

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

348



FROM: Economic Development Agency

SUBMITTAL DATE:
June 10, 2010

SUBJECT: Criminal Justice Building, Riverside - Elevator Modernization Project – Construction Agreement and Total Project Budget

RECOMMENDED MOTION: That the Board of Supervisors:

1. Waive any minor irregularities and find the bid by Otis Elevator Company to be responsive and award to that company;
2. Approve the attached construction agreement between the County of Riverside and Otis Elevator Company of Anaheim, California, in the amount of \$391,200 and authorize the Chairman to execute the agreement on behalf of the County;
3. Authorize the Assistant County Executive Officer/EDA to administer the agreement in accordance with applicable Board policies;
4. Approve the total project budget of \$ 526,000; and

(Continued on Page 2)

Christopher Hans
Reviewed by
CIP TEAM
Christopher Hans

Robert Field

Robert Field
Assistant County Executive Officer/EDA

FINANCIAL DATA	Current F.Y. Total Cost:	\$17,559	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost FY 10/11:	\$508,441	For Fiscal Year:	09/10

SOURCE OF FUNDS: Economic Development Agency Deferred Maintenance funds	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE
Jennifer L. Sargent
BY: Jennifer L. Sargent
County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
 BY: *Y. Keeto* 6/16/10 DATE
 MARSHAL VICTOR
 Department of Supervisors
 FISCAL PROCEDURES APPROVED
 ROBERT E. BYRD, AUDITOR-CONTROLLER
 BY: *Samuel Wong* 6/17/10
 SAMUEL WONG
 Policy Policy
 Consent Consent
 Dep't Recomm.:
 Per Exec. Ofc.:

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Stone and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone and Benoit
 Nays: None
 Absent: Ashley
 Date: June 29, 2010
 xc: EDA, Auditor, CIP

Kecia Harper-Ihem
 Clerk of the Board
 By: *Kecia Harper-Ihem*
 Deputy

Prev. Agn. Ref.: 3.25, 4/20/10 | District: 2 | Agenda Number:

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

3.29

RECOMMENDED MOTION: (Continued)

5. Delegate project management authority for this project to the Assistant County Executive Officer/EDA in accordance with applicable policies.

BACKGROUND:

On April 20, 2010 the Board of Supervisors approved the bid documents for the Criminal Justice Building, Riverside Elevator Modernization Project and authorized the Clerk of the Board to advertise for bids.

On May 6, 2010, five contractors attended a mandatory job walk for the project. On May 20, 2010, the bids were opened and Otis Elevator Company was determined to be the lowest responsive and responsible bidder.

PROJECT BUDGET:

The approximate allocation of the project budget is as follows:

Engineering Consultant	\$24,000
Construction	\$406,500
Project Management	\$46,500
Project Contingency	<u>\$49,000</u>
TOTAL	\$526,000

Project related expenditures for FY 09/10 are estimated at \$17,559; expenditures for FY 10/11 are estimated at \$508,441. All costs associated with this project will fully be funded by Deferred Maintenance.

AGREEMENT FORM

THIS AGREEMENT, entered into this 7th day of June, 2010, by and between Otis Elevator Company, hereinafter called the "Contractor", and the County of Riverside hereinafter called the "Owner".

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

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

STATEMENT OF WORK: The Contractor hereby agrees to furnish all tools, equipment, services, apparatus, facilities, transportation, labor and materials for the Criminal Justice Building (CJB), Riverside Elevator Modernization Project, located at 4095 Lemon Street, Riverside CA (Refurbish and modernize two elevators; Project #20063942, in strict accordance with the Plans and Specifications dated March 25, 2010 prepared by Lerch Bates, Inc. hereinafter called the "Architect" and/or "Consultant", including Addenda thereto as listed in the Contractor's Proposal, all of which are made a part hereof.

TIME FOR COMPLETION: The work shall be commenced on a date to be specified in a written order of the Architect and shall be completed within (300) calendar days from and after said date. It is expressly agreed that except for extensions of time duly granted in the manner and for the reasons specified in the General Conditions, time shall be of the essence.

COMPENSATION TO BE PAID TO CONTRACTOR: The Owner agrees to pay and the Contractor agrees to accept in full consideration for the performance of the Contract, subject to additions and deductions as provided in the General Conditions, the sum of Three Hundred Ninety-One Thousand, Two Hundred Dollars (\$391,200.00) being the total of the base bid plus the following addenda: 01, 02, 03. The sum is to be paid according to the schedule as provided in the General Conditions.

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

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

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

Firm Name: Otis Elevator Company
Address: 711 E. Bell Rd., Ste 200, Anaheim, CA 92805
Contractor's License No.: C-11 7031

IF OTHER THAN CORPORATION EXECUTE HERE

Signature: _____
Title: _____

Affix Seal
If
Corporation

IF CORPORATION, FILL OUT FOLLOWING AND EXECUTE

Name of President of Corporation: Randy Wilcox

Name of Secretary of Corporation: Johan G. Bill

Corporation is organized under the laws of State of CA

Signature: [Signature] **BRADFORD IVES**
Title: Authorized Representative

Owner: COUNTY OF RIVERSIDE
Signature: [Signature]
Title: Chairman - Board of Supervisors **MARION ASHLEY**

Attest: Clerk, Board of Supervisors **KECIA HARPER-IHFM**

By: [Signature]
Title: DEPUTY

JUN 29 2010 3:29

FORM APPROVED COUNTY COUNSEL
BY: [Signature] **MARSHA L. VICTOR** DATE: 6/16/10

PERFORMANCE BOND

Bond No. 015030404

The makers of this Bond, Otis Elevator Company, as Principal, and Liberty Mutual Insurance Company as Surety, are held and firmly bound unto County of Riverside, hereinafter called the Owner, in the sum of Three Hundred Ninety-One Thousand, Two Hundred Dollars (\$391,200.00) for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal entered into a certain contract, hereto attached, with the Owner, dated _____, 2010 for **Criminal Justice Building (CJB), Riverside Elevator Modernization Project**, located at 4095 Lemon Street, Riverside CA (Refurbish and modernize two elevators)

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

Signed and Sealed this 1st Day of June, 2010.

Otis Elevator Company

(Firm Name - Principal)

711 E. Ball Road, Suite 200, Anaheim, CA 92805

(Business Address)

By: Valorie Spates

(Signature - Attach Notary's Acknowledgment)
Valorie Spates

Attorney-in-Fact

(Title)

Affix Seal
if
Corporation

Liberty Mutual Insurance Company

(Corporation Name - Surety)

175 Berkeley Street, Boston, MA 02117

(Business Address)

By: Sandra Diaz

(Signature - Attach Notary's Acknowledgment)

Sandra Diaz

ATTORNEY-IN-FACT

(Title-Attach Power of Attorney)

Affix
Corporate
Seal

PAYMENT BOND

Bond No. 015030404

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

The makers of this Bond are Otis Elevator Company as Principal and Original Contractor and Liberty Mutual Insurance Company, a corporation, authorized to issue Surety Bonds in California, as Surety, and this Bond is issued in conjunction with that certain public works contract dated _____, 2010 between Principal and County of Riverside, a public entity, as owner, for Three Hundred Ninety-One Thousand, Two Hundred Dollars (\$391,200.00) the total amount payable. THE AMOUNT OF THIS BOND IS 100% OF SAID SUM. Said contract is for public work of: **Criminal Justice Building (CJB), Riverside Elevator Modernization Project**, located at 4095 Lemon Street, Riverside CA (Refurbish and modernize two elevators).

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

Signed and Sealed this 1st Day of June 2010.

Otis Elevator Company
(Firm Name - Principal)

711 E. Ball Road, Suite 200, Anaheim, CA 92805
(Business Address)

By: Valorie Spates
(Signature - Attach Notary's Acknowledgment)
Valorie Spates
Attorney-in-Fact
(Title)

Affix Seal
if
Corporation

Liberty Mutual Insurance Company
(Corporation Name - Surety)

175 Berkeley Street, Boston, MA 02117
(Business Address)

By: Sandra Diaz
(Signature - Attached Notary's Acknowledgment)
Sandra Diaz
ATTORNEY-IN-FACT
(Title-Attach Power of Attorney)

Affix
Corporate
Seal

PRINCIPAL ACKNOWLEDGMENT

State of New York

County of New York

On June 1, 2010 before me, MeKeeva Summerford, Notary Public, personally appeared Valorie Spates 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 New York that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(seal)

Signature



SURETY ACKNOWLEDGMENT

State of New York

County of New York

On June 1, 2010 before me, MeKeeva Summerford, Notary Public, personally appeared Sandra Diaz 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 New York that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(seal)

Signature



SPECIAL POWER OF ATTORNEY

OTIS ELEVATOR COMPANY, a corporation organized and existing under the laws of the State of New Jersey ("the Company"), on behalf of itself, its subsidiaries and affiliates, hereby makes, constitutes and appoints **AON RISK SERVICES, INC. OF CONNECTICUT**, a corporation organized and existing under the laws of the State of Connecticut and **AON RISK SERVICES, INC. OF NEW YORK**, a corporation organized and existing under the laws of the State of New York, as the Company's or its subsidiaries' or affiliates' true and lawful attorneys in fact, with full power to execute, seal and deliver on behalf of the Company, its subsidiaries or affiliates, surety bonds and documents ancillary thereto issued in the course of the Company's, its subsidiaries' or affiliates' business, subject to the provisions of the Insurance Brokerage and Service Agreement effective March 1, 2007 among AON Risk Services of Connecticut, AON Risk Services of New York, and United Technologies Corporation, as amended or supplemented from time to time, and to bind the Company, its subsidiaries or affiliates thereby as if such writings had been duly executed and acknowledged by officers of the Company or its subsidiaries or affiliates.

IN WITNESS WHEREOF, the Company has caused this Special Power of Attorney to be signed by its duly authorized representative this 24th day of April 2007.

OTIS ELEVATOR COMPANY

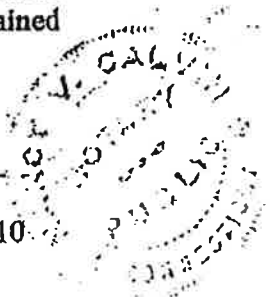
By: JL Bill
Name: **Johan Bill**
Title: **Vice President, General Counsel and Secretary**

UNITED STATES OF AMERICA)
STATE OF CONNECTICUT)
COUNTY OF HARTFORD)

ss: TOWN OF FARMINGTON

On this 24th day of April 2007, before me, a Notary Public in and for said County and State, personally appeared **JOHAN O. BILL**, who acknowledged himself to be the Vice President, General Counsel and Corporate Secretary of **OTIS ELEVATOR COMPANY**, the corporation named in the foregoing instrument, and that as such, being authorized so to do, executed the foregoing instrument for the same for the purposes therein contained by signing such document in his capacity as Vice President, General Counsel and Corporate Secretary.

Nancy V. Galvin
Nancy V. Galvin, Notary Public
My Commission Expires: June 30, 2010



THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

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

LIBERTY MUTUAL INSURANCE COMPANY
BOSTON, MASSACHUSETTS
POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That Liberty Mutual Insurance Company (the "Company"), a Massachusetts stock insurance company, pursuant to and by authority of the By-law and Authorization hereinafter set forth, does hereby name, constitute and appoint

GLENN J. PELLETIERE, VIVIAN CARTI, CYNTHIA FARRELL, ROBERT P. MCDONOUGH, HALINA KAZMIERCZAK, THOMAS RHATIGAN, SANDRA DIAZ, EVANGELINA L. DOMINICK, ANNETTE LEUSCHNER, VALORIE SPATES, ALL OF THE CITY OF NEW YORK, STATE OF NEW YORK.....

, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations in the penal sum not exceeding FIFTY MILLION AND 00/100..... DOLLARS (\$ 50,000,000.00.....) each, and the execution of such undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

That this power is made and executed pursuant to and by authority of the following By-law and Authorization:

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

By the following instrument the chairman or the president has authorized the officer or other official named therein to appoint attorneys-in-fact:

Pursuant to Article XIII, Section 5 of the By-Laws, Garnet W. Elliott, Assistant Secretary of Liberty Mutual Insurance Company, is hereby authorized to appoint such attorneys-in-fact as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

That the By-law and the Authorization set forth above are true copies thereof and are now in full force and effect.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of Liberty Mutual Insurance Company has been affixed thereto in Plymouth Meeting, Pennsylvania this 8th day of April, 2010.

LIBERTY MUTUAL INSURANCE COMPANY



By Garnet W. Elliott, Assistant Secretary

COMMONWEALTH OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 8th day of April, 2010, before me, a Notary Public, personally came Garnet W. Elliott, to me known, and acknowledged that he is an Assistant Secretary of Liberty Mutual Insurance Company; that he knows the seal of said corporation; and that he executed the above Power of Attorney and affixed the corporate seal of Liberty Mutual Insurance Company thereto with the authority and at the direction of said corporation.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2013
Member, Pennsylvania Association of Notaries

By Teresa Pastella, Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney is an Assistant Secretary specially authorized by the chairman or the president to appoint attorneys-in-fact as provided in Article XIII, Section 5 of the By-laws of Liberty Mutual Insurance Company.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of Liberty Mutual Insurance Company at a meeting duly called and held on the 12th day of March, 1980.

VOTED that the facsimile or mechanically reproduced signature of any assistant secretary of the company, wherever appearing upon a certified copy of any power of attorney issued by the company in connection with surety bonds, 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 seal of the said company, this 18th day of June, 2010.



By David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)	11,425,766,895		11,425,766,895	11,057,669,501
2. Stocks (Schedule D):				
2.1 Preferred stocks	782,976,318		782,976,318	757,319,706
2.2 Common stocks	9,135,552,552		9,135,552,552	7,570,471,320
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	519,022,709		519,022,709	548,091,252
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	337,179,530		337,179,530	425,989,166
4.2 Properties held for the production of income (less \$ 0 encumbrances)	978,262		978,262	1,039,982
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 389,502,555, Schedule E - Part 1), cash equivalents (\$ 82,179,054, Schedule E - Part 2), and short-term investments (\$ 352,650,853, Schedule DA)	824,332,462		824,332,462	1,349,305,516
6. Contract loans (including \$ 0 premium notes)				
7. Other invested assets (Schedule BA)	5,771,150,576	206,157	5,770,944,419	5,131,343,213
8. Receivables for securities	12,271,548		12,271,548	2,859,056
9. Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Lines 1 to 9)	28,809,230,852	206,157	28,809,024,695	26,844,088,712
11. Title plants less \$ 0 charged off (for Title insurers only)				
12. Investment income due and accrued	133,129,777		133,129,777	140,188,757
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	993,264,743	14,732,220	978,532,523	1,071,899,224
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	1,519,460,073		1,519,460,073	1,594,927,150
13.3 Accrued retrospective premiums	366,445,346	36,644,535	329,800,811	363,694,097
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	593,195,507		593,195,507	560,300,803
14.2 Funds held by or deposited with reinsured companies	13,527,020		13,527,020	17,294,633
14.3 Other amounts receivable under reinsurance contracts				
15. Amounts receivable relating to uninsured plans	21,095	11,418	9,677	175,315
16.1 Current federal and foreign income tax recoverable and interest thereon	313,172,066		313,172,066	
16.2 Net deferred tax asset	1,188,251,090	164,925,490	1,023,325,600	846,790,256
17. Guaranty funds receivable or on deposit	33,248,467		33,248,467	32,559,328
18. Electronic data processing equipment and software	319,102,379	257,221,814	61,880,565	50,291,004
19. Furniture and equipment, including health care delivery assets (\$ 0)	126,014,225	126,014,225		
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates	346,223,617	610	346,223,007	312,158,606
22. Health care (\$ 0) and other amounts receivable				
23. Aggregate write-ins for other than invested assets	715,856,703	39,949,956	675,906,747	715,420,301
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	35,470,142,960	639,706,425	34,830,436,535	32,549,788,186
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)	35,470,142,960	639,706,425	34,830,436,535	32,549,788,186

DETAILS OF WRITE-IN LINES				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301. Cash Surrender Value Life Insurance	383,284,396		383,284,396	348,631,523
2302. Amounts receivable under high deductible policies	172,319,200	115,054	172,204,146	165,149,487
2303. Other assets	132,718,487	39,834,902	92,883,585	165,597,198
2398. Summary of remaining write-ins for Line 23 from overflow page	27,534,610		27,534,610	36,042,093
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	715,856,703	39,949,956	675,906,747	715,420,301


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

Labor Code Section 3700


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

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

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of that Code, and I will comply with such provisions before commencing the performance of this Contract.



Principal

Principal


General Manager
Title

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

V2MTMV4Q

DATE (MM/DD/YYYY)
06/02/2010

PRODUCER
MARSH USA INC.
ONE STATE STREET
HARTFORD, CT 06103-3187

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
OTIS ELEVATOR COMPANY
ONE FARM SPRINGS ROAD
FARMINGTON, CT 06032

INSURER A: Hartford Fire Insurance Co
INSURER B: Ins Co of the State of PA
INSURER C: Illinois National Ins Co.
INSURER D: Chartis Casualty Company
INSURER E: New Hampshire Insurance Co

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	02CSET10004 \$2,000,000 general aggregate per location/project \$10,000,000 policy general aggregate	04/01/2010	04/01/2011	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	02CSET10000 (A/O) 02CSET10019 (HI) Hartford Underwriters Ins	04/01/2010	04/01/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	02HUT10021	04/01/2010	04/01/2011	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	020342: NJ-393, CA-397	04/01/2010	04/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	
C		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	TX-394, FL-401			E.L. EACH ACCIDENT	\$ 1,000,000
D			MULTI-396 OR-398			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
E		If yes, describe under SPECIAL PROVISIONS below	MN-395, MULTI-399, 400			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A		OTHER O & C P Owners' and Contractors' Protective	02CSET31000	04/01/2010	04/01/2011	Occurrence	2,000,000
						Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
CT WORKERS COMPENSATION (SIR 2.5MM) EXCESS COVERAGE - NATIONAL UNION FIRE INSURANCE CO - POLICY NO. 0910567
This certificate only applies to 4095LEMON
Criminal Justice Building (CJB), Riverside, 4095 Lemon Street, Riverside, CA
County of Riverside, EDA Design and Construction Division, Criminal Justice Building (CJB) is named insured on the OCP and the insurance policies include a waiver of subrogation, both to the extent required by contract with OTIS ELEVATOR COMPANY.

CERTIFICATE HOLDER

County of Riverside
EDA Design and Construction Division
Tim Warner, Facilities Project Manager
4080 Lemon Street
Riverside, CA 92501

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Page 1 of 2 

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY CERTIFICATE OF COVERAGE



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE is provided by the insurance company of the Hartford shown below; is provided on behalf of the Designated Contractor scheduled hereon; and consists of:

\$ 7KLV&HUVFDMRI &RYHDIH

B. Owners and Contractors Protective Liability Coverage Form; and

C. Any Endorsements issued to be a part of the Owners and Contractors Protective Liability Coverage Form and listed below:

Insurer: Hartford Fire Insurance Co
HARTFORD, CT 06115

Policy Number: 02CSET31000
Previous Policy Number: NEW

Issued to Named Insured and Mailing Address:

County of Riverside
EDA Design and Construction Division
Tim Warner, Facilities Project Manager
4080 Lemon Street
Riverside, CA 92501

Designated Additional Insureds:

County of Riverside, EDA Design and Construction Division, Criminal Justice Building (CJB)

Coverage Period: 04/01/2010 to 04/01/2011 12:01 a.m., standard time at your mailing address shown above.
(Coverage Period means the period beginning with the inception date coverage is provided for the project specified herein and ending with the earlier of cancellation of coverage, expiration of coverage or completion of the project)

Designated Contractor and Mailing Address:

OTIS ELEVATOR COMPANY
ONE FARM SPRINGS ROAD
FARMINGTON, CT 06032

Location of Covered Operations:

Criminal Justice Building (CJB), Riverside
4095 Lemon Street
Riverside, CA

Contract Number: 4095LEMON

LIMITS OF INSURANCE

The Limits of Insurance, subject to all the terms of this Owners and Contractors Protective Liability Coverage Form that apply, are:

Each Occurrence Limit 2,000,000

Aggregate Limit 2,000,000

Premium: Included as part of the total Coverage Part premium, which is the responsibility of the Designated Contractor.

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Owners and Contractors Protective Liability Coverage Form:

Issue Date: 06/02/2010

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

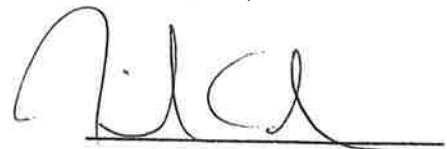
Labor Code Section 3700

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

- (a) By being insured against liability to pay compensation in one or more insurers duly authorized to write compensation insurance in this State.

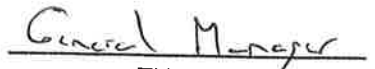
- (b) By securing from the Director of Industrial Relations, a Certificate of Consent to Self-Insure, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his employees

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of that Code, and I will comply with such provisions before commencing the performance of this Contract.



Principal

Principal



Title

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

V2MTMV4Q

DATE (MM/DD/YYYY)
06/02/2010

PRODUCER
MARSH USA INC.
ONE STATE STREET
HARTFORD, CT 06103-3187

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

INSURED
OTIS ELEVATOR COMPANY
ONE FARM SPRINGS ROAD
FARMINGTON, CT 06032

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Fire Insurance Co
INSURER B: Ins Co of the State of PA
INSURER C: Illinois National Ins Co.
INSURER D: Chartis Casualty Company
INSURER E: New Hampshire Insurance Co

COVERAGES

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

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	02CSET10004 \$2,000,000 general aggregate per location/project \$10,000,000 policy general aggregate	04/01/2010	04/01/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	02CSET10000 (A/O) 02CSET10019 (HI) Hartford Underwriters Ins	04/01/2010	04/01/2011	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	\$ \$ \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	02HUT10021	04/01/2010	04/01/2011	EACH OCCURRENCE AGGREGATE	\$ 10,000,000 \$ 10,000,000 \$ \$ \$
B C D E		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	020342: NJ-393, CA-397 TX-394, FL-401 MULTI-396 OR-398 MN-395, MULTI-399, 400	04/01/2010	04/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
A		OTHER O & C P Owners' and Contractors' Protective	02CSET31000	04/01/2010	04/01/2011	Occurrence Aggregate	2,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
CT WORKERS COMPENSATION (SIR 2.5MM) EXCESS COVERAGE - NATIONAL UNION FIRE INSURANCE CO - POLICY NO. 0910567
This certificate only applies to 4095LEMON
Criminal Justice Building (CJB), Riverside, 4095 Lemon Street, Riverside, CA
County of Riverside, EDA Design and Construction Division, Criminal Justice Building (CJB) is named insured on the OCP and the insurance policies include a waiver of subrogation, both to the extent required by contract with OTIS ELEVATOR COMPANY.

CERTIFICATE HOLDER

County of Riverside
EDA Design and Construction Division
Tim Warner, Facilities Project Manager
4080 Lemon Street
Riverside, CA 92501

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Page 1 of 2 

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY CERTIFICATE OF COVERAGE



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE is provided by the insurance company of the Hartford shown below; is provided on behalf of the Designated Contractor scheduled hereon; and consists of:

\$ 7KIV&HJWFDNR &RYHJH

B. Owners and Contractors Protective Liability Coverage Form; and

C. Any Endorsements issued to be a part of the Owners and Contractors Protective Liability Coverage Form and listed below:

Insurer: Hartford Fire Insurance Co
HARTFORD, CT 06115

Policy Number: 02CSET31000
Previous Policy Number: NEW

Issued to Named Insured and Mailing Address:

County of Riverside
EDA Design and Construction Division
Tim Warner, Facilities Project Manager
4080 Lemon Street
Riverside, CA 92501

Designated Additional Insureds:

County of Riverside, EDA Design and Construction Division, Criminal Justice Building (CJB)

Coverage Period: 04/01/2010 to 04/01/2011 12:01 a.m., standard time at your mailing address shown above.
(Coverage Period means the period beginning with the inception date coverage is provided for the project specified herein and ending with the earlier of cancellation of coverage, expiration of coverage or completion of the project)

Designated Contractor and Mailing Address:

OTIS ELEVATOR COMPANY
ONE FARM SPRINGS ROAD
FARMINGTON, CT 06032

Location of Covered Operations:

Criminal Justice Building (CJB), Riverside
4095 Lemon Street
Riverside, CA

Contract Number: 4095LEMON

LIMITS OF INSURANCE

The Limits of Insurance, subject to all the terms of this Owners and Contractors Protective Liability Coverage Form that apply, are:

Each Occurrence Limit 2,000,000

Aggregate Limit 2,000,000

Premium: Included as part of the total Coverage Part premium, which is the responsibility of the Designated Contractor.

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Owners and Contractors Protective Liability Coverage Form:

Issue Date: 06/02/2010

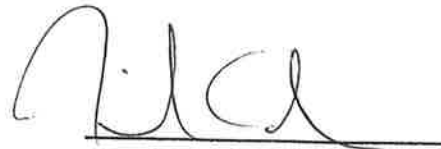
**CONTRACTOR'S CERTIFICATE
REGARDING WORKERS' COMPENSATION**

Labor Code Section 3700

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

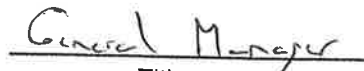
- (a) By being insured against liability to pay compensation in one or more insurers duly authorized to write compensation insurance in this State.
- (b) By securing from the Director of Industrial Relations, a Certificate of Consent to Self-Insure, which may be given upon furnishing proof satisfactory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

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of that Code, and I will comply with such provisions before commencing the performance of this Contract.



Principal

Principal



Title

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

V2MTMV4Q

DATE (MM/DD/YYYY)
06/02/2010

PRODUCER
MARSH USA INC.
ONE STATE STREET
HARTFORD, CT 06103-3187

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

INSURED
OTIS ELEVATOR COMPANY
ONE FARM SPRINGS ROAD
FARMINGTON, CT 06032

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Fire Insurance Co
INSURER B: Ins Co of the State of PA
INSURER C: Illinois National Ins Co.
INSURER D: Chartis Casualty Company
INSURER E: New Hampshire Insurance Co

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	02CSET10004 \$2,000,000 general aggregate per location/project \$10,000,000 policy general aggregate	04/01/2010	04/01/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	02CSET10000 (A/O) 02CSET10019 (HI) Hartford Underwriters Ins	04/01/2010	04/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	02HUT10021	04/01/2010	04/01/2011	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$ \$
B C D E		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	020342: NJ-393, CA-397 TX-394, FL-401 MULTI-396 OR-398 MN-395, MULTI-399, 400	04/01/2010	04/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		OTHER O & C P Owners' and Contractors' Protective	02CSET31000	04/01/2010	04/01/2011	Occurrence 2,000,000 Aggregate 2,000,000

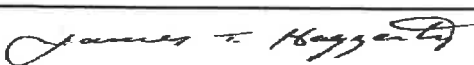
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 CT WORKERS COMPENSATION (SIR 2.5MM) EXCESS COVERAGE - NATIONAL UNION FIRE INSURANCE CO - POLICY NO. 0910567
 This certificate only applies to 4095LEMON
 Criminal Justice Building (CJB), Riverside, 4095 Lemon Street, Riverside, CA
 County of Riverside, EDA Design and Construction Division, Criminal Justice Building (CJB) is named insured on the OCP and the insurance policies include a waiver of subrogation, both to the extent required by contract with OTIS ELEVATOR COMPANY.

CERTIFICATE HOLDER

CANCELLATION

County of Riverside
 EDA Design and Construction Division
 Tim Warner, Facilities Project Manager
 4080 Lemon Street
 Riverside, CA 92501

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

AUTHORIZED REPRESENTATIVE


OWNERS AND CONTRACTORS PROTECTIVE LIABILITY CERTIFICATE OF COVERAGE



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE is provided by the insurance company of the Hartford shown below; is provided on behalf of the Designated Contractor scheduled hereon; and consists of:

\$ 7KV&HUMFDWR &RYHJH

B. Owners and Contractors Protective Liability Coverage Form; and

C. Any Endorsements issued to be a part of the Owners and Contractors Protective Liability Coverage Form and listed below:

Insurer: Hartford Fire Insurance Co
HARTFORD, CT 06115

Policy Number: 02CSET31000
Previous Policy Number: NEW

Issued to Named Insured and Mailing Address:

County of Riverside
EDA Design and Construction Division
Tim Warner, Facilities Project Manager
4080 Lemon Street
Riverside, CA 92501

Designated Additional Insureds:

County of Riverside, EDA Design and Construction Division, Criminal Justice Building (CJB)

Coverage Period: 04/01/2010 to 04/01/2011 12:01 a.m., standard time at your mailing address shown above.
(Coverage Period means the period beginning with the inception date coverage is provided for the project specified herein and ending with the earlier of cancellation of coverage, expiration of coverage or completion of the project)

Designated Contractor and Mailing Address:

OTIS ELEVATOR COMPANY
ONE FARM SPRINGS ROAD
FARMINGTON, CT 06032

Location of Covered Operations:

Criminal Justice Building (CJB), Riverside
4095 Lemon Street
Riverside, CA

Contract Number: 4095LEMON

LIMITS OF INSURANCE

The Limits of Insurance, subject to all the terms of this Owners and Contractors Protective Liability Coverage Form that apply, are:

Each Occurrence Limit 2,000,000

Aggregate Limit 2,000,000

Premium: Included as part of the total Coverage Part premium, which is the responsibility of the Designated Contractor.

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Owners and Contractors Protective Liability Coverage Form:

Issue Date: 06/02/2010

Form HS 78 71 01 00

(c)2001, The Hartford

V2MTMV4Q

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

Labor Code Section 3700

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

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

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of that Code, and I will comply with such provisions before commencing the performance of this Contract.



Principal

Principal



Title

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

V2MTMV4Q

DATE (MM/DD/YYYY)
06/02/2010

PRODUCER
MARSH USA INC.
ONE STATE STREET
HARTFORD, CT 06103-3187

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

INSURED
OTIS ELEVATOR COMPANY
ONE FARM SPRINGS ROAD
FARMINGTON, CT 06032

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Fire Insurance Co
INSURER B: Ins Co of the State of PA
INSURER C: Illinois National Ins Co.
INSURER D: Chartis Casualty Company
INSURER E: New Hampshire Insurance Co

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	02CSET10004 \$2,000,000 general aggregate per location/project \$10,000,000 policy general aggregate	04/01/2010	04/01/2011	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	02CSET10000 (A/O) 02CSET10019 (HI) Hartford Underwriters Ins	04/01/2010	04/01/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	02HUT10021	04/01/2010	04/01/2011	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	020342: NJ-393, CA-397	04/01/2010	04/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
C		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	TX-394, FL-401			E.L. EACH ACCIDENT	\$ 1,000,000
D			MULTI-396 OR-398			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
E		If yes, describe under SPECIAL PROVISIONS below	MN-395, MULTI-399, 400			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A		OTHER O & C P Owners' and Contractors' Protective	02CSET31000	04/01/2010	04/01/2011	Occurrence	2,000,000
						Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
CT WORKERS COMPENSATION (SIR 2.5MM) EXCESS COVERAGE - NATIONAL UNION FIRE INSURANCE CO - POLICY NO. 0910567
This certificate only applies to 4095LEMON
Criminal Justice Building (CJB), Riverside, 4095 Lemon Street, Riverside, CA
County of Riverside, EDA Design and Construction Division, Criminal Justice Building (CJB) is named insured on the OCP and the insurance policies include a waiver of subrogation, both to the extent required by contract with OTIS ELEVATOR COMPANY.

CERTIFICATE HOLDER

County of Riverside
EDA Design and Construction Division
Tim Warner, Facilities Project Manager
4080 Lemon Street
Riverside, CA 92501

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

James H. Haggerty

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY CERTIFICATE OF COVERAGE



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE is provided by the insurance company of the Hartford shown below; is provided on behalf of the Designated Contractor scheduled hereon; and consists of:

\$ 7KLV&HUVFDMR &RYHJDH

B. Owners and Contractors Protective Liability Coverage Form; and

C. Any Endorsements issued to be a part of the Owners and Contractors Protective Liability Coverage Form and listed below:

Insurer: Hartford Fire Insurance Co
HARTFORD, CT 06115

Policy Number: 02CSET31000
Previous Policy Number: NEW

Issued to Named Insured and Mailing Address:

County of Riverside
EDA Design and Construction Division
Tim Warner, Facilities Project Manager
4080 Lemon Street
Riverside, CA 92501

Designated Additional Insureds:

County of Riverside, EDA Design and Construction Division, Criminal Justice Building (CJB)

Coverage Period: 04/01/2010 to 04/01/2011 12:01 a.m., standard time at your mailing address shown above.
(Coverage Period means the period beginning with the inception date coverage is provided for the project specified herein and ending with the earlier of cancellation of coverage, expiration of coverage or completion of the project)

Designated Contractor and Mailing Address:

OTIS ELEVATOR COMPANY
ONE FARM SPRINGS ROAD
FARMINGTON, CT 06032

Location of Covered Operations:

Criminal Justice Building (CJB), Riverside
4095 Lemon Street
Riverside, CA

Contract Number: 4095LEMON

LIMITS OF INSURANCE

The Limits of Insurance, subject to all the terms of this Owners and Contractors Protective Liability Coverage Form that apply, are:

Each Occurrence Limit 2,000,000

Aggregate Limit 2,000,000

Premium: Included as part of the total Coverage Part premium, which is the responsibility of the Designated Contractor.

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Owners and Contractors Protective Liability Coverage Form:

Issue Date: 06/02/2010