

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

833



FROM: Economic Development Agency / Facilities Management

SUBMITTAL DATE:
March 3, 2011

SUBJECT: Riverside CAC Parking Structure Solar Shade Energy Project – Approve Second Bid

RECOMMENDED MOTION: That the Board of Supervisors:

1. Waive any minor irregularities in the bid and award the Construction Agreement to S.H.E. Engineering & Construction, of Reseda, California, in the amount of \$1,136,500, and authorize the Chairman of the Board to execute the agreement on behalf of the county;
2. Authorize the Assistant County Executive Officer/EDA to administer the agreement for S.H.E. Engineering & Construction in accordance with applicable Board policies;
3. Approve the total project budget of \$1,431,100; and,

(Continued)

Robert Field

Robert Field
Assistant County Executive Officer/EDA

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 1,431,100	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2010/11

COMPANION ITEM ON BOARD OF DIRECTORS AGENDA: No

SOURCE OF FUNDS: Energy Efficient Conservation Block Grant – American Recovery and Reinvestment Act

Positions To Be Deleted Per A-30 ☐
Requires 4/5 Vote ☐

C.E.O. RECOMMENDATION: APPROVE

BY: *Jennifer L. Sargent*
Jennifer L. Sargent

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Buster 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: March 22, 2011
xc: EDA, Auditor

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

Prev. Agn. Ref.: 3.33 of 11/30/10; 3.29 of 7/27/10

District: 2

Agenda Number:

3.9

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY: *Samuel Wong* 3/16/11
SAMUEL WONG
Departmental Concurrence
DATE: 3/17/11
FORM APPROVED COUNTY COUNSEL
BY: MARSHAL VICTOR

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

RECOMMENDED MOTION: (Continued)

4. Approve Addendum One, Two and Three issued prior to January 12, 2011 bid opening.
5. Delegate project management authority for this project to the Assistant County Executive Officer/EDA in accordance with applicable policies.

BACKGROUND:

The intent of this project is to install a 110 kilo watt solar shade system on the upper level of the Riverside County Administrative Center (CAC) parking structure. With the addition of these solar shade structures, it will provide shade in the summer months, and supplement the power usage of the CAC. Moreover, as part of this project, all of the existing light fixtures in the parking structure will be replaced with new light-emitting diode fixtures, cutting the power usage by 100 watts per fixture. This total package has the potential of cutting the energy cost to the CAC by \$84,013 annually, and by reducing the energy used, it will reduce the amount of greenhouse gas emissions produced.

On July 27, 2010, the Board of Supervisors approved the plans and specifications, total project budget in the amount of \$1,090,513, and authorized the Clerk of the Board to advertise for bids for the Riverside CAC Parking Structure Solar Shade Energy Project. On August 12, 2010, 15 contractors attended a mandatory job walk. On August 31, 2010, the bids were opened and Petersen Dean was determined to be the lowest responsive bidder.

On September 9, 2010, Petersen Dean notified the Economic Development Agency (EDA) of their intention to withdraw their bid based on a clerical error. EDA and County Counsel have reviewed and accepted Petersen Dean's bid withdrawal. Of the remaining two bids, one was deemed non responsive by County Counsel and the other bid was over the estimated construction budget. EDA had requested the Board of Supervisors to reject the remaining bid and authorized the Clerk of the Board to re-advertise for bid using the same plans and specifications originally approved by the Board of Supervisors.

On December 20, 2010, 40 contractors attended a mandatory bidder's conference. On January 12, 2011, the bids were opened and S.H.E. Engineering & Construction was determined to be the lowest responsive and responsible bidder.

On January 26, 2011, the County of Riverside received a bid protest from Horizons Construction Co. the second lowest bidder. Horizon Construction Co. raised two grounds for protest regarding S.H.E. Engineering & Construction's low bid;

1. Horizons Construction Co. contended that S.H.E. Engineering & Construction listed David Construction for the concrete, structural, and solar. Per plan E1.1, 1.2 and 2.2, the solar installer must be certified by the "North American Board of Certified Energy Practitioners" (NABCEP). Horizons Construction Co. is stating that David Construction does not have the needed certification. S.H.E. Engineering & Construction has provided EDA with the name of the person who is working with David Construction, who has the required certification (certificate number verified). Moreover, according to the "Photovoltaic Specifications" listed on plan sheet E1.1, C, they only need an "NABCEP" certified person on staff in order to fulfill the requirements. Therefore, there are no grounds for determination of non-responsiveness of the bid on this basis.

(Continued)

BACKGROUND: (Continued)

2. Horizons Construction Co. also contended that S.H.E. Engineering & Construction failed to comply with one of the requirements of Addendum #2, note 11 of 13 stating, "The contractor shall provide an estimated draft work schedule with the bid price submittal". A review of S.H.E. Engineering & Construction's bid documents found that the document in question was located on the back page of the bid documents, and therefore is in compliance with the addendum requirement. Therefore, there are no grounds for determination of non-responsiveness of the bid on this basis.

During the advertisement period, three addenda were issued to all plan holders and posted on the website as a supplement to the bid package. Bidders are required to acknowledge and take into account all issued addenda on their bid proposal to be considered for award. The addenda were issued to clarify and modify the approved contract documents. The addenda are attached.

County Counsel has reviewed the bid protest documents and did not find grounds for determining the low bidder non-responsive.

PROJECT BUDGET:

The approximate allocation of the project budget is as follows:

Construction	\$1,136,500
Design	\$ 56,500
Project Management/Reproduction/Dedication	\$ 95,000
County Inspections	\$ 5,000
Specialty Inspections/Testing	\$ 8,000
Project Contingency	\$ 130,100
TOTAL	\$1,431,100

FINANCIAL IMPACT:

All costs associated with this project will be funded by the Energy Efficient Conservation Block Grant through American Recovery and Reinvestment Act, thus no net county cost will be incurred as a result of this action.

AGREEMENT FORM

THIS AGREEMENT, entered into this 25th day of January, 2011, by and between S.H.E. Engineering & Construction Group, 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 Riverside CAC Parking Structure Solar Shade Project.

In strict accordance with the Plans and Specifications dated July 2010 prepared by MRC Engineering, Inc. & County of Riverside hereinafter called the "Architect", including Addenda thereto as listed in the Contractor's Proposal, all of which are made a part hereof.

TIME FOR COMPLETION: The work shall be commenced on a date to be specified in a written order of the Architect and shall be completed within Ninety (90) calendar days from and after said date. It is expressly agreed that except for extensions of time duly granted in the manner and for the reasons specified in the General Conditions, time shall be of the essence.

COMPENSATION TO BE PAID TO CONTRACTOR: The Owner agrees to pay and the Contractor agrees to accept in full consideration for the performance of the Contract, subject to additions and deductions as provided in the General Conditions, the sum of One Million One Hundred Thirty Six Thousand Five Hundred dollars (\$1,136,500.00) being the total of the base bid plus the following addenda: 1, & 2. 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: S.H.E. ENGINEERING & CONSTRUCTION GROUP, INC.

Address: 18645 SHERMAN WAY, SUITE 101, RESEDA, CA 91335

Contractor's License No.: 037212

IF OTHER THAN CORPORATION EXECUTE HERE

Signature: _____

Title: _____

IF CORPORATION, FILL OUT FOLLOWING AND EXECUTE

Name of President of Corporation: DAVID SHEETZ

Name of Secretary of Corporation: _____

Corporation is organized under the laws of State of CALIFORNIA

Signature: [Signature]

Title: PRESIDENT

Owner: COUNTY OF RIVERSIDE

Signature: [Signature]

Title: Chairman - Board of Supervisors

BOB BUSTER

Attest: Clerk - Board of Supervisors **KECIA HARPER-IHEM**

By: [Signature]

Title: Deputy



FORM APPROVED COUNTY COUNSEL

BY: [Signature] 3/7/11
MARSHAL VICTOR DATE

MAR 22 2011 3.9

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

On 1/25/2011

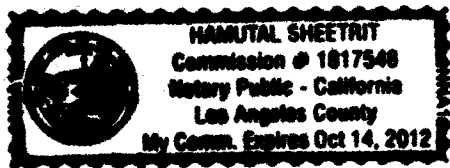
Date

before me, Hamutal Sheetrit, Notary Public

Here Insert Name and Title of the Officer

personally appeared David Sheetrit

Name(s) of Signer(s)



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

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

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Agreement Form

Document Date: 1/25/2011

Number of Pages: 1

Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: David Sheetrit

☐ Individual

☒ Corporate Officer — Title(s): President

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here



Signer's Name: _____

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

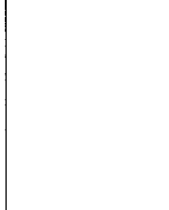
☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here



Bond No. 1975935
Premium listed on Performance Bond
Executed in Five Originals

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

PAYMENT BOND

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

The makers of this Bond are S.H.E. Engineering & Construction Group, Inc.
The Hanover Insurance Company as Principal and Original Contractor and
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 January 24, 2011,
~~X210X~~ between Principal and County of Riverside, a public entity, as owner, for
* _____ dollars (\$ * _____) the total amount payable. THE AMOUNT OF
THIS BOND IS 100% OF SAID SUM. Said contract is for public work of: _____
CAC Parking Structure Solar System & Lighting Upgrade

*One Million One Hundred Thirty Six Thousand Five Hundred & 00/100 (\$1,136,500.00)

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 24th Day of January 2011.

S.H.E. Engineering & Construction Group, Inc.

(Firm Name - Principal)

18645 Sherman Way, Ste 101, Reseda, CA 91335

(Business Address)

By: _____

(Signature - Attach Notary's Acknowledgment)

DAVID SHEETZIT, PRESIDENT

(Title)

The Hanover Insurance Company

(Corporation Name - Surety)

440 Lincoln Street, Worcester, MA 01653

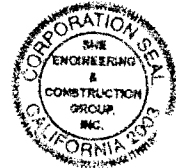
(Business Address)

By: _____

(Signature - Attached Notary's Acknowledgment)

Stephanie Pham
ATTORNEY-IN-FACT

(Title-Attach Power of Attorney)



Affix Seal
if
Corporation

Affix
Corporate
Seal

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA

County of Orange

On 1/24/11
Date

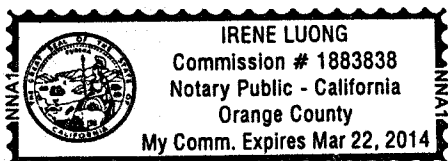
before me, Irene Luong, Notary Public

Here Insert Name and Title of the Officer

personally appeared

Stephanie Pham

Name(s) of Signer(s)



Place Notary Seal Above

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

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

Witness my hand and official seal

Signature

Signature of Notary Public

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: Stephanie Pham

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☒ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

Signer's Name: _____

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

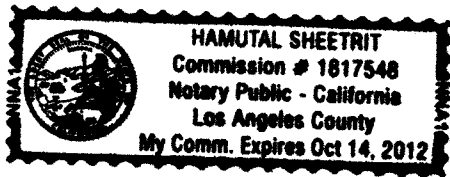
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

On 2/15/2011 before me, Hamutal Sheetrit, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared David Sheetrit
Name(s) of Signer(s)



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

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

WITNESS my hand and official seal.

Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Payment Bond

Document Date: 2/15/2011 Number of Pages: 1

Signer(s) Other Than Named Above: Stephanie Pham

Capacity(ies) Claimed by Signer(s)

Signer's Name: David Sheetrit

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

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

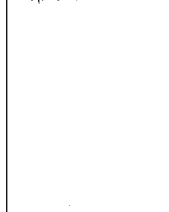


Signer's Name: _____

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

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here



PREMIUM IS FOR THE CONTRACT TERM AND IS SUBJECT
TO ADJUSTMENT BASED ON FINAL CONTRACT PRICE

PERFORMANCE BOND

The makers of this Bond, S.H.E. Engineering & Construction Group, Inc., as Principal, and
The Hanover Insurance Company as Surety, are held and firmly bound unto County of Riverside,
hereinafter called the Owner, in the sum of _____ * _____ Dollars (\$ _____ * _____)
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.

*One Million One Hundred Thirty Six Thousand Five Hundred & 00/100 (\$1,136,500.00)

The condition of this obligation is such, that whereas the Principal entered into a certain contract, hereto
attached, with the Owner, dated January 24, 2011, ~~2010~~ for CAC Parking Structure Solar System & Lighting Upgrade

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
hereafter 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 24th Day of January, 2011.

S.H.E. Engineering & Construction Group, Inc.

(Firm Name - Principal)

18645 Sherman Way, Ste 101, Reseda, CA 91335

(Business Address)

By: 

(Signature - Attach Notary's Acknowledgment)

DAVID SHEETRIT, PRESIDENT

(Title)

The Hanover Insurance Company

(Corporation Name - Surety)

440 Lincoln Street, Worcester, MA 01653

(Business Address)

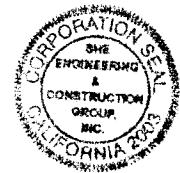
By: 

(Signature - Attach Notary's Acknowledgment)

Stephanie Pham

ATTORNEY-IN-FACT

(Title-Attach Power of Attorney)



Affix Seal
if
Corporation

Affix
Corporate
Seal

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA

County of Orange

On 1/24/11
Date

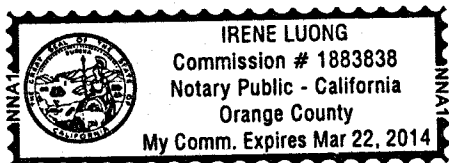
before me, Irene Luong, Notary Public

Here Insert Name and Title of the Officer

personally appeared

Stephanie Pham

Name(s) of Signer(s)



Place Notary Seal Above

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

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

Witness my hand and official seal

Signature

Signature of Notary Public

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: Stephanie Pham

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☒ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

Signer Is Representing: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

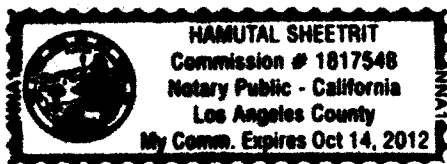
County of Los Angeles

On 2/15/2011 before me, Hamutal Sheetrit, Notary Public

personally appeared David Sheetrit

Here Insert Name and Title of the Officer

Name(s) of Signer(s)



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

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

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Performance Bond

Document Date: 2/15/2011 Number of Pages: 1

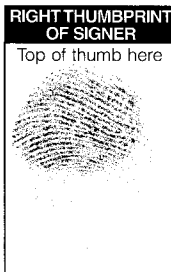
Signer(s) Other Than Named Above: Stephanie Pham

Capacity(ies) Claimed by Signer(s)

Signer's Name: David Sheetrit

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

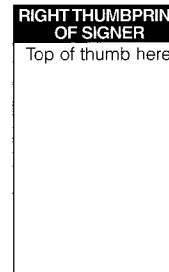
Signer Is Representing: _____



Signer's Name: _____

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

Signer Is Representing: _____



THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWERS OF ATTORNEY
CERTIFIED COPY

KNOW ALL MEN BY THESE PRESENTS: That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, do hereby constitute and appoint

MARK RICHARDSON, SHAWN BLUME, ERIC LOWEY, STEPHANIE PHAM

of **Costa Mesa, CA** and each is a true and lawful Attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, or, if the following line be filled in, only within the area therein designated

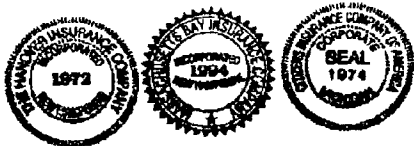
any and all bonds, recognizances, undertakings, contracts of indemnity or other writings obligatory in the nature thereof, as follows:

Any such obligations in the United States, not to exceed Ten Million and No/100 (\$10,000,000) in any single instance

and said companies hereby ratify and confirm all and whatsoever said Attorney(s)-in-fact may lawfully do in the premises by virtue of these presents. These appointments are made under and by authority of the following Resolution passed by the Board of Directors of said Companies which resolutions are still in effect:

"RESOLVED, That the President or any Vice President, in conjunction with any Assistant Vice President, be and they are hereby authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by a Vice President and an Assistant Vice President, this 12th day of July, 2010.



THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Mary Jeanne Anderson
Mary Jeanne Anderson, Vice President

Robert K. Grennan
Robert K. Grennan, Assistant Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 12th day of July, 2010 before me came the above named Vice President and Assistant Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

My commission expires on
3, 2011



Novem

Barbara A. Garlick
Notary Public

ber

I, the undersigned Assistant Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

This Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America.

"RESOLVED, That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or any Vice President in conjunction with any Assistant Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 24th day of January, 2011.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Stephen L. Brault
Stephen L. Brault, Assistant Vice President

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

Labor Code Section 3700

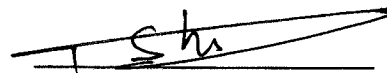
Every employer, except the State and all political subdivisions or institutions thereof, shall secure the payment of compensation in one or more of the following ways:

- (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.

S.H.E. ENGINEERING & CONSTRUCTION GROUP, INC.

Principal

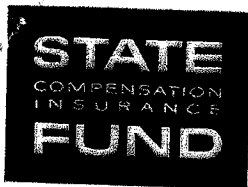


Principal DAVID SHEETZ

PRESIDENT

Title

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



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 02-14-2011

GROUP:
POLICY NUMBER: 1814112-2010
CERTIFICATE ID: 24
CERTIFICATE EXPIRES: 12-01-2011
12-01-2010/12-01-2011
THIS CERTIFICATE SUPERSEDES AND CORRECTS
CERTIFICATE # 23 DATED 02-02-2011
JOB: ALL CA OPS

COUNTY OF RIVERSIDE
3403 10TH ST
RIVERSIDE CA 92501-3670

SC

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

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

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

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

James Neary
Authorized Representative

Thomas E. Rone
President and CEO

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

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2011-01-24 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED:
COUNTY OF RIVERSIDE

ENDORSEMENT #1600 - SHEETRIT, DAVID PRESIDENT SECRETARY - EXCLUDED.

ENDORSEMENT #1600 - SHEETRIT, ILANA VICE PRESIDENT TREASURER - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 12-01-2005 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2570 ENTITLED WAIVER OF SUBROGATION EFFECTIVE 2011-02-14 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. THIRD PARTY NAME:
COUNTY OF RIVERSIDE

EMPLOYER

S H E ENGINEERING & CONSTRUCTION GROUP I SC
18645 SHERMAN WAY STE 101
RESEDA CA 91335

[EDF,CN]

PRINTED : 02-14-2011

WAIVER OF SUBROGATION NOTICE

Enclosed is your copy of a certificate of insurance on which the certificate holder required a waiver of subrogation:

1. Please be advised that a waiver of subrogation requires that a 3% surcharge will be applied by State Fund ONLY to the premium assessed on the payroll of your employees earned while engaged in work for that certificate holder who requested the waiver. (Note: if you have no employee payroll on that job, then there is no charge.)
2. To apply the 3% surcharge, you must also agree to maintain accurately segregated payroll records for employees engaged in work on job/s for the certificate holder who has the waiver. The payroll records are subject to verification by an auditor.

Example:

Payroll for job:	\$5,000.00
Sample Rate:	13.30%

Regular Premium equals:	\$ 665.00
Surcharge:	3.00%

Additional Waiver charge:	\$ 19.95
Total premium equals	\$ 684.95 (665.00 + 19.95)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/25/2011

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 Target Financial & Insurance Services 6630 Flanders Drive License #0743582 San Diego CA 92121	CONTACT NAME: Customer Service PHONE (A/C, No, Ext): (800) 450-8013 FAX (A/C, No): (800) 434-8053 E-MAIL ADDRESS: customerservice@targetinsuranceservices.com PRODUCER CUSTOMER ID#: 00003783														
INSURED S H E Engineering & Construction Group, Inc. 18645 Sherman Way Ste. 101 Reseda CA 91335	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Prfrd Cntrctrs Ins Co Inc</td><td></td></tr><tr><td>INSURER B: American Safety Insurance</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Prfrd Cntrctrs Ins Co Inc		INSURER B: American Safety Insurance		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Prfrd Cntrctrs Ins Co Inc															
INSURER B: American Safety Insurance															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: GL/PL 2010-2011 AI 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	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		PC7022103	10/20/2010	10/20/2011	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Pollution Liability			CPL0256421001	5/6/2010	5/6/2011	General Aggregate: \$1,000,000 Eac h Loss Limit; \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is Named as Additional Insured per the Attached Endorsement. *10 Days Notice of Cancellation for Non-Payment of Premium/30 Days All Others. Waiver of Subrogation applies to General Liability.
Re: Riverside CAC Parking Structure Solar Shade Project#FM06720000027
Revised 2/14/2011 supercedes all others

CERTIFICATE HOLDER Riverside County 3403 10th Street Riverside, CA 92507	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Carl Savoia/LM
--	--

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED-OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION INCLUDING WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

IT IS AGREED THAT WE WAIVE ANY RIGHT OF RECOVERY WE MAY HAVE AGAINST THE PERSON OR ORGANIZATION SHOWN IN THE SCHEDULE, BECAUSE OF THE PAYMENT WE MAKE FOR INJURY OR DAMAGE ARISING OUT OF "YOUR WORK" DONE UNDER A CONTRACT WITH THAT PERSON OR ORGANIZATION.

SCHEDULE

Name of Person(s) or Organization(s); Location(s) of covered operations; Additional Insured(s) Address:
Riverside County
3403 10th Street
Riverside CA 92507

Re: Riverside CAC Parking Structure Solar Shade – 4090 Lemon Street, Riverside, CA 92501
Project #FM06720000027

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

DATE: 2/16/11

AUTHORIZED SIGNATURE:



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 Target Financial & Insurance Services 6630 Flanders Drive License #0743582 San Diego CA 92121		CONTACT NAME: Customer Service PHONE (A/C, No, Ext): (800) 450-8013 FAX (A/C, No): (800) 434-8053 E-MAIL ADDRESS: customerservice@targetinsuranceservices.com PRODUCER CUSTOMER ID #: 00003783	
INSURED S H E Engineering & Construction Group, Inc. 18645 Sherman Way Ste. 101 Reseda CA 91335		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Prfrd Cntrctrs Ins Co Inc	
		INSURER B: American Safety Insurance	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:GL/PL 2010-2011 AI

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	GENERAL LIABILITY		X		PC7022103	10/20/2010	10/20/2011	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 50,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)						\$ 5,000	
		PERSONAL & ADV INJURY						\$ 1,000,000	
		GENERAL AGGREGATE						\$ 2,000,000	
		PRODUCTS - COMP/OP AGG						\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)						\$	
	<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)						\$	
	<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)						\$	
	<input type="checkbox"/> HIRED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS							\$	
								\$	
								\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE								\$
	RETENTION \$								\$
									\$
									\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N <input type="checkbox"/>	N/A				WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
B	Pollution Liability				CPL0256421001	5/6/2010	5/6/2011	General Aggregate:	\$1,000,000
								Eac h Loss Limit;	\$1,000,000

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

Certificate Holder is Named as Additional Insured per the Attached Endorsement. *10 Days Notice of Cancellation for Non-Payment of Premium/30 Days All Others.

Re: Riverside CAC Parking Structure Solar Shade Project#FM06720000027

CERTIFICATE HOLDER

Riverside County
3403 10th Street
Riverside, CA 92507

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Carl Savoia/LM

POLICY NUMBER: PC7022103

COMMERCIAL GENERAL LIABILITY

PCIC 24 10 07

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART. SCHEDULE

Name of Person(s) or Organization(s); Location(s) of covered operations; Additional Insured(s) Address:
Riverside County
3403 10th Street
Riverside, CA 92507
Re: Riverside CAC Parking Structure Solar Shade Project#FM0672000027

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

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

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

PCIC 24 10 07



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2011

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 Fusco & Orsini Insurance Services Inc. 4883 Ronson Court Suite P San Diego CA 92111		CONTACT NAME: Valeri Orsini PHONE (A/C, No, Ext): (858) 384-1506 E-MAIL ADDRESS: valeri@foageny.com PRODUCER CUSTOMER ID #: 00000415	
INSURED S H E Engineering & Construction Group, Inc. 18645 Sherman Way #101 Reseda CA 91335		INSURER(S) AFFORDING COVERAGE INSURER A: James River Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 12203	

COVERAGES

CERTIFICATE NUMBER: 11-12: GL AI

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	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		000472460	3/2/2011	3/2/2012	MED EXP (Any one person) \$ Excluded
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The County of Riverside, its Director's and Officers, Special Districts, Boards of Supervisors, elected Officials, employees, agents or representatives are named as additional insured with Primary and Non-Contributory wording with waiver of subrogation endorsement to follow. ***Project#CAC Parking Structure Solar System & Lighting Upgrade*** **10 day notice of cancellation for non-payment of premium, 30 days all others**

CERTIFICATE HOLDER**CANCELLATION**

County of Riverside
c/o Economic Development Agency
Attn: Bruce Norris
3403 10th St.
Riverside, CA 92501

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

Valeri Orsini/VAO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CARFEULLY.

WAIVER OF SUBROGATION AS REQUIRED BY CONTRACT

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS

The Company agrees to waive any right of recovery against any person or organization, as required by written contract, because of payments we make for injury or damage which is limited to liability directly caused by "your work" which is imputed to such person or organization.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NON CONTRIBUTORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS

Name Of Additional Insured Person(s) Or Organization(s):
The County of Riverside, its Director's and Officers, Special Districts, Boards of Supervisor, elected Officials, employees, agents or representatives.
If no entry appears above, this endorsement applies to all Additional Insureds covered under this policy.

Any coverage provided to an Additional Insured under this policy shall be excess over any other valid and collectible insurance available to such Additional Insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance apply on a primary and noncontributory basis.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

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
The County of Riverside, its Director's and Officers, Special Districts, Boards of Supervisor, elected Officials, employees, agents or representatives are named as additional insured with Primary and Non-Contributory wording with waiver of subrogation endorsement to follow.	Project # CAC Parking Structure Solar System & Lighting Upgrade
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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".

BUSINESS
AUTO
DECLARATIONS
POLICY
COVERAGE PART

FARMERS INSURANCE EXCHANGE
MEMBERS OF FARMERS INSURANCE GROUP OF COMPANIES
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010

EM ONE
NAMED : SHE ENGINEERING
INSURED : CONSTRUCTION GROUP INC
MAILING : 18645 SHERMAN WAY STE 101
ADDRESS : RESEDA CA 91335-8600

AU86685
Prematic Acc't No. 30-28-347
Agent
Prod. Count 09423-96-48
Policy Number

The named insured is an individual
unless otherwise stated:
☐ Partnership ☒ Corp. ☐ Joint Venture ☐ Organization (Other than Partnership or joint venture)
Type of Business GEN CONTRACTOR

Policy Period from 08/20/10 (not prior to time applied for) to 08/20/11 12:01 AM Standard Time

This policy replaces other coverages that end at noon standard time on the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for successive policy periods as follows: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

EM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	* COVERED AUTOS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS (LIMITS SHOWN IN THOUSANDS)	PREMIUM
ABILITY	7 8 9	\$ 1000	2,351.00
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH PIP ENDORSEMENT	
ADDED PERSONAL INJURY PROTECTION (or equivalent added no-fault cov.)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT	
AUTO MEDICAL PAYMENTS		\$ SEE SCHEDULE	
UNINSURED MOTORIST	7	\$ SEE SCHEDULE	166.00
UNINSURED MOTORIST PROPERTY DAMAGE		\$	
UNDERINSURED MOTORISTS (When not incl. in Uninsured Motorists Coverage)		\$	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	Actual Cash Value or Cost of Repair, whichever is less minus \$ SEE SCHEDULE Ded. for Each Covered Auto. But no Deductible Applies to Loss Caused by Fire or Lightning. See Item Four for hired or borrowed "autos".	288.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value or Cost of Repair, whichever is Less Minus \$25 Ded. for Each Covered Auto for loss Caused by Mischief or Vandalism. See Item Four for hired or borrowed "Autos".	
PHYSICAL DAMAGE COLLISION COVERAGE	7	Actual Cash Value or Cost of Repair whichever is less minus \$ SEE SCHEDULE Ded. for Each Covered Auto. See item four for hired or borrowed "Autos".	670.00
PHYSICAL DAMAGE TOWING AND LABOR	7	\$ 500 for each disablement of a covered "auto." (ACTUAL LIMIT)	
PREMIUM FOR ENDORSEMENTS			
ESTIMATED TOTAL PREMIUM			3,475.00



BUSINESS AUTO DECLARATIONS (Continued)
ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION						PURCHASED		TERRITORY Town & State where Covered Auto will be principally garaged
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)						Original Cost New	Actual Cost & New (N) USED (U)	
3	09	MERCEDES	TRUCK	GL 320	4JGBF25E99A490187		59075		ENCINO CA 8
Covered Auto No.	CLASSIFICATION								Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.
	Radius of Operation	Business use s - service r - retail c - commercial	Size GVW, GCW or Veh. Seating Capacity	Age Group	Primary Rating Factor Liab.	Phy. Dam.	Secondary Rating Factor	Code	
3	50	S	10000	2	1.0000	1.0000	.0500-	01183	
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROP. PROT. (Mich. only)		
	*Limit	Premium	Limit stated in each P.I.P. End minus de- ductible shown below	Premium	Limit stated in each Added P.I.P. End. Premium	Limit stated in P.P.I. end. minus deduct. shown below	Premium		
3	1000	2,184.00							
Total Premium		2,184.00							
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)								
	AUTO MED. PAY		UNINSURED MOTORISTS		UNINSURED MOTORIST PROPERTY DAMAGE		UNDERINSURED MOTORISTS		
	*Limit	Premium	*Limit	Premium	*Limit	Premium	*Limit	Premium	
3			1000	166.00					
Total Premium				166.00					
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)								
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING LABOR		
	Limit stated in ITEM TWO minus deduc- tible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deduct. shown below	Premium	Limit Per Disablement	Premium		
3	500	288.00		500	670.00				
Total Premium		288.00			670.00				

LIMITS SHOWN IN THOUSANDS)

BUSINESS AUTO DECLARATIONS (CONTINUED)

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR(If liab. COV. IS PRIMARY)	PREMIUM
CA				76.00
PREMIUM				

Cost of hire means the total amount you incur for the hire of "autos" you don't own(not including "autos" you borrow or rent from your employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATES PER EACH \$100 COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS MINUS \$ DED. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
PECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS MINUS \$ DED. FOR EACH COVERED AUTO			
PREMIUM				

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a	Number of Employees	2	\$ 91.00
Social Service Agency	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable: \$ 3,475.00 at inception.

ENDORSEMENTS ATTACHED TO THIS POLICY: IL 00 21-Broad form Nuclear Exclusion(Not applicable in New York)

A00011001 CA00381202 CA01430507 CA21540505 CA23840106 E0207-ED1 E2015-ED1
3027-ED1 IL00030498 IL00171198 IL00210498 IL02700300 25-2191 25-2614
6-5166ED3

Additional Insured:

Riverside County

3403 10th Street

Riverside, CA 92507

Riverside CAC Parking Structure Solar Shade Project FM06720000027

COUNTERSIGNED

(Date)

BY

Authorized Representative

sheconstruction@sbcglobal.net

From: <govt@dnb.com>
To: <sheconstruction@sbcglobal.net>
Sent: Monday, June 14, 2010 4:12 PM
Subject: Requested DUNS Number

THIS IS AN AUTOMATED MESSAGE GENERATED BY THE D&B CCR REGISTRATION PORTAL. PLEASE DO NOT REPLY TO THIS MESSAGE.

Thank you for your request for your company's existing DUNS Number.

Your D-U-N-S Number is 962082975

for

SHE ENGINEERING & CONSTRUCTION GROUP, INC.

18645 SHERMAN WAY

RESEDA, CA, 913354133

UNITED STATES OF AMERICA

If you have any questions about your DUNS Number, please contact us at govt@dnb.com.

6/14/2010



FARMERS

E3153
1st Edition

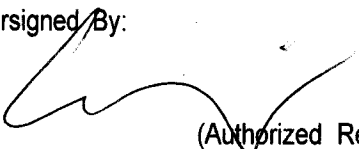
**CHANGES IN TRANSFER OF
RIGHTS OF RECOVERY AGAINST OTHERS TO US
(WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 02/14/11	Countersigned By:  (Authorized Representative)
Named Insured: SHE ENGINEERING CONSTRUCTION GROUP INC	

SCHEDULE

Name Of Person(s) Or Organization(s): Riverside County - Riverside CAC Parking Structure Solar Shade Project FM06720000027	
Additional Premium	\$

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

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule. We will retain the additional premium shown above, regardless of any early termination of this endorsement or the policy.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

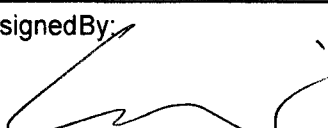
This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 02/14/11	Countersigned By:  (Authorized Representative)
Named Insured: SHE ENGINEERING	

SCHEDULE

Name of Person(s) or Organization(s): Riverside County 3403 10th St., Riverside, CA 92507

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

Policy Changes Endorsement Description

ADD WAIVER OF SUBROGATION
E3153-ED1
COUNTY OF RIVERSIDE SOLARSHADPRJCT

Removal Permit

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

sheconstruction@sbcglobal.net

From: <govt@dnb.com>
To: <sheconstruction@sbcglobal.net>
Sent: Monday, June 14, 2010 4:12 PM
Subject: Requested DUNS Number

THIS IS AN AUTOMATED MESSAGE GENERATED BY THE D&B CCR REGISTRATION PORTAL. PLEASE DO NOT REPLY TO THIS MESSAGE.
Thank you for your request for your company's existing DUNS Number.

Your D-U-N-S Number is 962082975

for

SHE ENGINEERING & CONSTRUCTION GROUP, INC.
18645 SHERMAN WAY
RESEDA, CA, 913354133
UNITED STATES OF AMERICA

If you have any questions about your DUNS Number, please contact us at govt@dnb.com.

6/14/2010

sheconstruction@sbcglobal.net

From: <govt@dnb.com>
To: <sheconstruction@sbcglobal.net>
Sent: Monday, June 14, 2010 4:12 PM
Subject: Requested DUNS Number

THIS IS AN AUTOMATED MESSAGE GENERATED BY THE D&B CCR REGISTRATION PORTAL. PLEASE DO NOT REPLY TO THIS MESSAGE.

Thank you for your request for your company's existing DUNS Number.

Your D-U-N-S Number is 962082975

for

SHE ENGINEERING & CONSTRUCTION GROUP, INC.

18645 SHERMAN WAY

RESEDA, CA, 913354133

UNITED STATES OF AMERICA

If you have any questions about your DUNS Number, please contact us at govt@dnb.com.

6/14/2010