action:</b>	Affirmed
<b>Effective Date:</b>	December 13, 2013
<b>Initial Rating Date:</b>	March 16, 1998

Best's Credit Rating Analyst
<b>Rating Issued by:</b> A.M. Best Company, Inc.
<b>Senior Financial Analyst:</b> David S. Blades
<b>Assistant Vice President:</b> Henry K. Witmer, CPCU, ARM-E

**Disclosure Information**

[View A.M. Best's Rating Disclosure Statement](#)

[A.M. Best Affirms Ratings of W. R. Berkley Corporation and Its Subsidiaries](#)  
 December 13, 2013

Long-Term Issuer Credit Rating	<a href="#">View Definition</a>
<b>Long-Term:</b>	aa-
<b>Outlook:</b>	Stable
<b>Action:</b>	Affirmed
<b>Effective Date:</b>	December 13, 2013
<b>Initial Rating Date:</b>	June 22, 2005

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**COMPANY PROFILE**

**Company Information**

**TRAVELERS INDEMNITY COMPANY OF CONNECTICUT (THE)**  
**ONE TOWER SQUARE**  
**HARTFORD, CT 06183-1190**

Old Company Names	Effective Date
EQUITABLE FIRE AND MARINE INSURANCE COMPANY	10/08/1971
TRAVELERS INDEMNITY COMPANY OF RHODE ISLAND (THE)	09/12/1995

**Agent For Service**

KASHONDA LAWSON  
 C/O CORPORATION SERVICE COMPANY  
 2710 GATEWAY OAKS DRIVE, SUITE 150N  
 SACRAMENTO CA 95833

**Reference Information**

NAIC #:	25682
California Company ID #:	0056-2
Date Authorized in California:	06/28/1890
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	CONNECTICUT

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**NAIC Group List**

NAIC Group #: [3548](#) Travelers Grp

**Lines Of Business**

The company is authorized to transact business within these lines of insurance. For an explanation of any of these terms, please refer to the [glossary](#).

- AIRCRAFT
- AUTOMOBILE
- BOILER AND MACHINERY
- BURGLARY
- COMMON CARRIER LIABILITY
- DISABILITY
- FIRE
- LEGAL INSURANCE
- LIABILITY
- MARINE



MISCELLANEOUS  
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## The Travelers Indemnity Company of Connecticut (7)

A.M. Best #: 002517 NAIC #: 25682 FEIN #: 060336212

**Domiciliary Address**  
 One Tower Square  
 Hartford, CT 06183  
[United States](#)

**Web:** [www.travelers.com](http://www.travelers.com)  
**Phone:** 860-277-0111  
**Fax:** 860-277-7002

Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, [058470 - Travelers Companies, Inc.](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

<b>Best's Credit Ratings</b>		<b>Best's Credit Rating Analyst</b>
<b>Financial Strength Rating</b> <a href="#">View Definition</a>	Rating: A++ (Superior)	Rating Issued by: A.M. Best Company, Inc.
Affiliation Code: g (Group)	Financial Size Category: XV (\$2 Billion or greater)	Senior Financial Analyst: Michael W. Russo
Outlook: Stable	Action: Upgraded	Assistant Vice President: Michael J. Lagomarsino, CFA
Effective Date: May 23, 2014	Initial Rating Date: December 31, 1907	
<b>Long-Term Issuer Credit Rating</b> <a href="#">View Definition</a>	Long-Term: aa+	<b>Disclosure Information</b>
Outlook: Stable	Action: Upgraded	<a href="#">View A.M. Best's Rating Disclosure Statement</a>
Effective Date: May 23, 2014	Initial Rating Date: April 18, 2005	<a href="#">A.M. Best Upgrades Ratings of The Travelers Companies, Inc. and Most of Its Subsidiaries</a> May 23, 2014

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**COMPANY PROFILE**

**Company Information**

**STARR INDEMNITY & LIABILITY COMPANY**

**399 PARK AVENUE, 8TH FLOOR  
NEW YORK, NY 10022  
800-344-2275**

**Old Company Names**

**Effective Date**

REPUBLIC INSURANCE COMPANY 02/11/2009

**Agent For Service**

NANCY FLORES  
C/O CT CORPORATION SYSTEM  
818 WEST SEVENTH STREET  
LOS ANGELES CA 90017

**Reference Information**

NAIC #:	38318
California Company ID #:	2377-0
Date Authorized in California:	06/30/1980
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	TEXAS

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**NAIC Group List**

NAIC Group #: 4670 Starr Grp

**Lines Of Business**

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- AIRCRAFT
- AUTOMOBILE
- BOILER AND MACHINERY
- BURGLARY
- COMMON CARRIER LIABILITY
- CREDIT
- DISABILITY
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- MARINE

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## Starr Indemnity & Liability Company (2)

A.M. Best #: 013853 NAIC #: 38318 FEIN #: 751670124

**Administrative Office**  
 399 Park Avenue 8th Floor  
 New York, NY 10022  
[United States](#)

[View Additional Address Information](#)

**Web:** [www.starrcompanies.com](http://www.starrcompanies.com)  
**Phone:** 646-227-6300  
**Fax:** 646-227-6620

Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



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Financial Strength Rating <a href="#">View Definition</a>	
<b>Rating:</b>	A (Excellent)
<b>Financial Size Category:</b>	XIV (\$1.5 Billion to \$2 Billion)
<b>Outlook:</b>	Stable
<b>Action:</b>	Affirmed
<b>Effective Date:</b>	October 20, 2014
<b>Initial Rating Date:</b>	May 29, 2008

Best's Credit Rating Analyst	
<b>Rating Issued by:</b>	A.M. Best Company, Inc.
<b>Senior Financial Analyst:</b>	Darian Ryan
<b>Assistant Vice President:</b>	Michael J. Lagomarsino, CFA

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<b>Long-Term:</b>	a
<b>Outlook:</b>	Stable
<b>Action:</b>	Affirmed
<b>Effective Date:</b>	October 20, 2014
<b>Initial Rating Date:</b>	May 29, 2008

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AMB #	Company Name	Best's FSR	Best's ICR	
<a href="#">093225</a>	Starr Indemnity & Liability Co JPB	A	a	
<a href="#">093224</a>	Starr Indemnity & Liability Company ARB	A	a	

### Related Financial and Analytical Data

The following links provide access to related data records that A.M. Best utilizes to provide financial and analytical data on a consolidated or branch basis.

AMB #	Company Name	Company Description
<a href="#">093224</a>	Starr Indemnity & Liability Company ARB	Represents the Property/ Casualty financials for the Argentina Branch of this legal entity.
<a href="#">093225</a>	Starr Indemnity & Liability Co JPB	Represents the Property/ Casualty financials for the Japan Branch of this legal entity.

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[Best's Insurance Expense Exhibit \(IEE\) - P/C, US](#)

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**COMPANY PROFILE**

**Company Information**

**TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**  
**ONE TOWER SQUARE**  
**HARTFORD, CT 06183**  
**866-336-2077**

Old Company Names	Effective Date
TRAVELERS INDEMNITY COMPANY OF ILLINOIS (THE)	01/12/2005

**Agent For Service**

KASHONDA LAWSON  
 C/O CORPORATION SERVICE COMPANY  
 2710 GATEWAY OAKS DRIVE, SUITE 150N  
 SACRAMENTO CA 95833

**Reference Information**

NAIC #:	25674
California Company ID #:	2495-0
Date Authorized in California:	04/16/1982
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	CONNECTICUT

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**NAIC Group List**

NAIC Group #: [3548](#) Travelers Grp

**Lines Of Business**

The company is authorized to transact business within these lines of insurance. For an explanation of any of these terms, please refer to the [glossary](#).

- AIRCRAFT
- AUTOMOBILE
- BOILER AND MACHINERY
- BURGLARY
- COMMON CARRIER LIABILITY
- FIRE
- LIABILITY
- MARINE
- MISCELLANEOUS
- PLATE GLASS



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## Travelers Property Casualty Company of America (?)

A.M. Best #: 004461 NAIC #: 25674 FEIN #: 362719165

**Domiciliary Address**  
 One Tower Square  
 Hartford, CT 06183  
**United States**

Web: [www.travelers.com](http://www.travelers.com)  
 Phone: 860-277-0111  
 Fax: 860-277-7002

Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, [058470 - Travelers Companies, Inc.](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

### Best's Credit Ratings

Financial Strength Rating	View Definition
Rating:	A++ (Superior)
Affiliation Code:	g (Group)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Upgraded
Effective Date:	May 23, 2014
Initial Rating Date:	June 30, 1972

**Best's Credit Rating Analyst**  
 Rating Issued by: A.M. Best Company, Inc.  
**Senior Financial Analyst:** Michael W. Russo  
**Assistant Vice President:** Michael J. Lagomarsino, CFA

### Disclosure Information

- View A.M. Best's [Rating Disclosure Statement](#)
- [A.M. Best Upgrades Ratings of The Travelers Companies, Inc. and Most of Its Subsidiaries](#) May 23, 2014

### Long-Term Issuer Credit Rating View Definition

Long-Term:	aa+
Outlook:	Stable
Action:	Upgraded
Effective Date:	May 23, 2014
Initial Rating Date:	April 18, 2005

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### Reports and News

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Data Status: 2014 Best's Statement File - P/C, US Contains data compiled as of 12/19/2014 Quality Cross Checked.

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**COMPANY PROFILE**

**Company Information**

**ENDURANCE RISK SOLUTIONS ASSURANCE CO.**  
**4 MAINHATTANVILLE ROAD**  
**PURCHASE, NY 10577**

Old Company Names	Effective Date
AMERICAN MERCHANTS CASUALTY COMPANY	07/21/2010

**Agent For Service**

NANCY FLORES  
 C/O CT CORPORATION SYSTEM  
 818 WEST SEVENTH STREET  
 LOS ANGELES CA 90017

**Reference Information**

NAIC #:	43630
California Company ID #:	3168-2
Date Authorized in California:	09/20/1988
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	DELAWARE

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**NAIC Group List**

NAIC Group #: **3786** Endurance Grp

**Lines Of Business**

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- AUTOMOBILE
- BURGLARY
- FIRE
- LIABILITY
- MARINE
- MISCELLANEOUS
- PLATE GLASS

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## Endurance Risk Solutions Assurance Co. (?)

A.M. Best #: 013828 NAIC #: 43630 FEIN #: 411563136

**Administrative Office**  
 333 Westchester Avenue  
 White Plains, NY 10604  
[United States](#)

[View Additional Address Information](#)

Web: [www.endurance.bm](http://www.endurance.bm)  
 Phone: 914-468-8000

Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



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### Best's Credit Ratings

Financial Strength Rating	<a href="#">View Definition</a>
Rating:	A (Excellent)
Affiliation Code:	g (Group)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Stable
Action:	Affirmed
Effective Date:	May 06, 2014
Initial Rating Date:	August 09, 2007

### Best's Credit Rating Analyst

Rating Issued by: A.M. Best Company, Inc.  
 Senior Financial Analyst: Gale Guerra  
 Assistant Vice President: Peter Dickey

### Disclosure Information

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 May 06, 2014

Long-Term Issuer Credit Rating	<a href="#">View Definition</a>
Long-Term:	a
Outlook:	Stable
Action:	Affirmed
Effective Date:	May 06, 2014
Initial Rating Date:	August 09, 2007


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