

**SUBMITTAL TO THE BOARD OF COMMISSIONERS OF THE
HOUSING AUTHORITY
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



316

FROM: Housing Authority

SUBMITTAL DATE:
June 14, 2012

SUBJECT: Cabinet and Flooring Project at Thermal I Apartments– Award of Construction Contract

RECOMMENDED MOTION: The Board of Commissioners:

1. Accept and award the construction contract to the lowest responsive and responsible bidder, Crown Contracting, Inc., in the amount of \$319,750 for cabinet and flooring improvements at Thermal I Apartments;
2. Authorize the Chairman of the Board of Commissioners to sign the contract documents on behalf of the Housing Authority of the County of Riverside (HACR);

(Continued)

Robert Field
Executive Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 351,725	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2011/12

COMPANION ITEM ON BOARD OF SUPERVISORS AGENDA: No

SOURCE OF FUNDS: Department of Housing and Urban Development, Capital Fund Program	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY: Jennifer L. Sargent

County Executive Office Signature

MINUTES OF THE HOUSING AUTHORITY BOARD OF COMMISSIONERS

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

Ayes: Buster, Stone and Ashley
Nays: None
Absent: Tavaglione and Benoit
Date: June 26, 2012
xc: Housing Authority, Auditor

Kecia Harper-Ihem
Clerk of the Board
By:
Deputy

FISCAL PROCEDURES APPROVED
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 BY: SAMUEL WONG
 DATE: 6/13/12
 Departmental Conference
 FORM APPROVED COUNTY COUNSEL
 DATE: 6/8/12
 BY: MARSHALLE VICTOR
 Policy Policy
 Consent Consent
 Dept's Recomm.: Per Exec. Ofc.:

Prev. Agn. Ref.:

District: 4/4

Agenda Number:

10.3

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

RECOMMENDED MOTION: (Continued)

3. Approve the total project budget of \$351,725; and
4. Authorize the Executive Director, or designee, to administer the contract.

BACKGROUND:

The Housing Authority of the County of Riverside (HACR) advertised an Invitation for Bids for a cabinet and flooring improvement project located at the Thermal I Apartments, a public housing development site. The improvement project is located at 56640 Polk Street, Thermal, CA 92274.

The HACR advertised an Invitation for Bids (IFB) with a closing date of May 17, 2012. The Housing Authority received and opened two bids. Crown Contracting, Inc. was the lowest bidder that responded to the solicitation. County Counsel and staff reviewed the submitted bid documents and determined that Crown Contracting, Inc. was the lowest responsive and responsible bidder.

HACR staff recommends that the Board of Commissioners approve and award the construction contract between the HACR and Crown Contracting, Inc. in the amount of \$319,750. The funding source is the Housing & Urban Development (HUD) Capital Fund Program and does not involve the use of County General Funds. County Counsel has reviewed and approved the contract as to form.

Staff recommends that the Board of Commissioners approve and award the construction contract to Crown Contracting, Inc., in the amount of \$319,750, and approve the construction project budget as follows:

Construction	\$319,750
Contingency (10%)	\$ 31,975
Total:	\$351,725

Attachments:

1. Performance Bond
2. Payment Bond
3. Certificate of Insurance
4. Construction Contract

- 1 2. Bid Proposal, including:
 - 2 a. The Bid
 - 3 b. Non-Collusive Affidavit
 - 4 c. Designation of Subcontractors
- 5 3. Payment and Performance Bonds
- 6 4. Davis-Bacon Prevailing Wage Decision No. **CA120028 Mod 6 (05/04/2012)**
- 7 **CA28**
- 8 5. General Conditions for Construction Contracts, Public Housing Programs HUD-
- 9 5370 (11/2006)
- 10 6. Special Conditions
- 11 7. Drawings and photographs
- 12 8. Specifications
- 13 9. Addenda

ARTICLE 2

STATEMENT OF WORK

2.1 Scope of Services

CONTRACTOR shall furnish all labor, material, equipment and services and perform and complete all WORK required for the project identified as **Cabinet and Flooring Project at Thermal I Apartments located at 56640 Polk Street, Thermal, CA 92274** for the AUTHORITY. CONTRACTOR shall perform all services Monday - Friday, 7:30a.m. to 5:30p.m.

- i. The full scope of WORK is more particularly described on the approved plans and specifications in Exhibit "A," attached hereto and incorporated by this reference.
- ii. All such WORK shall be in strict accordance with the specifications and addenda thereto and the drawings included therein, all as prepared by the AUTHORITY, which said specifications and drawings are incorporated herein by reference and made a part hereof.

1 ///

2 2.2 Data provided in the specifications and drawings are believed to actually depict the
3 conditions to be encountered by the CONTRACTOR, but the AUTHORITY does not guarantee
4 such data as being all-inclusive or complete in any respect. Nothing contained herein shall
5 relieve CONTRACTOR from making any and all investigations he/she may deem necessary to
6 apprise him/herself of the WORK. CONTRACTOR hereby accepts the location of the
7 PROJECT in an "as is" condition and herein warrants that all such investigations have been
8 performed by him/her, and hereby expressly waives any and all rights under this Construction
9 Contract, or in law, to additional compensation and/or time adjustments for alleged unknown
10 subsurface and/or latent conditions.

11 ARTICLE 3

12 TIME OF COMMENCEMENT AND COMPLETION

13 3.1 The WORK to be performed under this Construction Contract shall commence within
14 ten (10) days after a Notice to Proceed is received by the CONTRACTOR, or on the date
15 specified in the Notice, whichever is later, and shall be completed within **sixty (60) calendar**
16 **days** following the date of said Notice to Proceed.

17 3.2 Liquidated Damages

18 a. If the CONTRACTOR fails to complete the WORK within the time specified in the
19 Contract, or any extension, as specified in the clause entitled Default of this Contract, the
20 CONTRACTOR shall pay to the AUTHORITY as liquidated damages, the sum of **Three**
21 **Hundred and 00/100 Dollars (\$300.00)** for each day of delay. If different completion dates are
22 specified in the contract for separate parts or stages of the WORK, the amount of liquidated
23 damages shall be assessed on those parts or stages which are delayed. To the extent that the
24 CONTRACTOR's delay or nonperformance is excused under another clause in this Contract,
25 liquidated damages shall not be due the AUTHORITY. The CONTRACTOR remains liable for
26 damages caused other than by delay.

27 b. If the AUTHORITY terminates the CONTRACTOR's right to proceed, the
28 resulting damage will consist of liquidated damages until such reasonable time as may be

1 required for final completion of the WORK together with any increased costs occasioned the
2 AUTHORITY in completing the WORK.

3 c. If the AUTHORITY does not terminate the CONTRACTOR's right to proceed, the
4 resulting damage will consist of liquidated damages until the WORK is completed or accepted.

5
6 **ARTICLE 4**

7 **CONTRACT SUM**

8 4.1 The AUTHORITY shall pay the CONTRACTOR for the performance of the Contract,
9 subject to the additions and deductions by Change Order(s) as provided in the Contract
10 Documents, in current funds, the sum of **Three Hundred Nineteen Thousand Seven Hundred**
11 **Fifty and 00/100 Dollars (\$319,750.00).**

12 a. All Contracts for construction, alteration, repair and painting, in excess of \$2,000,
13 in which federal funds are used, shall be subject to Davis-Bacon prevailing wage laws.
14 CONTRACTOR represents and warrants that he/she shall pay his/her employees and all
15 individuals performing work, not less than the prescribed prevailing wage rate by the U.S.
16 Department of Labor or the California State Department of Industrial Relations, whichever is
17 higher. Prevailing wage rates are amended from time to time, and the most current wage
18 decision is always available from the AUTHORITY. CONTRACTOR shall abide by the
19 Federal Labor Standards Provisions (HUD-5370).

20 4.2 The Contract Sum set forth herein includes the payment by CONTRACTOR of all sales
21 and use taxes required by any local codes, or any law existing or which may hereafter be
22 adopted by federal, state or governmental authority, taxing the materials, services required or
23 labor furnished, and of any other tax levied by reason of the WORK to be performed hereunder.

24 4.3 The Contract Sum is not subject to escalation, the CONTRACTOR having satisfied
25 himself/herself with said Contract Price which includes all labor and material increases
26 anticipated throughout the duration of this Construction Contract.

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2 **ARTICLE 5**

3 **PROGRESS PAYMENTS**

4 5.1 Based upon Applications for Payment submitted by the CONTRACTOR to the
5 AUTHORITY, and certificates for payment issued by the CONTRACTOR, the AUTHORITY
6 shall make progress payments on account of the Contract Sum to the CONTRACTOR, as
7 provided in the General Conditions of the Construction Contract.

8 5.2 Approved applications for progress payment will be paid by the 30th day of each month,
9 provided that application for payment has been submitted to the AUTHORITY on or before the
10 first working day of the month.

11
12 **ARTICLE 6**

13 **INDEMNIFICATION AND HOLD HARMLESS**

14 6.1 CONTRACTOR shall indemnify and hold harmless the AUTHORITY, County of
15 Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors,
16 officers, Board of Supervisors, elected and appointed officials, employees, agents and
17 representatives (individually and collectively hereinafter referred to as Indemnitees) from any
18 liability whatsoever, based or asserted upon any services of CONTRACTOR, its officers,
19 employees, subcontractors, agents or representatives arising out of or in any way relating to this
20 Contract, including but not limited to property damage, bodily injury, or death or any other
21 element of any kind or nature whatsoever arising from the performance of CONTRACTOR, its
22 officers, employees, subcontractors, agents or representatives Indemnitors from this Contract.
23 CONTRACTOR shall defend at its sole expense, all costs and fees including, but not limited to,
24 attorney fees, cost of investigation, defense and settlements or awards, the Indemnitees in any
25 claim or action based upon such alleged acts or omissions.

26 6.2 With respect to any action or claim subject to indemnification herein by CONTRACTOR,
27 CONTRACTOR shall, at their sole cost, have the right to use counsel of their own choice and
28 shall have the right to adjust, settle, or compromise any such action or claim without the prior

1 consent of AUTHORITY; provided, however, that any such adjustment, settlement or
2 compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification
3 to Indemnitees as set forth herein.

4 6.3 CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has
5 provided AUTHORITY the appropriate form of dismissal relieving AUTHORITY from any
6 liability for the action or claim involved.

7 6.4 The specified insurance limits required in this Contract shall in no way limit or
8 circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the Indemnitees
9 herein from third party claims.

10 6.5 In the event there is conflict between this clause and California Civil Code Section 2782,
11 this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not
12 relieve the CONTRACTOR from indemnifying the Indemnitees to the fullest extent allowed by
13 law.

14 **ARTICLE 7**

15 **PROJECT CLOSEOUT**

16 7.1 Prior to completion of the PROJECT, the AUTHORITY shall receive a certificate from
17 the CONTRACTOR that such portion of the PROJECT is ready for use and shall cause a Notice
18 of Completion to be issued. A Notice of Completion shall be issued only when the WORK,
19 including all phases thereof, is finally completed, and all requirements of this contract have
20 been satisfied. The AUTHORITY shall cause the Notice of Completion to be recorded in the
21 office of the County Recorder.

22 7.2 After recordation of the Notice of Completion, and expiration of the thirty (30) day
23 period for filing of stop notices, the AUTHORITY shall settle all claims and disputes, notify the
24 CONTRACTOR of final acceptance of the project, and make final payment of the entire unpaid
25 balance of the Contract Sum, including the ten percent (10%) retention, less any amounts which
26 the AUTHORITY is entitled to receive from the CONTRACTOR under the terms of this
27 Contract, including liquidated damages.

28 7.3 In addition to all other requirements, a Notice of Completion shall be issued only when

1 the AUTHORITY has received the following:

- 2 a. A Certificate of Completion, executed by the AUTHORITY.
- 3 b. All guarantees and warranties issued by the manufacturers or installers of
4 appliances or other component parts of the project. CONTRACTOR guarantees
5 that the equipment, materials, and workmanship, not otherwise covered by a
6 guarantee or warranty, will be free from defects in materials and workmanship
7 for a period of one year following final acceptance of the project.
- 8 c. The waiver and release of all liens, claims of liens, or stop notice rights of the
9 CONTRACTOR and all subcontractors, and the CONTRACTOR's Certificate
10 and Release.
- 11 d. Verification from the AUTHORITY that CONTRACTOR has removed all waste
12 materials, rubbish, tools, construction equipment, machinery, and surplus
13 materials from the project site. If the CONTRACTOR has failed to remove any
14 of such items, the AUTHORITY may remove such items, and the
15 CONTRACTOR shall pay the AUTHORITY for all costs incurred in connection
16 with such removal.

17
18 **ARTICLE 8**

19 **BREACH AND TERMINATION**

20 8.1 Waiver by AUTHORITY of any breach of this Construction Contract shall not
21 constitute a waiver of any other breach or of any future breach. No payment made hereunder
22 shall be construed to be an acceptance of defective WORK or improper materials.

23 8.2 In addition to any right of termination reserved to the AUTHORITY by paragraph 34 of
24 the General Conditions of the Construction Contract, the AUTHORITY may terminate this
25 contract if the CONTRACTOR is adjudged bankrupt, a receiver is appointed because of the
26 CONTRACTOR's insolvency, or the CONTRACTOR makes a general assignment for the
27 benefit of his/her creditors, fails to make prompt payment to subcontractor(s), or for material or
28 labor, persistently disregards laws, ordinances, rules, regulations or orders of any public

1 authority having jurisdiction, fails to construct the project in accordance with the Drawings and
2 Specifications, or otherwise substantially violates any provision of the Contract documents.

3 8.3 The AUTHORITY shall give the CONTRACTOR and his surety five (5) days written
4 notice prior to terminating this Contract, pursuant to this section, provided, however, that the
5 CONTRACTOR shall, upon receipt of such notice, immediately stop the installation of
6 improvements, or other permanent construction work encompassing part of the PROJECT.
7 Upon termination, the AUTHORITY may take possession of the PROJECT and all materials,
8 equipment, tools, and construction equipment and machinery owned by the CONTRACTOR
9 and located at the PROJECT Site and may finish the PROJECT by whatever method it may
10 deem expedient. In such case, the CONTRACTOR shall not be entitled to receive any further
11 payment under this Contract.

12 8.4 The AUTHORITY shall not be deemed to have waived any of its other rights of
13 remedies against the CONTRACTOR by exercising its right of termination under this section.

14 8.5 Any action at law or in equity brought by either of the parties hereto for the purpose of
15 enforcing a right or rights provided for by this Contract shall be tried in a court of competent
16 jurisdiction in the County of Riverside, State of California, and the parties hereby waive all
17 provisions of law providing for a change of venue in such proceedings to any other county.

18 19 **ARTICLE 9**

20 **MISCELLANEOUS PROVISIONS**

21 9.1 CONTRACTOR shall give all notices and comply with all laws, rules, regulations,
22 ordinances and orders of any governmental entity relating to the WORK. Should
23 CONTRACTOR become aware that any provisions of the Construction Contract is at variance
24 with any such rule, law, regulation, ordinance or order, he/she shall promptly give notice in
25 writing to the AUTHORITY of such variance.

26 9.2 It is hereby declared to be the intention of the parties that the sections, paragraphs,
27 sentences, clauses and phrases of this Contract are severable, and if any phrase, clause,
28 sentence, paragraph or section of this Contract shall be declared unconstitutional, invalid or

1 unenforceable by the valid judgment or decree of a court of competent jurisdiction, such
2 unconstitutionality, invalidity or unenforceability shall not affect any of the remaining clauses,
3 sentences, paragraphs and sections of this Contract.

4 9.3 In the event of any conflict between this Construction Contract and provisions of the
5 General Conditions of the Contract, the provisions in the Construction Contract shall govern. In
6 case of difference between the Technical Specifications and the Drawings, the Technical
7 Specifications shall govern. In case of any difference between the Special Conditions and other
8 provisions of the Construction Contract, or the Contract Documents, the provisions of the
9 Special Conditions shall govern. In the event of difference between the Contract or General
10 Conditions or Special Conditions or Technical Specifications or General Requirements, the
11 former documents shall govern.

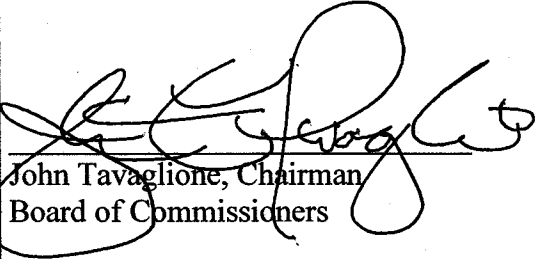
12 9.4 The persons executing this Contract on behalf of the parties warrant and represent that
13 they have the authority to execute this Contract on behalf of each respective party and further
14 warrant and represent that they have the authority to bind each respective party to the
15 performance of its obligation hereunder.


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1 IN WITNESS WHEREOF, the parties hereto have caused their duly authorized
2 representatives to execute this Construction Contract this 20th day of June, 2012.

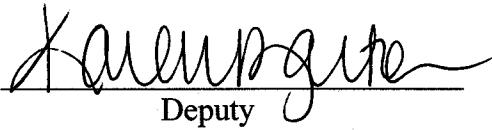
3 (to be filled in by Clerk of the Board)

4
5
6 **Housing Authority of the County of Riverside Contractor**

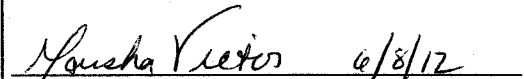
7
8 
9 _____
10 John Tavaglione, Chairman
11 Board of Commissioners

12 
13 _____
14 By: Marvin Craig Burton
15 Its: President
16 License # 961841

17
18 **Attest:**
19 Kecia Harper-Ihem
20 Clerk of the Board

21 
22 _____
23 Deputy

24
25 **Approved As To Form:**
26 Pamela J. Walls
27 County Counsel

28

29 _____ 6/8/12
30 Marsha Victor, Deputy County Counsel

1 **EXHIBIT "A"**

2 **Scope of Services**

3
4 *Please refer to the plot plan and floor plan details as a technical resource for the scope of
5 services below.

6
7 **CABINET AND FLOORING PROJECT AT THERMAL I APARTMENTS**

8 56640 POLK ST, THERMAL, CA 92274

9 (APN: 757-061-031 & 757-061-032)

10
11 **Unit Information:**

- 12 • All units are occupied during this work.

13
14 Bldg. 87015 5 Units townhouse style - 2 br. - 1 bath -840 sq. ft.

- 15
16 • "A-D" 4-Units – Replace 22 Ln. ft. of Kitchen Cabinets & Formica counter top

- 17 • 4 Ln. ft. Bath Vanity Cabinets & Formica counter top

- 18 • 258 sq. ft. of VTC flooring to ceramic tile and with a tile baseboard

19
20 Bldg. 87025: 4 Units - townhouse style - 2 br. / 1 bath 840 sq. ft.

- 21
22 • "A-D" 4 – Units – Replace 22 Ln. ft. of Kitchen Cabinets & Formica counter top

- 23 • 4 Ln. ft. Bath Vanity Cabinets & Formica counter top

- 24 • 258 sq. ft. of VTC flooring to ceramic tile and with tile base

25
26 Bldg.87045: 5 Units – townhouse style – 2 br. / 1 bath 840 sq. ft.

- 27
28 • "A-D" 4 – Units Replace 22 Ln. ft. Kitchen Cabinets & Formica counter top

1 • 4 Ln. ft. Bath Vanity Cabinet & Formica counter top

2 • 258 sq. ft. of ceramic tile flooring

3

4 Bldg. 56640: 5 Units – townhouse style-2 br. / 1 bath – 750sq. ft.

5

6 • A-D” 4 – Units Replace 22 Ln. ft. Kitchen Cabinets & Formica counter top

7 • 4 Ln. ft. Bath Vanity Cabinet & Formica counter top

8 • 258 sq. ft. of ceramic tile flooring

9

10 Bldg. 56660: 5 Units – townhouse style-2 br. / 1 bath – 750sq. ft.

11

12 • A-D” 4 – Units Replace 22 Ln. ft. Kitchen Cabinets & Formica counter top

13 • 4 Ln. ft. Bath Vanity Cabinet & Formica counter top

14 • 258 sq. ft. of ceramic tile flooring

15

16 Bldg. 56680: 4 Units - townhouse style - 2 br. / 1 bath 840 sq. ft.

17

18 • “A-D” 4 – Units – Replace 22 Ln. ft. of Kitchen Cabinets & Formica counter top

19 • 4 Ln. ft. Bath Vanity Cabinets & Formica counter top

20 • 258 sq. ft. of VTC flooring to ceramic tile and with tile base

21

22 The following specifications only apply to the **three (3) handicap units**. The three (3) units are

23 **87015-A, 87045-A Church St and 56640- A Polk Street** and each unit is **(2 bedroom /1 bath)**

24 **750 sq. ft. in size.**

25

26 • All handicap units to meet current ADA Requirements of all phases of work.

27 • Replace 16 Ln. ft. of Kitchen cabinets and Formica countertop and 240 sq. ft. of VCT flooring

28 to ceramic tile and with tile baseboard.

- 1 • Replace the wall mounted sink, faucet drain piping and wrapping, water angle stops, water
2 supply lines and low-flow dual flush toilet (handicap) including angle stop and water supply
3 lines.
- 4 • The existing VCT vinyl floor tile in units will be removed that includes the dining room,
5 kitchen, and entrance door areas. These flooring areas will have new ceramic tile installed.
6 The living room, bedrooms and its adjoining hallway will be done with mid-grade glue down
7 carpet (425 square feet.). There will be no flooring work in the bathroom.
- 8 • The units are supplied with a 21 inch wide gas stove and hood vent not a standard 30 inch
9 unit.
- 10 • Provide a removable cabinet under kitchen sink when installing new cabinets.

11

12 **Cabinet Specifications (please refer to the Crotone Kitchens Inc. MetroHUD specifications**
13 **and construction details):**

14 • FACE FRAME

15 Kiln dried solid wood; Mortise and tenon, glued and power nailed; Rails 3/4"x13/4", Styles
16 3/4"x13/4", Mullion 3/4"x31/2"

17 • END PANELS

18 1/2" phenolic hardwood plywood. Ends to be rabbeted to receive tops, bottoms and shelves-
19 glued and stapled into face frame.

20 • BACKS

21 1/4" thick exterior hardwood plywood. Securely glued and stapled to ends.

22 •BASE BOTTOMS

23 1/2" thick exterior hardwood plywood. Bottoms let into end panels and face frame. Back of
24 floor set on supporting member, glued and fastened.

25 • WALL TOP / BOTTOM

26 1/2" phenolic hardwood plywood. Top/bottoms let into end panels and face frame, glued and
27 fastened.

28

1 • INSTALLATION CLEATS

2 Wall cabinets have a 3/4"x31/2" solid lumber running full length of cabinet at top and bottom.

3 Base cabinets have a 71/2" cleat at the top and 31/2" cleat at the bottom.

4 • DOOR AND DRAWER FACES

5 3/4" thick, Phenolic hardwood with no more than one veneered joint on face. Overlay type with
6 edges reversed (reverse bevel) to form a continuous finger pull on all sides. Edges filled and
7 sanded prior to finishing.

8 • FINISH

9 Consisting of stain from standard color selection, sealer and two top coats UV Finish.

10 • SHELVING

11 3/4" phenolic hardwood plywood with front edge. For wall and base cabinets shelves are let into
12 dadoes of end panels.

13 • DRAWERS

14 Drawer fronts are same material as doors. Sides, backs and fronts are 3/4" thick solid wood.

15 Sides are mortised and tenoned into front and back. Drawer bottoms are 1/4" hardwood
16 exterior plywood let into sides, front and back components.

17 • TOE KICK

18 3/4"x41/2" pressure treated solid wood. Toe kick is inset 3".

19 • HARDWARE

20 Hinges: barrel antique brass fin, standard heavy duty semi-concealed, 1/2" overlay, wrap around,
21 self-closing. Drawer slides are galvanized metal ball-bearing, mounted on the side rails with
22 metal rear mount brackets having a minimum of 75 pound load capacity. Bumper pads are
23 white foam (or brown felt).

24 • Door model: Raised panel birch door.

25 • All ceiling cabinets to have crown molding, cabinet side scribe, and toe-kick (3/4" base shoe on
26 toe kick).

27 • Counter tops to be Formica composite with bull nosed edge, back splash, and end caps all
28 locations.

1
2 **Additional Kitchen and Bathroom Specifications:**

3 • Contractor to carefully remove and replace all furniture, refrigerator, and miscellaneous items
4 as necessary to properly remove and install flooring.

5 • Demo all cabinets, bath vanities, counter tops, garbage disposals, sinks, drains including p-
6 trap, water supply angle stops stoves, range and hoods, toilet, and VTC vinyl flooring and cove
7 base.

8 • Reinstall all items listed in above sentence with all new products. All appliances' fixtures,
9 valves will be replaced by same manufacturer or equivalent. Submittals of all items will be
10 submitted at preconstruction meeting.

11 • Kitchen sink to be stainless steel two bowls (7" depth), 20 gauge, surface mount 3 holes for
12 faucet.

13 • Price Pfister two handle kitchen faucet (mfg. # 41430) (H/C # 41309 single lever) and bath
14 vanity faucet (mfg. # 414019) (H/C 414331) or equal.

15 • Bath vanity sink surface mount 17" x 20" Oval White China Lavatory 4" center.

16 • Toilet to be ultra-low flow dual flush type.

17 • Replace all sink supply and drain plumbing with new plumbing materials.

18 • Replace existing Braun 30" hood vent (7" vent pipe), Hot Point 30" gas stove (electronic
19 ignition), and 1/3hp garbage disposals.

20 • Repair walls, prime and paint complete kitchen and bath area prior to cabinets installed. HA to
21 provide paint.

22 • Remove all vinyl floor tile and cove base in kitchen, bath room, dining room and front entry.

23 • Prep and repair (including floor leveling and cracks) all floors were necessary. Install new
24 ceramic 12" gloss finish floor tile (middle grade) with minimum 1/4" grout lines. Ceramic tiles
25 and grout color to be submitted for HA approval. Seal all grout joints.

26 • Contractor will be responsible to identify and insure that all entrance doors will close and seal
27 due to the added thickness of ceramic tile at these locations. This may require grinding or filling
28 uneven concrete surfaces.

- 1 • Bathroom floor tile will need to be set around toilet drain and toilet reinstalled on same day.
- 2 • Install matching ceramic tile base board around perimeter of all newly installed floor tile.
- 3 • Where tile meets carpet new carpet z-metal transition needs replace and carpet rolled over to
- 4 meet tile or some other pre-approved method.
- 5 • All work to be performed to all current codes, regulation, and construction practices.
- 6 • Units will be occupied during this construction therefore scheduling and planning will be very
- 7 important.
- 8 • Contractor to verify all cabinet and flooring dimensions in all apartments.

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S:\Department\Contracting\aaaDevelopment Division\Molino Way Infill Housing\F11, Contract Documents\Construction Contract - Cordoba Const Corp.docx

CABINET AND FLOORING PROJECT AT THERMAL I APARTMENTS
56640 POLK ST, THERMAL, CA 92274
(APN: 757-061-031 & 757-061-032)

Bond No. GSM 29223
Premium: \$5,796.00
Premium is for the contract term and is
subject to adjustment based on final
contract price.

HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS,

that Crown Contracting, Inc.

as principal, and The Gray Insurance Company

as surety, are held and firmly bound unto the Housing Authority of the County of Riverside in the sum of Three Hundred Nineteen Thousand Seven Hundred Fifty and 00/100ths. . . . (\$319,750.00)

Lawful money of the United States of America, to be paid to the Housing Authority of the County of Riverside for which payments, well and truly to be made, we bind ourselves, our respective heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents:

WHEREAS, the said principal has made a contract with the Housing Authority of the County of Riverside bearing date of _____, for construction at the Federally Assisted Project, Thermal I Apartments, 56640 Polk St., Thermal, CA 92274.

Now the condition of this obligation is such that if the principal shall well and truly keep and perform all the undertakings, covenants, agreements, terms and conditions of said contract on its part to be kept and performed during the original term of said contract and any extensions thereof that may be granted by the Housing Authority of the County of Riverside with or without notice to the surety, and during the life of any guaranty required under the contract, and shall also well and truly keep and perform all the undertakings, covenants, agreements, terms and conditions of any and all duly authorized modifications, alterations, changes or additions to said contract that may hereafter be made, notice to the surety of such modifications, alterations, changes or additions being hereby waived, then this obligation shall be come null and void; otherwise it shall remain in full force and virtue.

In the event that the contract is abandoned by the contractor, or is terminated by the Housing Authority of the County of Riverside, the Housing Authority reserves for itself the right to take such action(s) as it deems necessary to complete the project and said contract.

IN WITNESS WHEREOF, the above-bounded parties have executed this instrument under their several seals this 5th day of June 2012, the name and corporate seal of each corporate body being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

CABINET AND FLOORING PROJECT AT THERMAL I APARTMENTS
56640 POLK ST, THERMAL, CA 92274
(APN: 757-061-031 & 757-061-032)

In presence of:


(Individual Principal) (Seal)

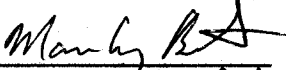
(Address) (Business Address)

(Individual Principal) (Seal)

(Address) (Business Address)

Attest:



Crown Contracting, Inc. 
(Corporate Principal) Marvyn Craig Burton

7311 Hopi Trail, Yucca Valley, CA. 92284
(Business Address)

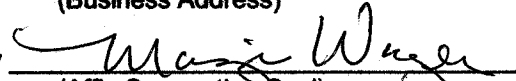
Attest:

By (Affix Corporation Seal)

Title _____

The Gray Insurance Company
(Corporate Surety)

One East Camelback Road, #550, Phoenix, AZ 85012
(Business Address)

By 
(Affix Corporation Seal) Margie Wager, Attorney-in-Fact

(Print or type the names underneath all signatures.)

First \$100,000 at \$25

The rate of premium on this bond is \$ Next \$400,000 at \$15 per thousand. The total amount of premium charged is \$ 5,796.00.

(The above is to be filled in by the surety company, and the Power of Attorney of the person signing must be attached.)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Diego

On 6-5-2012 before me, Aireanna Mannerud Brown, Notary Public
(Here insert name and title of the officer)

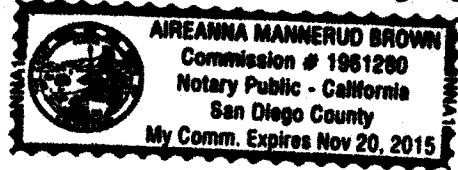
personally appeared Margie Wager

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.

Aireanna Mannerud Brown
Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

<p>DESCRIPTION OF THE ATTACHED DOCUMENT</p> <p>_____</p> <p style="text-align: center;">(Title or description of attached document)</p> <p>_____</p> <p style="text-align: center;">(Title or description of attached document continued)</p> <p>Number of Pages _____ Document Date _____</p> <p>_____</p> <p style="text-align: center;">(Additional information)</p>
--

<p>CAPACITY CLAIMED BY THE SIGNER</p> <p><input type="checkbox"/> Individual (s)</p> <p><input type="checkbox"/> Corporate Officer</p> <p>_____</p> <p style="text-align: center;">(Title)</p> <p><input type="checkbox"/> Partner(s)</p> <p><input type="checkbox"/> Attorney-in-Fact</p> <p><input type="checkbox"/> Trustee(s)</p> <p><input type="checkbox"/> Other _____</p>
--

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of San Bernardino

On 5 June 2012 before me, Heather Erhart, notary public,

Date

Here Insert Name and Title of the Officer

personally appeared Marvin Craig Burton

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: Heather Erhart

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: 6-5-12 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Corporate Officer — Title(s): _____

Individual

Individual

Partner — Limited General

Partner — Limited General

Attorney in Fact

Attorney in Fact

Trustee

Trustee

Guardian or Conservator

Guardian or Conservator

Other: _____

Other: _____

Signer Is Representing: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

THE GRAY INSURANCE COMPANY
THE GRAY CASUALTY & SURETY COMPANY

163014

GENERAL POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint Margie Wager of Escondido California on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

"RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 12th day of September, 2011.



By:

Michael T. Gray

Michael T. Gray
President, The Gray Insurance Company
and
Vice President,
The Gray Casualty & Surety Company

Attest:

Mark S. Manguno

Mark S. Manguno
Secretary,
The Gray Insurance Company,
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 12th day of September, 2011, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company and Vice President of The Gray Casualty & Surety Company, and Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Lisa S. Millar

Lisa S. Millar, Notary Public, Parish of Orleans
State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 5th day of June, 2012.



Mark S. Manguno

Mark S. Manguno, Secretary
The Gray Insurance Company
The Gray Casualty & Surety Company

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Diego

On 6-5-2012 before me, Aireanna Mannerud Brown, Notary Public
(Here insert name and title of the officer)

personally appeared Margie Wager

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.

Aireanna Mannerud Brown
Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
_____ (Title or description of attached document)
_____ (Title or description of attached document continued)
Number of Pages _____ Document Date _____
_____ (Additional information)

CAPACITY CLAIMED BY THE SIGNER
<input type="checkbox"/> Individual (s) <input type="checkbox"/> Corporate Officer _____ (Title)
<input type="checkbox"/> Partner(s) <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Trustee(s) <input type="checkbox"/> Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

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- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
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- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

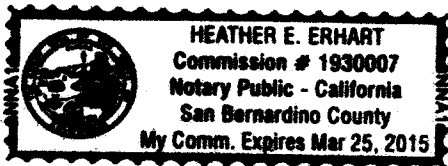
State of California

County of San Bernardino }

On 5 June 2012 before me, Heather Erhart, notary public
Date Here Insert Name and Title of the Officer

personally appeared Marvin Craig Burton
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: Heather Erhart
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: 6-5-12 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Individual

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: _____

Corporate Officer — Title(s): _____

Individual

Partner — Limited General

Attorney in Fact

Trustee

Guardian or Conservator

Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
<p>Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide such as is afforded by this policy and is submitted to the Company in writing within 30 days of the inception of the contract or agreement, or the inception of the policy, whichever is later.</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

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.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

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



CROWN99

OP ID: HU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/12

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 Powers and Company Insurance Agents and Brokers P. O. Box 619043 Lic #0H38004 Roseville, CA 95661-9043	916-630-8643 800-783-0083	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Crown Contracting Inc. dba Crown Contracting & Associates 7311 Hopi Trail Yucca Valley, CA 92284	INSURER A : Peerless Insurance Company		24198
	INSURER B : Granite State Ins Co.		23809
	INSURER C :		
	INSURER D :		
	INSURER E :		

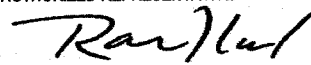
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		BA1020237	12/16/11	12/16/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC001605343	11/10/11	11/10/12	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
WC STATUTORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$ 1,000,000														
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000														
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000														

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

Certificate holder is included as an Additional Insured under Commercial Auto Liability policy per endorsement GECA 701 (01/07), subject to a written contract between the Named Insured and the Additional Insured. Sample endorsement attached. **Subject to company approval. RE: Thermal Apartments - 56640 Polk St., Thermal, Ca 92274.

CERTIFICATE HOLDER HOUSING Housing Authority of the County of Riverside 5555 Arlington Avenue Riverside, CA 92504	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 
--	--

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SECTION IV. BUSINESS AUTO CONDITIONS

A. LOSS CONDITIONS

Item 2.a. and b. are replaced with:

2. Duties In The Event of Accident, Claim, Suit, or Loss

- a. You must promptly notify us. Your duty to promptly notify us is effective when any of your executive officers, partners, members, or legal representatives is aware of the accident, claim, "suit", or loss. Knowledge of an accident, claim, "suit", or loss, by other employee(s) does not imply you also have such knowledge.
- b. To the extent possible, notice to us should include:
 - (1) How, when and where the accident or loss took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the accident or loss.

The following is added to 5.

We waive any right of recovery we may have against any additional insured under **Coverage A. 1. Who Is An Insured g.**, but only as respects loss arising out of the operation, maintenance or use of a covered "auto" pursuant to the provisions of the "insured contract", written agreement, or permit.

B. GENERAL CONDITIONS

9. is added

9. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

Your unintentional failure to disclose any hazards existing at the effective date of your policy will not prejudice the coverage afforded. However, we have the right to collect additional premium for any such hazard.

COMMON POLICY CONDITIONS

2.b. is replaced by the following:

- b. 60 days before the effective date of cancellation if we cancel for any other reason.

SAMPLE

If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under paragraph 4. **Coverage Extension.**

7. Lease Gap Coverage

If a long-term leased "auto" is a covered "auto" and the lessor is named as an Additional Insured - Lessor, In the event of a total loss, we will pay your additional legal obligation to the lessor for any difference between the actual cash value of the "auto" at the time of the loss and the "outstanding balance" of the lease.

"Outstanding balance" means the amount you owe on the lease at the time of loss less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; and lease termination fees.

B. EXCLUSIONS

The following is added to Paragraph 3

The exclusion for "loss" caused by or resulting from mechanical or electrical breakdown does not apply to the accidental discharge of an airbag.

Paragraph 4 is replaced with the following:

4. We will not pay for "loss" to any of the following:

- a. Tapes, records, disks or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
- b. Equipment designed or used for the detection or location of radar.
- c. Any electronic equipment that receives or transmits audio, visual or data signals.

Exclusion 4.c does not apply to:

- (1) Electronic equipment that receives or transmits audio, visual or data signals, whether or not designed solely for the reproduction of sound, if the equipment is permanently installed in the covered "auto" at the time of the "loss" and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto"; or
- (2) Any other electronic equipment that is:
 - (a) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system; or
 - (b) An integral part of the same unit housing any sound reproducing equipment described in (1) above and permanently installed in the opening of the dash or console of the covered "auto" normally used by the manufacturer for installation of a radio.

D. DEDUCTIBLE

The following is added: No deductible applies to glass damage if the glass is repaired rather than replaced.

SAMPLE

2. COVERAGE EXTENSIONS

a. Supplementary Payments.

Subparagraphs (2) and (4) are amended as follows:

(2) Up to \$2500 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

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

SECTION III - PHYSICAL DAMAGE COVERAGE

A. COVERAGE

The following is added:

5. Hired Auto Physical Damage

or a. Any "auto" you lease, hire, rent or borrow from someone other than your employees or partners members of their household is a covered "auto" for each of your physical damage coverages.

b. The most we will pay for "loss" in any one "accident" is the smallest of:

(1) \$50,000

(2) The actual cash value of the damaged or stolen property as of the time of the "loss"; or

(3) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

If you are liable for the "accident", we will also pay up to \$500 per "accident" for the actual loss of use to the owner of the covered "auto".

c. Our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by an amount that is equal to the amount of the largest deductible shown for any owned "auto" for that coverage. However, any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

d. For this coverage, the insurance provided is primary for any covered "auto" you hire without a driver and excess over any other collectible insurance for any covered "auto" that you hire with a driver.

6. Rental Reimbursement Coverage

based on the rental of a comparable vehicle, which in many cases may be substantially less than \$75 per day, and will only be allowed for a period of time it should take to repair or replace the vehicle with reasonable speed and similar quality, up to a maximum of 30 days. We will also pay up to \$500 for reasonable and necessary expenses incurred by you to remove and replace your materials and equipment from the covered "auto".

SAMPLE

COMMERCIAL AUTO GOLD ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SECTION II - LIABILITY COVERAGE

A. COVERAGE

1. WHO IS AN INSURED

The following is added:

- d. Any organization, other than a partnership or joint venture, over which you maintain ownership or a majority interest on the effective date of this Coverage Form, if there is no similar insurance available to that organization.
- e. Any organization you newly acquire or form other than a partnership or joint venture, and over which you maintain ownership of a majority interest. However, coverage under this provision does not apply:
 - (1) If there is similar insurance or a self-insured retention plan available to that organization; or
 - (2) To "bodily injury" or "property damage" that occurred before you acquired or formed the organization.
- f. Any volunteer or employee of yours while using a covered "auto" you do not own, hire or borrow your business or your personal affairs. Insurance provided by this endorsement is excess over any other insurance available to any volunteer or employee.
- g. Any person, organization, trustee, estate or governmental entity with respect to the operation, maintenance or use of a covered "auto" by an insured, if:
 - (1) You are obligated to add that person, organization, trustee, estate or governmental entity as an additional insured to this policy by:
 - (a) an expressed provision of an "insured contract", or written agreement; or
 - (b) an expressed condition of a written permit issued to you by a governmental or public authority.
 - (2) The "bodily injury" or "property damage" is caused by an "accident" which takes place after:
 - (a) You executed the "insured contract" or written agreement; or
 - (b) the permit has been issued to you.

SAMPLE



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

COMPANY PROFILE

Company Information

PEERLESS INSURANCE COMPANY

**175 BERKELEY STREET
BOSTON, MA 02116
800-262-8238**

Old Company Names

Effective Date

Agent For Service

KAREN HARRIS
C/O CORPORATION SERVICE COMPANY
2710 GATEWAY OAKS DRIVE, SUITE 150N
SACRAMENTO CA 95833-3505

Reference Information

NAIC #:	24198
California Company ID #:	1234-4
Date Authorized in California:	06/12/1939
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	NEW HAMPSHIRE

back to top

NAIC Group List

NAIC Group #: 0111 LIBERTY MUT GRP

Lines Of Business

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

- AIRCRAFT
- AUTOMOBILE
- BOILER AND MACHINERY
- BURGLARY
- COMMON CARRIER LIABILITY
- FIRE
- LIABILITY
- MARINE
- MISCELLANEOUS
- PLATE GLASS
- SPRINKLER
- SURETY
- TEAM AND VEHICLE

WORKERS' COMPENSATION

[back to top](#)**Workers' Compensation Complaint and Requests for Action Contact Information****Part 1: Complaints and Requests for Action (CRA)**

If you are seeking information about your workers' compensation insurance policy, you must first submit a Complaint and Request for Action (CRA) to the workers' compensation insurance company using the address below.

Phone Number:	800-603-6438 Ext:
FAX:	603-334-8180
E-Mail:	GEI-CLM-SVC@goldeneaglecorp.com
WEB Address:	
Mailing Address:	P.O. Box 25045 Santa Ana CA 92799-5045
Department Name:	
Contact Notes:	

Part 2: Appeals to the Department of Insurance

You may contact the department if you disagree with your workers' compensation insurance company's written decision on your CRA. You also must mail a copy of what you send us to your workers' compensation insurance company using the address below.

Phone Number:	800-603-6438 Ext:
FAX:	603-334-8180
E-Mail:	GEI-CLM-SVC@goldeneaglecorp.com
WEB Address:	
Mailing Address:	P.O. Box 25045 Santa Ana CA 92799-5045
Department Name:	
Appeals Notes:	

[back to top](#)

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

COMPANY PROFILE

Company Information

GRANITE STATE INSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038
800-433-8880

Old Company Names	Effective Date
GRANITE STATE F INS CO	10/14/1959

Agent For Service

KAREN HARRIS
 C/O CORPORATION SERVICE COMPANY
 2710 GATEWAY OAKS DRIVE, SUITE 150N
 SACRAMENTO CA 95833-3505

Reference Information

NAIC #:	23809
California Company ID #:	0749-2
Date Authorized in California:	03/27/1924
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	PENNSYLVANIA

back to top

NAIC Group List

NAIC Group #: 0012 AMERICAN INTRNL GRP

Lines Of Business

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

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

TEAM AND VEHICLE
WORKERS' COMPENSATION

back to top

Workers' Compensation Complaint and Requests for Action Contact Information

Part 1: Complaints and Requests for Action (CRA)

If you are seeking information about your workers' compensation insurance policy, you must first submit a Complaint and Request for Action (CRA) to the workers' compensation insurance company using the address below.

Phone Number:	415-836-7303 Ext:
FAX:	877-596-5661
E-Mail:	Matt.Raines@ChartisInsurance.com
WEB Address:	www.chartisinsurance.com (select ?Contact? link)
Mailing Address:	Two Rincon Center (Floor 2), 121 Spear Street San Francisco CA 94105
Department Name:	
Contact Notes:	

Part 2: Appeals to the Department of Insurance

You may contact the department if you disagree with your workers' compensation insurance company's written decision on your CRA. You also must mail a copy of what you send us to your workers' compensation insurance company using the address below.

Phone Number:	415-836-7303 Ext:
FAX:	877-596-5661
E-Mail:	Matt.Raines@ChartisInsurance.com
WEB Address:	www.chartisinsurance.com (select ?Contact? link)
Mailing Address:	Two Rincon Center (Floor 2), 121 Spear Street San Francisco CA 94105
Department Name:	
Appeals Notes:	

back to top

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