

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



ITEM
3.34
(ID # 4100)

MEETING DATE:
Tuesday, May 2, 2017

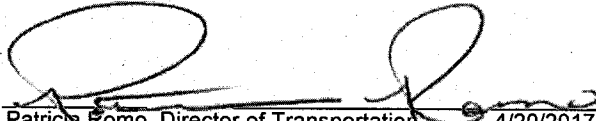
FROM : TLMA-TRANSPORTATION:

SUBJECT: TLMA - TRANSPORTATION DEPARTMENT: Emergency Storm Damage Repair Work, Mockingbird Canyon Road, Box Culvert South of Van Buren Boulevard, in the Community of Woodcrest. California Environmental Quality Act (CEQA) Exempt. 1st District [\$350,000 total cost]; 100% Local Funds.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Find that the Mockingbird Canyon Road Box Culvert Storm Damage Repair Project is statutorily exempt from the CEQA pursuant to State CEQA Guidelines Section 15269 (a), (b) and (d) (emergency projects); and
2. Receive and file an emergency contract with Riverside Construction Company that the County of Riverside (County) Transportation Department has entered into on behalf of the County of Riverside.


ACTION: Policy


Patricia Romo, Director of Transportation 4/20/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington and Ashley
Nays: None
Absent: None
Date: May 2, 2017
xc: Transp.

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 350,000	\$ 0	\$ 350,000	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Gas Tax (100%). There are no General Funds used in this project.			Budget Adjustment:	No
			For Fiscal Year:	16/17

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In March 2017 the Transportation Department discovered that the Mockingbird Canyon Road Bridge (Bridge No. 56C0290, a 5-cell reinforced concrete culvert) had sustained severe erosion beneath the culvert, likely caused by the winter storms in January and February. This culvert is located approximately 1 mile south of Van Buren Boulevard in the Woodcrest Community. After the discovery of the damage, traffic restrictions were put into place until the bridge could be repaired.

To secure the structural stability and integrity of the bridge the Transportation Department retained an emergency contract with Riverside Construction to provide initial cleanup, stabilization, protection, repair the erosion, clean out the culvert and restore the bridge to full use.

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

1. Locate existing water line(s) near the culvert and coordinate with water company to protect existing facility through project area,
2. Dewatering,
3. Clean out the culvert,
4. Core invert of culvert to allow for concrete slurry pump operation,
5. Pump approximately 480 cubic yards of concrete slurry,
6. Grade soil berm/slope at culvert outlet area,
7. Place Rip Rap (including earthwork work),
8. Hydro seed,
9. Disposal of excess material, and
10. Traffic control and flagmen as needed.

The contract was executed in accordance with authority that the Board of Supervisors delegated to the Director of the County Transportation Department by Resolution No. 2011-015 (January 11, 2011; agenda item 3.80), and has been approved as to legal form by County Counsel.

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

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

The contractor is qualified and has executed the County contract. The contractor also provided performance bond, payment bond and insurance documents.

Project No. 45-171101

Environmental Findings

CEQA Guidelines Section 15269 (a), (b) and (d) describes emergency repairs to public facilities to maintain service essential to the public health, safety and welfare. A major disaster declaration was proclaimed by the President and a proclamation of a state of emergency was issued by the Governor as a result of the storm. The project qualifies under this exemption because immediate action was necessary to repair the box culvert within the existing right of way under Mockingbird Canyon Road due to damage caused by the major storms that occurred in January and February.

Impact on Residents and Businesses

During initial stages of the emergency work, traffic control was utilized along with flagmen to keep the bidge open to public traffic. When no repair operations where taking place, the road was open to public traffic with the exception of large trucks.

The emergency repair work started March 16, 2017, immediate key repairs were completed at the end of March and the emergency work was completed mid-April 2017.

SUPPLEMENTAL:

Additional Fiscal Information

The estimated amount of this contract, prior to commencement of work, was \$350,000. Immediate action has been taken to protect the culvert and the approximate accumulated costs incurred as of the first week of April was \$226,000. Additional clean up tasks remain to be performed, final invoice submittals are pending; yet, the final cost is anticipated to be below the preliminary estimated cost.

This work will be performed in accordance with the Force Account provisions of the Standard Specifications. The work will be funded from Gas Tax. The County is currently applying for disaster relief funds to obtain reimbursement for this emergency repair project caused by recent major rain storms.

There are no General Funds used in this project.

Contract History and Price Reasonableness

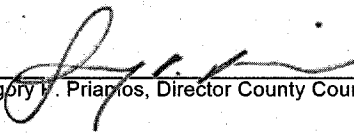
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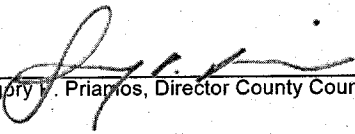
ATTACHMENTS:

Vicinity Map

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

Contract
Specifications and Contract Documents book
Notice of Exemption and Journal Voucher

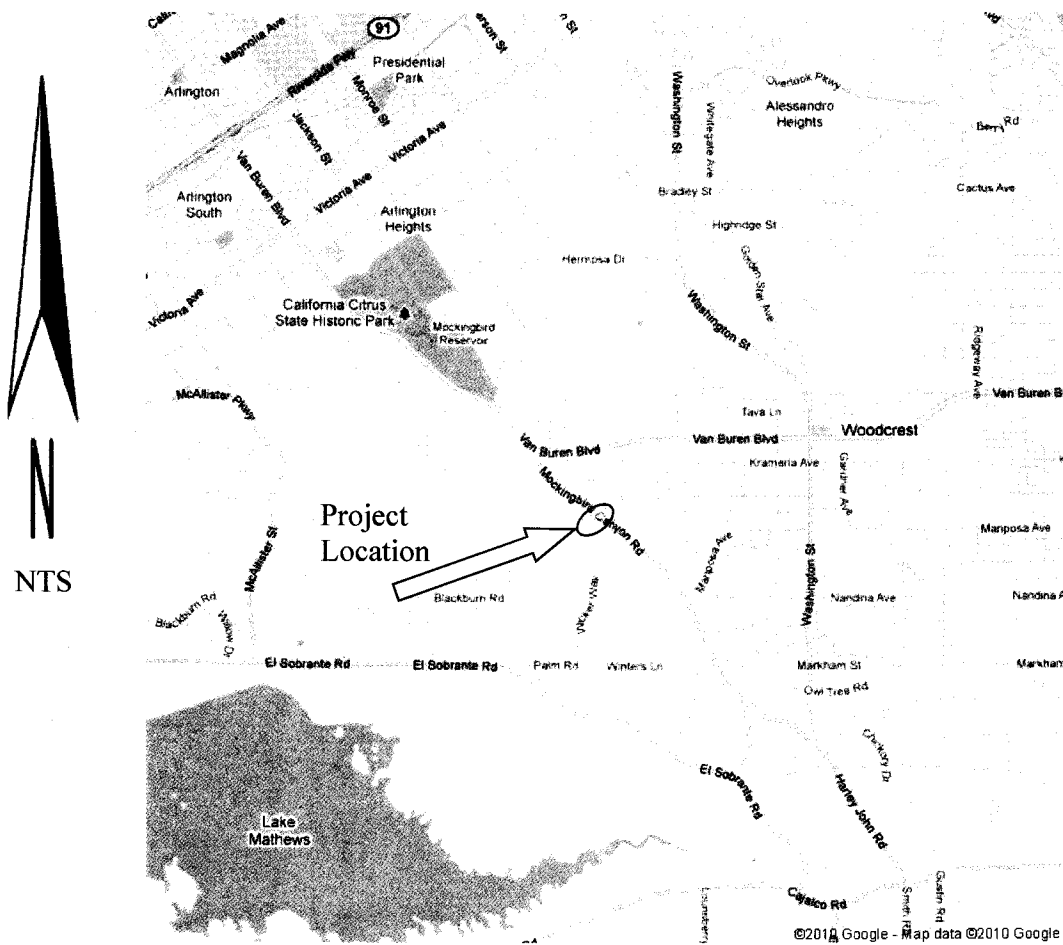

Gregory V. Priamos, Director County Counsel 4/21/2017


Gregory V. Priamos, Director County Counsel 4/21/2017

**County of Riverside
Transportation Department**

**Emergency Storm Damage Repair Work
Mockingbird Canyon Road
Box Culvert South of Van Buren Boulevard
Community of Woodcrest
Project No. 45-171101**

Vicinity Map



Township 3S Range 5W Section 27
County Road Book page No. 26

Riverside County Contract No. 17-03-002

Contract

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

WITNESSETH

Recitals:

1. Contractor has submitted to County his Contractor's Proposal for the construction of County Project, Project No. 45-171101, Emergency Storm Damage Repair Work, Mockingbird Canyon Road, Box Culvert South of Van Buren Boulevard, Community of Woodcrest, in strict accordance with the Contract Documents identified below and County has accepted said Proposal.
2. Contractor states that he has reexamined his Contractor's Proposal and found it to be correct, has ascertained that his subcontractors are properly licensed and possess the requisite skill and forces, has reexamined the site and Contract Documents and is of the opinion that he can presently do the work in accordance with the Contract Documents for the money set forth in his Proposal to be paid as provided in the Contract Documents.

Agreement:

It is agreed by the parties as follows:

1. Contract Documents

The entire Contract consists of the following: (a) The Construction Contract, ~~(b) The Notice to Bidders,~~ (c) The Instruction to Contractors Bidders, (d) The Bid, ~~(e) The Bid Bond,~~ (f) The Payment Bond, (g) The Performance Bond, (h) The General Conditions, (i) The Special Provisions, (j) The Standard Specifications of the State of California Department of Transportation edition of **2015** as modified in other portions of the Contract Documents and as amended by the State of California Department of Transportation, (k) The Standard Plans of the Department of Transportation identified on the plans or in the Special Provisions, (l) The Plans, ~~(m) Addenda~~ _____, (n) The Determination of Prevailing Wage Rates for Public Works, (o) Any Change Orders issued, and (p) Any additional or supplemental specifications, notice, instructions and drawings issued in accordance with the provisions of the Contract Documents. All of said Documents presently in existence are by this reference incorporated herein with like effect as if here set forth in full and upon the proper issuance of other documents they shall likewise be deemed incorporated. The Bid Bond is exonerated upon execution of this Contract and the Payment Bond and Performance Bond.

2. The Work

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

3. Prosecution, Progress and Liquidated Damages

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

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

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

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

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

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

4. Compensation

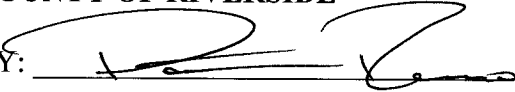
The Contractor agrees to receive and accept payment, on a force-account basis, as full compensation for furnishing all materials and for doing all the work contemplated and embraced in this Contract, until its acceptance by the County of Riverside, and for well and faithfully completing the work, and the whole there of, in the manner according to ~~the plans and specifications~~, and the requirements of the Engineer.

The estimated cost for this project, prior to commencement of work, is **\$350,000.00**.

Emergency Storm Damage Repair Work
Mockingbird Canyon Road
Box Culvert South of Van Buren Boulevard
Community of Woodcrest
Project No. 45-171101

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

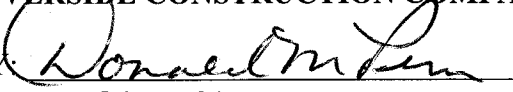
COUNTY OF RIVERSIDE

BY: 

Patricia Romo
Director of Transportation

DATED: 3-22-17

RIVERSIDE CONSTRUCTION COMPANY, INC.

BY: 
Donald M. Pim

TITLE: President
(If Corporation, affix Seal)

ATTEST:


Julie L. Smith

FORM APPROVED COUNTY COUNSEL
BY:  3-21-17
SYNTHIA M. GUNZEL DATE

TITLE: Secretary/Treasurer

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

License No.: 266222

Federal Employer Identification Number:

95-2662331

Department of Industrial Relations Registration Number:

1000003993

BY _____
"County"

"Corporation"
(Seal)

**CORPORATE RESOLUTION
OF
RIVERSIDE CONSTRUCTION COMPANY, INC.**

July 26, 2013

A meeting of the Board of Directors of Riverside Construction Company, Inc., a California Corporation, was held on July 26, 2013, duly called pursuant to written notice, at which a quorum was present and voting.

The Directors hereby adopt the following recitals, resolutions, and statements pursuant to the Corporation's By-Laws permitting such action to be taken:

OFFICERS - SIGNING CONTRACTS AND OTHER INSTRUMENTS

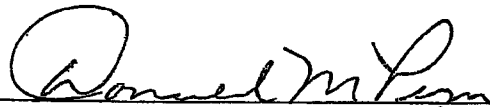
WHEREAS, The duly elected Directors of the Corporation are Julie L. Greenhaw, Richard G. Lounsbury, Donald M. Pim - Chairman.

WHEREAS, The Board of Directors may authorize any officer or officers to enter into any Contract or Execute any Instrument in the name of and on behalf of the Corporation.

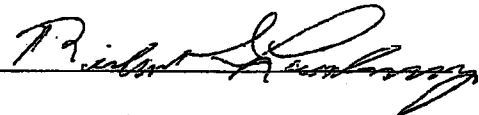
WHEREAS, The officers of the Corporation are President, Executive Vice President, Vice President, Secretary/Treasurer.

NOW, THEREFORE, BE IT RESOLVED, that pursuant to the By-Laws of the Corporation, Article IV-Section 5, the officers of the Corporation designated by the Board of Directors shall be and are authorized and empowered to enter into and Execute any Contract, and or Execute any Instrument in the name of and on behalf of the Corporation. The Corporation Officers referred to herein are now held by the following persons, whose title and signature appear after their respective name;

(Officer) Donald M. Pim - President:



(Officer) Richard G. Lounsbury - Executive Vice President:



(Officer) Julie L. Greenhaw - Secretary/Treasurer:

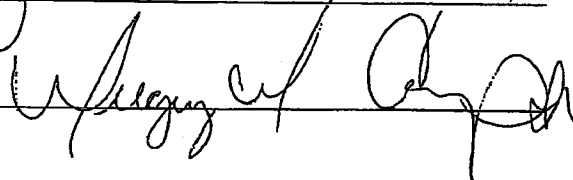


RESOLVED FURTHER, that the following officers of the Corporation designated by the Board of Directors shall be and are authorized and empowered to execute contract change orders in the name of and on behalf of the Corporation. The Corporation Officers referred to herein are now held by the following persons, whose title and signature appear after their respective name;

(Officer) Jason A. Moore - Vice President:



(Officer) Gregory G. Camp, Jr. - Vice President:



RESOLVED, FURTHER, that the authority conferred to the Corporation officers hereinabove may be exercised individually or jointly by any of such officers and shall continue in full force and effect until modification or revocation by the Board of Directors of the Corporation.

RESOLVED FURTHER, that the Secretary/Treasurer of the Corporation is instructed to insert this resolution in the Corporation's Minute Book.

IN WITNESS WHEREOF, The undersigned, constituting all the Directors of the Corporation, hereby adopt this Resolution in the name of and on behalf of the Corporation effective on the date first set forth above.

By: Julie I. Greenhaw
Julie I. Greenhaw - Director

By: Richard G. Lounsbury
Richard G. Lounsbury - Director

By: Donald M. Pim
Donald M. Pim - Chairman/Director

Performance Bond

Recitals:

1. **Riverside Construction Company, Inc.** (Contractor) has entered into a Contract with COUNTY OF RIVERSIDE (County) for construction of public work known as **Project No. 45-171101, Emergency Storm Damage Repair Work, Mockingbird Canyon Road, Box Culvert South of Van Buren Boulevard, Community of Woodcrest.**
2. Fidelity and Deposit Company of Maryland, a Maryland corporation (Surety), is the Surety under this Bond.

Agreement:

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

1. The amount of the obligation of this Bond is 100% of the estimated contract price for the Project of **\$350,000.00 (Three hundred fifty thousand dollars and zero cents)** and inures to the benefit of County.
2. This Bond is exonerated by Contractor doing all things to be kept and performed by it in strict conformance with the Contract Documents for this project, otherwise it remains in full force and effect for the recovery of loss, damage and expense of County resulting from failure of Contractor to so act. All of said Contract Documents are incorporated herein.
3. This obligation is binding on our successors and assigns.
4. For value received, Surety stipulates and agrees that no change, time extension, prepayment to Contractor, alteration or addition to the terms and requirements of the Contract Documents or the work to be performed thereunder shall affect its obligations hereunder and waives notice as to such matters, except the total contract price cannot be increased by more than 10% without approval of Surety.

THIS BOND is executed as of March 28, 2017

By *Julie L. Smith*

By *Roxanne Camping*

By Julie L. Smith

Type Name Roxanne Camping

Title Secretary/Treasurer

Its Attorney in Fact
"Surety"
Fidelity and Deposit Company of Maryland

"Contractor"
Riverside Construction Company, Inc.
(Corporate Seal)

(Corporate Seal)

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

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

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **MICHAEL BOND, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Roxanne CAMPING, of Irvine, California**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

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

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 4th day of September, A.D. 2015.

ATTEST:

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



By: *Eric D. Barnes*
Secretary
Eric D. Barnes

Michael Bond
Vice President
Michael Bond

State of Maryland
County of Baltimore

On this 4th day of September, A.D. 2015, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **MICHAEL BOND, Vice President, and ERIC D. BARNES, Secretary**, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

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

Constance A. Dunn



Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2019

EXTRACT FROM BY-LAWS OF THE COMPANIES

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

CERTIFICATE

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

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

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

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

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

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 28th day of March, 20 17.



Gerald F. Haley

Gerald F. Haley, Vice President

EXTRACT FROM BY-LAWS OF THE COMPANIES

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

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Gerald F. Haley

Gerald F. Haley, Vice President

INTERNAL PURPOSE ONLY - KNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

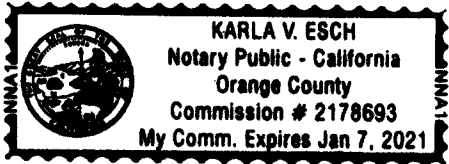
State of California
County of Orange

On March 28, 2017 before me, Karla V. Esch, Notary Public
NAME

personally appeared Roxanne Camping
NAME OF SIGNER

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.

Karla V. Esch
(SIGNATURE OF NOTARY)

OPTIONAL

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

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
- CORPORATE OFFICER
- TITLE(S) _____
- PARTNER(S) LIMITED
 GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER _____

DESCRIPTION OF ATTACHED DOCUMENT

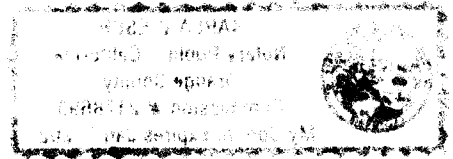
TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER OTHER THAN NAMED ABOVE

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of RIVERSIDE)

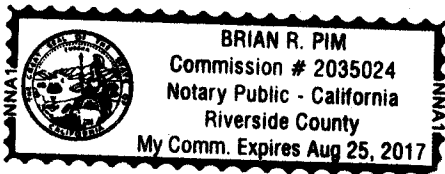
On MARCH 29, 2017 before me, BRIAN R. PIM, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared JULIE L. SMITH
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 Brian R. Pim
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Payment Bond

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

The makers of this Bond are **Riverside Construction Company, Inc.**, as Principal and Original Contractor and Fidelity and Deposit Company of Maryland, a corporation, authorized to issue Surety Bonds in California, as Surety, and this Bond is issued in conjunction with that certain public works contract to be executed between Principal and COUNTY OF RIVERSIDE a public entity, as Owner, for **\$350,000.00 (Three hundred fifty thousand dollars and zero cents)**, the total amount payable. The amount of this bond is one hundred percent (100%) of said sum. Said contract is for public work generally consisting of **Project No. 45-171101, Emergency Storm Damage Repair Work, Mockingbird Canyon Road, Box Culvert South of Van Buren Boulevard, Community of Woodcrest.**

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

Dated: March 28, 2017

Riverside Construction Company, Inc.

Original Contractor – Principal

Fidelity and Deposit Company of Maryland

By *Julie L. Smith*
Julie L. Smith

Surety

By *Roxanne Campbell*
Roxanne Campbell

Title Secretary/Treasurer

Its Attorney In Fact

(If corporation, affix seal)

(Corporate Seal)

(Corporate Seal)

STATE OF See Attached
COUNTY OF See Attached
OF _____

} ss. SURETY'S ACKNOWLEDGEMENT

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

WITNESS my hand and official seal.

Signature of Notary Public

Notary Public (Seal)

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

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

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **MICHAEL BOND, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Roxanne CAMPING, of Irvine, California**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

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

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 4th day of September, A.D. 2015.

ATTEST:

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



By: Eric D. Barnes
Secretary
Eric D. Barnes

Michael Bond
Vice President
Michael Bond

State of Maryland
County of Baltimore

On this 4th day of September, A.D. 2015, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **MICHAEL BOND, Vice President, and ERIC D. BARNES, Secretary**, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposed and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

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

Constance A. Dunn



Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2019

EXTRACT FROM BY-LAWS OF THE COMPANIES

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

CERTIFICATE

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

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

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

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

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

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 28th day of March, 2017.



Gerald F. Haley

Gerald F. Haley, Vice President

EXTRACT FROM BY-LAWS OF THE COMPANIES

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

CERTIFICATE

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

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

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IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 28th day of March, 2017.



Gerald F. Haley

Gerald F. Haley, Vice President

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

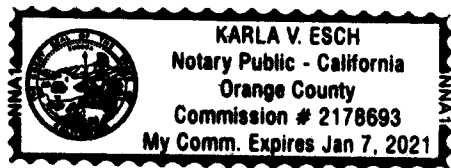
State of California
County of Orange

On March 28, 2017 before me, Karla V. Esch, Notary Public
NAME

personally appeared Roxanne Camping
NAME OF SIGNER

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.

Karla V. Esch
(SIGNATURE OF NOTARY)

OPTIONAL

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

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
- CORPORATE OFFICER
- TITLE(S) _____
- PARTNER(S) LIMITED
- GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER _____

DESCRIPTION OF ATTACHED DOCUMENT

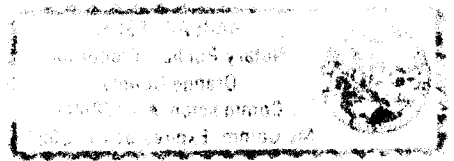
_____ TITLE OR TYPE OF DOCUMENT

_____ NUMBER OF PAGES

_____ DATE OF DOCUMENT

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

_____ SIGNER OTHER THAN NAMED ABOVE



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of RIVERSIDE)

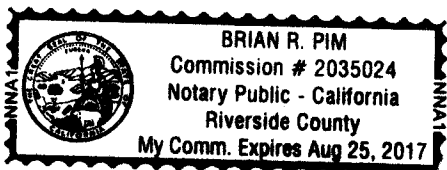
On MARCH 29, 2017 before me, BRIAN R. PIM, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared JULIE L. SMITH
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 Brian R. Pim
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____



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COMPANY PROFILE

Company Information

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

**1299 ZURICH WAY
SCHAUMBURG, IL 60196
800-382-2150**

Old Company Names

Effective Date

Agent For Service

KARISSA LOWRY
2710 GATEWAY OAKS DRIVE
SUITE 150N
SACRAMENTO CA 95833

Reference Information

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

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NAIC Group List

NAIC Group #: 0212 ZURICH INS GRP

Lines Of Business

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

- AIRCRAFT
- AUTOMOBILE
- BOILER AND MACHINERY
- BURGLARY
- CREDIT
- FIRE
- LIABILITY
- MARINE
- MISCELLANEOUS
- PLATE GLASS
- SPRINKLER
- SURETY
- TEAM AND VEHICLE
- WORKERS' COMPENSATION

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COMPANY PROFILE

Company Information

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Old Company Names	Effective Date
--------------------------	-----------------------

Agent For Service

If you are unable to locate the agent for service of process, please call the CA Department of Insurance at (916) 492-3657.

Reference Information

NAIC #:	19313
California Company ID #:	0062-0
Date Authorized in California:	06/04/1869
License Status:	MERGED
Company Type:	Property & Casualty
State of Domicile:	MARYLAND

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NAIC Group List

NAIC Group #:	0819	FIDELITY & DEP 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
- FIRE
- LIABILITY
- MARINE
- MISCELLANEOUS
- PLATE GLASS
- SPRINKLER
- SURETY
- TEAM AND VEHICLE

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A.M. Best Rating Services

Fidelity and Deposit Company of Maryland (2)

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

Administrative Office
1299 Zurich Way
Schaumburg, IL 60196-1056
[United States](#)

Domiciliary Address
600 Red Brook Boulevard Suite 600
Owings Mills, Maryland 21117
United States

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



Web: www.zurichna.com
Phone: 800-987-3373
Fax: 877-962-2567

View additional [news, reports and products](#) for this company.

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

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A+ (Superior)
Affiliation Code: g (Group)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Negative
Action: Affirmed
Effective Date: December 01, 2016
Initial Rating Date: June 30, 1922

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Darian Ryan
Senior Director: Michael J. Lagomarsino, CFA, FRM

Disclosure Information



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



[A.M. Best Affirms Credit Ratings of Zurich Insurance Company Limited and Its Main Rated Affiliates](#)
December 01, 2016

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: aa-
Outlook: Negative
Action: Affirmed
Effective Date: December 01, 2016
Initial Rating Date: September 14, 2004

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

Rating History

A.M. Best has provided ratings & analysis on this company since 1922.

Financial Strength Rating

Effective Date	Rating
12/1/2016	A+
10/2/2015	A+
11/26/2014	A+
11/21/2013	A+
11/27/2012	A+

Long-Term Issuer Credit Rating

Effective Date	Rating
12/1/2016	aa-
10/2/2015	aa-
11/26/2014	aa-
11/21/2013	aa-
11/27/2012	aa-

AMB Credit Reports



AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 3/31/2017 (represents the latest significant change).



Historical Reports are available in [AMB Credit Report Archive](#).

View additional [news, reports and products](#) for this company.

Press Releases

Date	Title
Dec 01, 2016	A.M. Best Affirms Credit Ratings of Zurich Insurance Company Limited and Its Main Rated Affiliates
Oct 02, 2015	A.M. Best Affirms Ratings and Revises Outlook to Negative for Zurich Insurance Company Limited and Some of Its Rated Affiliates
Nov 26, 2014	A.M. Best Affirms Ratings of Zurich American Insurance Company and Its Affiliates

Nov 21, 2013	A.M. Best Affirms Ratings of Zurich American Insurance Company and Its Affiliates
Nov 27, 2012	A.M. Best Affirms Ratings of Zurich American Insurance Company and Its Affiliates
Nov 18, 2011	A.M. Best Affirms Ratings of Zurich American Insurance Company and Its Affiliates
Nov 19, 2010	A.M. Best Upgrades Ratings of Zurich Insurance Company Limited's U.S. Subsidiaries
Dec 17, 2009	A.M. Best Affirms Ratings of Zurich Financial Services Ltd. and Its Subsidiaries
Dec 11, 2008	A.M. Best Affirms Ratings of Zurich Financial Services; Revises Outlook on Ratings of Zurich Insurance Company to Stable
Dec 11, 2007	A.M. Best Revises Outlook on Ratings of Zurich Insurance Company to Positive; Affirms Ratings of Zurich Financial Services
1 2 Page size: 10 17 items in 2 pages	

European Union Disclosures

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Australian Disclosures

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[Regulatory Affairs - Form NRSRO - Code of Conduct - Rating Methodology - Historical Performance Data](#)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2017

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 have **ADDITIONAL INSURED** provisions or 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 Edgewood Partners Insurance Center (EPIC) 19000 MacArthur Blvd. PH Floor Irvine, CA 92612 www.edgewoodins.com		CONTACT NAME: PHONE (A/C, No. Ext): (949) 263-0606 FAX (A/C, No.): (949) 263-0906 E-MAIL ADDRESS:															
INSURED Riverside Construction Company, Inc. 4225 Garner Road Riverside CA 92502		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: United Specialty Insurance Company</td> <td>12537</td> </tr> <tr> <td>INSURER B: Starr Indemnity & Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER C: Allied World Assurance Co (U.S.) Inc.</td> <td>19489</td> </tr> <tr> <td>INSURER D: National Fire Insurance Co of Hartford</td> <td>20478</td> </tr> <tr> <td>INSURER E: Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Specialty Insurance Company	12537	INSURER B: Starr Indemnity & Liability Company	38318	INSURER C: Allied World Assurance Co (U.S.) Inc.	19489	INSURER D: National Fire Insurance Co of Hartford	20478	INSURER E: Lexington Insurance Company	19437	INSURER F:	
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INSURER D: National Fire Insurance Co of Hartford	20478																
INSURER E: Lexington Insurance Company	19437																
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER:** 35052536 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> B/PPD Deductible: \$25,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		BTO1618418	7/1/2016	7/1/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		1000198522161	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$1,000 Comp Ded.	\$ 1,000 Coll Ded.
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			03102080	7/1/2016	7/1/2017	EACH OCCURRENCE	\$ 25,000,000
E	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			015681518	7/1/2016	7/1/2017	AGGREGATE	\$ 25,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	1000002269	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
D	Commercial Property: Leased/Rented Contractors Equipment			6042942399	7/1/2016	7/1/2017	\$100,000 / \$1000 Deductible	

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

RE: Mockingbird Canyon Road Emergency Project, Project No. 45-171101
 The County of Riverside is included as Additional Insured as respects General Liability and Automobile Liability per the attached endorsements. Workers Compensation Waiver of Subrogation applies per the attached endorsement. Excess Liability follows form on the underlying General Liability, Automobile Liability and Employer's Liability policies.

CERTIFICATE HOLDER **CANCELLATION**

County of Riverside 4080 Lemon Street 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 Angela C. Rabbitt
--	---

POLICY NUMBER: BTO1618418

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

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
Blanket where required by	written contract
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "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.

Angela P. Rabbit

Authorized Representative

Riverside Construction Company, Inc.

4/7/2017

POLICY NUMBER: BTO1618418

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

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
<p>WHERE REQUIRED BY WRITTEN CONTRACT, BUT ONLY WHEN COVERAGE FOR COMPLETED OPERATIONS IS SPECIFICALLY REQUIRED BY THAT CONTRACT.</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

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".

Angela C. Radtke

Authorized Representative



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy Number:1000198522161

Effective Date:7/1/2016

Named Insured: Riverside Construction Company, Inc.

ADDITIONAL INSURED – WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This policy is amended as follows:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE CONTRACTUALLY BOUND TO PROVIDE ADDITIONAL INSURED STATUS BUT ONLY TO THE EXTENT OF SUCH PERSON OR ORGANIZATIONS LIABILITY ARISING OUT OF THE USE OF A COVERED "AUTO"

- I. SECTION II – LIABILITY COVERAGE A. Coverage, 1. Who is Insured, is amended to add:
- d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:
 - (1) The coverage and/or limits of this policy, or
 - (2) The coverage and/or limits required by said contract or agreement.

Angela P. Rabbitt

Authorized Representative

SICA 1016 (02/12)

Page 1 of 1

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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2.0 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Any person or organization to whom you become obligated to waive your rights of recovery against, under any contract or agreement you enter into prior to the occurrence of loss.

Where required by contract

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

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

Endorsement Effective: 7/1/2016

Policy No.: 1000002269

Endorsement No.:

Insured: Riverside Construction Company, Inc.

Premium:

Angela P. Rabbitt

Insurance Company: Starr Indemnity & Liability Co.

Countersigned by: _____



**ALLIED WORLD NATIONAL ASSURANCE COMPANY
UMBRELLA LIABILITY INSURANCE POLICY**

Policy No: 0310-2080

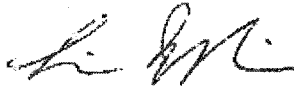
New/Renewal of: New

DECLARATIONS

- ITEM 1: A. **NAMED INSURED:** Riverside Construction Company, Inc.
B. **ADDRESS:** 4225 Garner Road
Riverside, CA 92501
- ITEM 2. **POLICY PERIOD:** INCEPTION DATE*: July 1, 2016
EXPIRATION DATE*: July 1, 2017
*12:01 A.M. STANDARD TIME AT THE ADDRESS STATED IN
ITEM 1. B. ABOVE
- ITEM 3. **LIMITS OF INSURANCE:**
A. US\$10,000,000 EACH OCCURRENCE LIMIT
B. US\$10,000,000 GENERAL AGGREGATE LIMIT
C. US\$10,000,000 PRODUCTS-COMPLETED OPERATIONS
AGGREGATE LIMIT
- ITEM 4. **NOTICES TO THE COMPANY:**
A. ALL NOTICES OF **OCCURRENCE, CLAIM,
OR SUIT:** ALLIED WORLD NATIONAL ASSURANCE COMPANY
ATTN: CLAIMS DEPARTMENT
199 WATER STREET, 29TH FLOOR
NEW YORK, NY 10038
B. ALL OTHER NOTICES: ALLIED WORLD NATIONAL ASSURANCE COMPANY
ATTN: GENERAL CASUALTY
199 Water Street, 24th Floor
New York, NY 10038
C. **FACSIMILE (CLAIMS):** 646-794-0811
D. **E-MAIL (CLAIMS):** AWACUS.GeneralCasualtyClaims@awac.com
E. **FACSIMILE** 646-794-0611
(ALL OTHER):
- ITEM 5. **SELF-INSURED RETENTION** US\$10,000
- ITEM 6. A. **ADVANCE PREMIUM:** US\$190,000
B. **MINIMUM PREMIUM:** US\$190,000
C. **MINIMUM EARNED
PREMIUM:** US\$66,500

ITEM 7. A. REPRESENTATIVE OF INSURED: R-T Specialty, LLC DBA R-T Specialty Insurance Services, LLC
B. ADDRESS: 3900 West Alameda Avenue, 21st Floor
Burbank, CA 91505

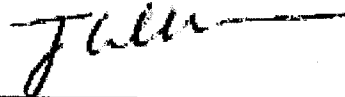
IN WITNESS WHEREOF, we have caused this policy to be executed and attested, but this policy will not be valid unless countersigned by one of our duly authorized representatives, where required by law.



President



Asst. Secretary



AUTHORIZED REPRESENTATIVE

Policy Number: 0310-2080

Named Insured: Riverside Construction Company, Inc.

Effective Date: July 1, 2016

12:01 A.M., Standard Time

SCHEDULE OF FORMS AND ENDORSEMENT

The following forms and endorsements are made a part of this Policy:

<u>Endorsement Number</u>	<u>Form # / Edition</u>	<u>Title</u>
	UM 00002 00 (07/08)	Declarations
1	UM 00109 00 (07/08)	Schedule of Underlying Insurance
2	UM 00121 00 (03/12)	Service of Suit
3	UM 00016 00 (07/08)	Cross Suits Exclusion
4	UM 00017 04 (07/08)	Fungus Exclusion - California
5	UM 00020 00 (07/08)	Contractors' Limitation
6	UM 00023 00 (07/08)	Foreign Liability Exclusion
7	UM 00025 00 (07/08)	Lead Exclusion
8	UM 00029 00 (07/08)	Silica Exclusion Endorsement
9	UM 00038 00 (07/08)	Radioactive Matter Exclusion
10	UM 00039 00 (07/08)	Discrimination Exclusion
11	UM 00047 00 (07/08)	Condominium and Cooperative Conversion Exclusion
12	UM 00053 00 (07/08)	Bacteria Exclusion
13	UM 00062 00 (07/08)	Knowledge of Occurrence Endorsement
14	UM 00066 00 (07/08)	Employee Benefits Liability Limitation Claims Made Version Endorsement
15	UM 00069 00 (07/08)	Commercial General Liability Limitation Endorsement
16	UM 00074 00 (07/08)	Notice of Occurrence
17	UM 00075 00 (07/08)	Anti-Stacking Excess Casualty Limitation Endorsement
18	UM 00080 00 (07/08)	Amend Definition of Occurrence (Continuing or Progressively Deteriorating Damages Endorsement)
19	UM 00081 00 (07/08)	Specified Operations Exclusion

20	UM 00084 00 (07/08)	Claims Reporting Amendment Endorsement
21	UM 00107 00 (01/15)	Exclusion of Certified Acts of Terrorism and Other Acts of Terrorism
22	UM 00114 00 (12/08)	Electromagnetic Radiation Exclusion
23	UM 00130 00 (01/14)	Strategic Response Coverage Extension
24	Z-UM 00011 00 (08/16)	Residential Construction Operations Exclusion
	UM 00004 00 (07/08)	Allied World National Assurance Company Umbrella Liability Insurance Policy

Endorsement No: 1

This endorsement, effective: July 1, 2016

(at 12:01 A.M. standard time at the address of the Named Insured as shown in Item 1. B. of the Declarations)
forms a part of Policy No: 0310-2080

Issued to: Riverside Construction Company, Inc.

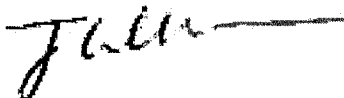
by: Allied World National Assurance Company

SCHEDULE OF UNDERLYING INSURANCE

Type of Coverage	Insurer Policy Number Policy Period	Limits of Insurance
General Liability	United Specialty Insurance Company BTO1618418 July 1, 2016 - July 1, 2017	US\$1,000,000 Each Occurrence US\$2,000,000 Other Aggregate US\$2,000,000 Products-Completed Operations Aggregate
Defense costs: <input type="checkbox"/> Erode <input checked="" type="checkbox"/> Do Not Erode The Limits of Insurance listed in the policy above.		
Employer Liability	Starr Indemnity & Liability Company 100 0002269 July 1, 2016 - July 1, 2017	US\$1,000,000 Bodily Injury By Disease - Each Employee US\$1,000,000 Bodily Injury By Disease - Policy Aggregate US\$1,000,000 Bodily Injury Each Accident
Defense costs: <input type="checkbox"/> Erode <input checked="" type="checkbox"/> Do Not Erode The Limits of Insurance listed in the policy above.		
Automobile Liability	Starr Indemnity & Liability Company 1000198522161 July 1, 2016 - July 1, 2017	US\$1,000,000 Combined Single Limit
Defense costs: <input type="checkbox"/> Erode <input checked="" type="checkbox"/> Do Not Erode The Limits of Insurance listed in the policy above.		
Employee Benefit Liability	United Specialty Insurance Company BTO1618418 July 1, 2016 - July 1, 2017	US\$1,000,000 Employee Benefits Liability Each Claim US\$1,000,000 Employee Benefits Liability Annual Aggregate
Defense costs: <input type="checkbox"/> Erode <input checked="" type="checkbox"/> Do Not Erode The Limits of Insurance listed in the policy above.		

All other terms and conditions of this policy remain unchanged.

By:



Joseph Cellura

Title:

President, North American Casualty Division

Date:

August 19, 2016

F. **Insured** means:

1. the **Named Insured**;
2. if you are designated in the Declarations as:
 - a. an individual, you and your spouse are **Insureds**, but only with respect to the conduct of a business of which you are the sole owner;
 - b. a partnership or joint venture, you are an **Insured**. Your members, your partners, and their spouses are also **Insureds**, but only with respect to the conduct of your business;
 - c. a limited liability company, you are an **Insured**. Your members are also **Insureds**, but only with respect to the conduct of your business. Your managers are **Insureds**, but only with respect to their duties as your managers;
 - d. an organization other than a partnership, joint venture or limited liability company, you are an **Insured**. Your executive officers and directors are **Insureds**, but only with respect to their duties as your officers or directors. Your stockholders are also **Insureds**, but only with respect to their liability as stockholders;
 - e. a trust, you are an **Insured**. Your trustees are also **Insureds**, but only with respect to their duties as trustees;
3. your employees other than your executive officers (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business;
4. your volunteer workers only while performing duties related to the conduct of your business;
5. any person (other than your employee or volunteer worker) or organization while acting as your real estate manager;
6. your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this policy;
7. any person or organization, other than the **Named Insured**, included as an Additional Insured under **Scheduled Underlying Insurance**, but not for broader coverage than would be afforded by such **Scheduled Underlying Insurance**.

Notwithstanding any of the above:

- a. no person or organization is an **Insured** with respect to the conduct of any current, past or newly formed partnership, joint venture or limited liability company that is not designated as a **Named Insured** in Item 1. of the Declarations; and
- b. no person or organization is an **Insured** under this policy who is not an **Insured** under applicable **Scheduled Underlying Insurance**. This provision shall not apply to any organization set forth in the definition of **Named Insured** in subparagraphs J. 2 and 3.

G. **Insured Contract** means that part of any contract or agreement pertaining to your business under which any **Insured** assumes the tort liability of another party to pay for **Bodily Injury** or **Property Damage** to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

LEXINGTON INSURANCE COMPANY
Administrative Offices: 99 High Street, Boston, Massachusetts 02110
(hereinafter called the Company)

FOLLOW FORM EXCESS LIABILITY POLICY

**DECLARATIONS
(OCCURRENCE VERSION)**

Policy Number: 015681518

Renewal Of: NEW

Item 1. Named Insured: RIVERSIDE CONSTRUCTION COMPANY, INC.

Address: 4225 GARNER RD
P.O. BOX 1146
RIVERSIDE, CA 92501-1057

Item 2. Policy Period:

From: 07/01/2016 To: 07/01/2017

12:01 A.M. Standard time at the address of the named insured shown above.

Item 3. Limit of Insurance:

General Aggregate Limit	\$ 15,000,000
Products-Completed Operations Aggregate Limit	\$ 15,000,000
Each Occurrence Limit	\$ 15,000,000

Item 4. Premium:

Total Advance Premium:	\$ 60,000
Annual Minimum Premium:	\$ 60,000
Minimum Earned Premium at Inception:	\$ 21,000

Item 5. Audit Period:

Not Subject to Audit

Item 6. Followed Policy:

Insurance Company: Allied World National
Policy Number: 0310-2080
Policy Period: From: 7/1/16 To: 7/1/17
Limits: \$ 10,000,000

Item 7. Total Occurrence Limits of Insurance of all Underlying Policies in excess of which this policy applies: \$11,000,000. Our defense obligations only apply in excess of the Total Aggregate Limits of Insurance of all Underlying Policies.

Item 8. Endorsements: See Attached Forms Schedule

Stamping Fee	\$1,818.00
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Authorized Representative

FORMS SCHEDULE

Named Insured: RIVERSIDE CONSTRUCTION COMPANY, INC.

Policy No: 015681518

Effective Date: 07/01/2016

Form Number	Edition Date	Endorsement Number	Title
LX8386	04/08		FF XS LIABILITY DEC (OCC)
LX8009	12/06		SCHEDULE OF UNDERLYING INS.
LX8387	04/08		FF XS LIABILITY TXT (OCC)
LX4227	08/13	001	ECONOMIC SANCTIONS ENDORSEMENT
LX4228	08/13	002	DELETION OF SPEC OFAC LANGUAGE
LX9546	10/03	003	CHROMIUM COPPER ARSENATE EXCL
LX8381	04/08	004	LEAD EXCLUSION (FF XS LIAB)
LX8389	04/08	005	POLICY RESTRICT AS U/L POL'S
LX8379	08/13	006	ADDL EXCL'S & COV TERR PROV
LX9911	02/06	007	NON-COMMERCIAL DWELLING OR
LX8703	05/11	008	CRISIS RESPONSE COVERAGE ENDT
LX4273	02/14	009	TERRORISM EXCL-CERT & NON-CERT

SCHEDULE OF UNDERLYING INSURANCE

Forms a part of Policy No.: 015681518
Issued to: RIVERSIDE CONSTRUCTION COMPANY, INC.

By: LEXINGTON INSURANCE COMPANY

Employers' Liability

Company: Starr Indemnity & Liability

Policy Number: 1000002269

Policy Period: From: 07/01/16 To: 07/01/17

Minimum Applicable Limits:

Bodily Injury by accident:	\$ 1,000,000	Each Accident
Bodily Injury by disease	\$ 1,000,000	Each Employee
Bodily Injury by disease	\$ 1,000,000	Policy Limit

Commercial Auto Liability

X Occurrence Claims Made

Company: Starr Indemnity & Liability

Policy Number: 1000198522161

Policy Period: From: 07/01/16 To: 07/01/17

Minimum Applicable Limits:

Each Occurrence:	\$ 1,000,000	CSL
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Commercial General Liability

X Occurrence Claims Made

Company: United Specialty Insurance

Policy Number: BT01618418

Policy Period: From: 07/01/16 To: 07/01/17

Minimum Applicable Limits:

Each Occurrence:	\$ 1,000,000
Personal and Advertising Injury:	\$ 1,000,000
General Aggregate:	\$ 2,000,000
Products/Completed Operations Aggregate:	\$ 2,000,000
Defense Expenses: (Limits of Liability)	Inside X Outside

Other Coverage: Lead Umbrella

X Occurrence Claims Made

Company: Allied World National

Policy Number: 0310-2080

Policy Period: From: 07/01/16 To: 07/01/17

Minimum Applicable Limits:

Each Occurrence:	\$ 10,000,000
Other Aggregate	\$ 10,000,000

LEXINGTON INSURANCE COMPANY

Administrative Offices: 99 High Street, Boston, Massachusetts 02110



FOLLOW FORM EXCESS LIABILITY POLICY (OCCURRENCE VERSION)

NOTICE: LOSS AMOUNTS MAY INCLUDE DEFENSE EXPENSES, IF DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF INSURANCE OF THE FOLLOWED POLICY. IF DEFENSE EXPENSES ARE NOT INCLUDED WITHIN THE LIMITS OF INSURANCE IN THE FOLLOWED POLICY, THEN SUCH EXPENSES ARE IN ADDITION TO THE LIMITS OF INSURANCE OF THIS POLICY.

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words **you** and **your** refer to the Named Insured shown in Item 1. of the Declarations, and any other person or organization qualifying as a Named Insured under the **Followed Policy**.

The words **we**, **us** and **our** refer to the Company providing this insurance. Other words and phrases that appear in boldface type have special meaning. Refer to the DEFINITIONS Section.

I. INSURING AGREEMENT

- A. We will pay those sums that the **Insured** becomes legally obligated to pay as **Loss Amounts** in excess of the **Underlying Limits** by reason of exhaustion of such limits and to which this insurance applies, subject to:
1. the terms and conditions of the **Followed Policy**, and
 2. the Limits of Insurance shown in the Declarations.
- B. Except with regard to: (1) the premium, (2) limits of insurance, (3) our defense obligations, (4) any endorsement changing the terms or conditions of this policy, and (5) other terms or conditions of this policy inconsistent with the **Followed Policy**, the provisions of the **Followed Policy** are incorporated as part of this policy.

II. DEFENSE OBLIGATIONS

A. WITHIN THE UNDERLYING LIMITS

We shall have the right, at our own expense, but not the obligation to associate with the **Insured** in the defense, negotiation, and settlement of any **Claim** that might result in our obligation to pay any amount of such **Claim** under this policy. The **Insured** shall defend and contest any such **Claim**. The **Insured** shall give us full cooperation and such information as we may reasonably require.

B. IN EXCESS OF THE UNDERLYING LIMITS

We shall have the right and duty to defend any **Claim** seeking damages to which this insurance applies upon the exhaustion of the **Underlying Limits**. We will have no duty to defend the **Insured** against any **Claim** seeking damages to which this insurance does not apply. When we assume the defense of any **Claim** against the **Insured** that seeks damages to which this insurance applies, we will, subject to the limits of insurance, pay **Defense Expenses** as defined in the **Followed Policy**. The **Insured** shall give us full cooperation and such information as we may reasonably require.

III. LIMITS OF INSURANCE

- A. The Limits of Insurance shown in Item 3. of the Declarations and the rules below state the most we will pay for all **Loss Amounts** under this policy regardless of the number of:
1. **Insureds**;
 2. **Claims** made or suits brought; or

3. Persons or organizations making **Claims** or bringing suits.
- B. The General Aggregate Limit is the most we will pay for all **Loss Amounts** under this policy, except for:
 1. **Loss Amounts** included within the products-completed operations hazard; and
 2. **Loss Amounts** because of **Bodily Injury** or **Property Damage** arising out of automobile liability for which there is no Aggregate Limit of Insurance.
- C. The Products-Completed Operations Aggregate Limit is the most we will pay for all **Loss Amounts** included in the products-completed operations hazard.
- D. Subject to Paragraph B. or C. above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of all **Loss Amounts** arising out of any one **occurrence** or offense.
- E. **Loss Amounts** may include **Defense Expenses**, if **Defense Expenses** are included within the limits of insurance of the **Followed Policy**. If **Defense Expenses** are not included in the **Followed Policy**, then such expenses are in addition to the limits of insurance of this policy.

IV. EXCLUSIONS

This insurance does not apply to:

A. Pollution

1. Any **Claim** arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of **Pollutants** anywhere at any time;
2. Any loss, cost or expense arising out of any request, demand, order or statutory or regulatory requirement that the **Insured** or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **Pollutants**; or
3. Any loss, cost or expense arising out of any **Claim** by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing or in any way responding to, or assessing the effects of **Pollutants**.

With respect to Paragraph 1. above, we will apply any exception to such exclusion provided by the **Followed Policy**.

B. Radioactive Material

Any liability arising out of any radioactive matter, whether or not naturally occurring.

C. Asbestos

Any liability arising out of asbestos or asbestos-containing materials.

V. DEFINITIONS - Any term not defined in this Section V. or in the preamble to this policy shall have the meaning assigned to such term in the **Followed Policy**.

- A. **Bodily Injury**, if not defined in the **Followed Policy**, means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.
- B. **Claim**, if not defined in the **Followed Policy**, means a written demand for monetary damages, including service of suit or institution of arbitration proceedings against the **Insured**. If defined in the **Followed Policy**, **Claim** has the same meaning as stated in the **Followed Policy**.
- C. **Defense Expenses** means **Defense Expenses** or **Defense Costs** as defined in the **Followed Policy**. However, if **Defense Expenses** or **Defense Costs** are not defined in the **Followed Policy** then **Defense Expenses** means the cost incurred in connection with the investigation and/or defense of any **Claim** including, but not limited to, legal fees and other defense expenses. **Defense Expenses** also include any expenses in the **Followed Policy** which are referred to as **Supplementary Payments**, **Additional Payments**, or referred to by a similar term.

- D. **Followed Policy** means the policy shown in Item 6. of the Declarations.
- E. **Insured** shall have the same meaning in this policy as is attributed to it in the **Followed Policy**.
- F. **Loss Amounts** means damages and **Defense Expenses**, if **Defense Expenses** are included within the limit of insurance of the **Followed Policy**. Otherwise, **Loss Amounts** means damages only.
- G. **Pollutants**, if not defined in the **Followed Policy**, means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- H. **Property Damage**, if not defined in the **Followed Policy**, means:
1. Physical injury to tangible property, including all resulting loss of use of that property; or
 2. Loss of use of tangible property that is not physically injured.
- For the purposes of this insurance, electronic data is not tangible property.
- As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.
- I. **Underlying Limits** means the sum of:
1. The Aggregate Limits of Insurance of all **Underlying Policies**,
 2. All retentions or self-insured retentions applicable to such **Underlying Policies**, and
 3. Other insurance (including any self-insurance retentions) applicable to any **Claim** that is covered by this policy.
- J. **Underlying Policies** means any underlying policies, including the **Followed Policy**.

VI. CONDITIONS

A. MAINTENANCE OF UNDERLYING INSURANCE

It is a condition of this policy that the **Underlying Policies** shall be maintained in full force and effect. Failure to comply with the foregoing shall not invalidate this policy, but in the event of such failure, we shall be liable only to the extent that we would have been liable had you complied with this condition.

B. UNIMPAIRED UNDERLYING LIMITS OF INSURANCE

You warrant that **Underlying Limits** of the **Underlying Policies** shall be unimpaired as of the inception date of this policy. In event such **Underlying Limits** are impaired as of the inception date of this policy, this policy shall apply as if such **Underlying Limits** were unimpaired. In the event of non-concurrent policy periods between this policy and **Underlying Policies**, only occurrences or **Claims** that would be covered during the policy period of this policy shall be considered in determining the extent of any reduction or exhaustion of the **Underlying Limits**, and you shall retain liability for any resulting gap in coverage.

C. CANCELLATION

1. The First Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the First Named Insured written notice of cancellation at least:
 - i 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

- ii 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the First Named Insured's last mailing address known to us.
 4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
 5. If this policy is canceled, we will send the First Named Insured any premium refund due. If we cancel, the refund will be pro rata. Subject to the Minimum Earned Premium at Inception shown in Item 4. of the Declarations, if the First Named Insured cancels, earned premium will be calculated short-rate. The cancellation will be effective even if we have not made or offered a refund.
 6. If notice is mailed, proof of mailing will be sufficient proof of notice.

D. SERVICE OF SUIT

It is agreed that in the event of our failure to pay any amount claimed to be due hereunder, we, at the request of the Insured, will submit jurisdiction of a court of competent jurisdiction within the United States. Nothing in this condition constitutes or should be understood to constitute a waiver of our rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. It is further agreed that service of process may be made upon Counsel, Legal Department, Lexington Insurance Company, 99 High Street, Boston, Massachusetts 02110, or his or her representative, and that in any suit instituted against us, upon this policy, we will abide by the final decision of such court or of an appellate court in the event of an appeal.

Further, pursuant to any statute of any state, territory, or district of the United States which makes provision therefor, we hereby designate the Superintendent, Commissioner, Director of Insurance, or other officer specified for that purpose in the statute, or his or her successor or successors in office as our true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the Counsel, Legal Department, Lexington Insurance Company, 99 High Street, Boston, Massachusetts 02110, as the person to whom the said officer is authorized to mail such process or a true copy thereof.

IN WITNESS WHEREOF, the Insurance Company identified on the Declarations has caused this policy to be signed by its President, Secretary and a duly authorized representative of the Insurance Company.


Secretary


President



THE SURPLUS LINE
ASSOCIATION OF | CALIFORNIA

Surplus Line Insurer Lookup (LASLI)

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UNITED SPECIALTY INSURANCE COMPANY

NAIC Number	12537
NAIC Group Number	93
NAIC Group Name	STATE NATIONAL GROUP
State of Domicile	DE
Date Incorporated	07/11/2005
A.M. Best Financial Strength Rating	A EXCELLENT
Effective Date	Aug 2016
Outlook	Stable
Principal Place of Business	1900 L. Don Dodson Drive Bedford, TX 76021
Approval Date	05/07/2008
SLA Number	3281
State Department of Insurance	http://www.state.de.us/inscom
Date Business Commenced	03/08/2006
Mailing Address	1900 L. Don Dodson Drive Bedford, TX 76021

Telephone +1 (817) 265-2000

Fax +1 (817) 861-1051

Company Web Address www.statenational.com

Agent for Service of Process Ms. Vivian Imperial
NATIONAL REGISTERED AGENTS, INC.
818 West Seventh Street
Los Angeles, CA 90017
P: +1 (213) 337-4615
F: (213) 614-8632

Contact Broker Mr. JASON WHITE
Managing Director
SWETT & CRAWFORD
515 S. FIGUEROA ST. #600
LOS ANGELES, CA 90071-3339
P: +1 (213) 439-3400
F: +1 (213) 439-3449

Disclaimers in Regards to LASLI Company Information



*Other Names abbreviations are:

- FKA - Formerly Known As
- AKA - Also Known As
- DBA - Doing Business As
- Merged - Merged

Downloads

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PDF, 24.51 KB

[NAIC Quarterly Listing of Alien Insurers](#)

PDF, 3.23 MB

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PDF, 1.00 MB

A.M. Best Rating Services

United Specialty Insurance Company (2)

A.M. Best #: 013105 NAIC #: 12537 FEIN #: 203145738

Mailing Address

[View Additional Address Information](#)

P.O. Box 24622
Fort Worth, TX 76124
[United States](#)

Web: www.statenational.com

Phone: 817-265-2000



Fax: 877-329-8598

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



View additional [news, reports and products](#) for this company.


Based on A.M. Best's analysis, [051087 - State National Companies, Inc.](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.


Best's Credit Ratings	
<p>Financial Strength Rating View Definition</p> <p>Rating: A (Excellent) Affiliation Code: p (Pooled) Financial Size Category: IX (\$250 Million to \$500 Million) Outlook: Stable Action: Affirmed Effective Date: August 25, 2016 Initial Rating Date: May 17, 2006</p>	<p>Best's Credit Rating Analyst</p> <p>Rating Issued by: A.M. Best Rating Services, Inc. Senior Financial Analyst: Robert Raber Senior Director: Gregory T. Williams</p> <p>Disclosure Information</p> <p> View A.M. Best's Rating Disclosure Form</p> <p> A.M. Best Revises Issuer Credit Rating Outlook to Positive for Members of State National Group August 25, 2016</p>
<p>Long-Term Issuer Credit Rating View Definition</p> <p>Long-Term: a Outlook: Positive Action: Affirmed Effective Date: August 25, 2016 Initial Rating Date: June 20, 2007</p>	

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

Rating History			
A.M. Best has provided ratings & analysis on this company since 2006.			
Financial Strength Rating		Long-Term Issuer Credit Rating	
Effective Date	Rating	Effective Date	Rating
8/25/2016	A	8/25/2016	a
6/9/2015	A	6/9/2015	a
5/21/2014	A	5/21/2014	a
5/14/2013	A	5/14/2013	a
6/1/2012	A	6/1/2012	a

AMB Credit Reports

 **AMB Credit Report** - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
Report Revision Date: 3/23/2017 (represents the latest significant change).

 Historical Reports are available in [AMB Credit Report Archive](#).

View additional [news, reports and products](#) for this company.

Press Releases	
Date	Title

Jan 26, 2017	A.M. Best Withdraws Credit Ratings of Fireman's Fund Insurance Company of Ohio
Aug 25, 2016	A.M. Best Revises Issuer Credit Rating Outlook to Positive for Members of State National Group
Jun 09, 2015	A.M. Best Affirms Ratings of State National Group's Members, Assigns Ratings to State National Companies, Inc.

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Important Notice: A.M. Best's Credit Ratings are independent and objective opinions, not statements of fact. A.M. Best is not an Investment Advisor, does not offer investment advice of any kind, nor does the company or its Ratings Analysts offer any form of structuring or financial advice. A.M. Best's credit opinions are not recommendations to buy, sell or hold securities, or to make any other investment decisions. For additional information regarding the use and limitations of Credit Rating opinions, as well as the rating process, information requirements and other rating related terms and definitions, please view [Understanding Best's Credit Ratings](#).

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COMPANY PROFILE

Company Information

STARR INDEMNITY & LIABILITY COMPANY

**399 PARK AVENUE, 8TH FLOOR
NEW YORK, NY 10022
855-782-7725**

Old Company Names

Effective Date

REPUBLIC INSURANCE COMPANY

02/11/2009

Agent For Service

Vivian Imperial
818 WEST SEVENTH STREET
SUITE 930
LOS ANGELES CA 90017

Reference Information

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

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NAIC Group List

NAIC Group #: 4670 Starr Grp

Lines Of Business

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
- CREDIT
- DISABILITY
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SURETY
TEAM AND VEHICLE
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A.M. Best Rating Services

Starr Indemnity & Liability Company (2)

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

Administrative Office

399 Park Avenue 8th Floor
New York, NY 10022

United States

[View Additional Address Information](#)

Web: www.starrcompanies.com

Phone: 646-227-6300

Fax: 646-227-6620

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



View additional [news, reports and products](#) for this company.

Based on A.M. Best's analysis, 055404 - [Starr International Company, Inc.](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A (Excellent)
Financial Size Category: XIV (\$1.5 Billion to \$2 Billion)
Outlook: Stable
Action: Affirmed
Effective Date: March 16, 2017
Initial Rating Date: May 29, 2008

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Director: Jennifer Marshall, CPCU, ARM
Senior Director: Michael J. Lagomarsino, CFA, FRM

Disclosure Information



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Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: a
Outlook: Stable
Action: Affirmed
Effective Date: March 16, 2017
Initial Rating Date: May 29, 2008

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

AMB Rating Unit

Note: This data record represents an **AMB Rating Unit** and the following Best's Credit Ratings are based on the consolidated financials assigned to this record.

AMB #	Company Name	Best's FSR	Best's ICR
093225	Starr Indemnity & Liability Co JPB	A	a
093224	Starr Indemnity & Liability Company ARB	A	a

Rating History

A.M. Best has provided ratings & analysis on this company since 2008.

Financial Strength Rating

Effective Date	Rating
3/16/2017	A
11/20/2015	A
10/20/2014	A
10/18/2013	A
10/17/2012	A

Long-Term Issuer Credit Rating


Effective Date	Rating
3/16/2017	a
11/20/2015	a
10/20/2014	a
10/18/2013	a
10/17/2012	a


Related Financial and Analytical Data

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

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

AMB Credit Reports

 **AMB Credit Report** - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
Report Revision Date: 3/16/2017 (represents the latest significant change).

 Historical Reports are available in [AMB Credit Report Archive](#).

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Press Releases

Date	Title
Jul 16, 2014	A.M. Best Assigns Ratings to Starr Property & Casualty Insurance (China) Company, Limited
May 29, 2008	A.M. Best Assigns Ratings to Starr Indemnity & Liability Company

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COMPANY PROFILE

Company Information

ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.
199 WATER STREET, 29TH FLOOR
NEW YORK, NY 10038
800-433-8880

Old Company Names	Effective Date
COMMERCIAL UNDERWRITERS INSURANCE COMPANY	10/23/2002

Agent For Service

KARISSA LOWRY
 2710 GATEWAY OAKS DRIVE
 SUITE 150N
 SACRAMENTO CA 95833

Reference Information

NAIC #:	19489
California Company ID #:	3577-4
Date Authorized in California:	12/31/1992
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	DELAWARE

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NAIC Group List

NAIC Group #: 3239 Allied World Assur Holding Grp

Lines Of Business

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

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

A.M. Best Rating Services

Allied World Assurance Company (U.S.) Inc. (2)

A.M. Best #: 012525 NAIC #: 19489 FEIN #: 954387273

Mailing Address [View Additional Address Information](#)

199 Water Street
New York, NY 10038
[United States](#)

Web: www.awac.com

Phone: 646-794-0500

Fax: 212-635-5532

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



View additional [news, reports and products](#) for this company.

Based on A.M. Best's analysis, [058218 - Allied World Assurance Co Holdings AG](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A u (Excellent)
Affiliation Code: g (Group)
Financial Size Category: XV (\$2 Billion or greater)
Implication: Negative
Action: Under Review
Effective Date: December 20, 2016
Initial Rating Date: July 25, 2002

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Director: Steven M. Chirico, CPA
Senior Director: Robert B. DeRose

Disclosure Information



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Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: a+ u
Implication: Negative
Action: Under Review
Effective Date: December 20, 2016
Initial Rating Date: January 09, 2006



[A.M. Best Places Credit Ratings of Allied World Assurance Co. AG and Its Subsidiaries Under Review With Negative Implications](#)
December 20, 2016

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

Rating History

A.M. Best has provided ratings & analysis on this company since 2002.

Financial Strength Rating

Effective Date	Rating
12/20/2016	A u
2/11/2016	A
12/16/2014	A
11/13/2013	A
11/15/2012	A

Long-Term Issuer Credit Rating

Effective Date	Rating
12/20/2016	a+ u
2/11/2016	a+
12/16/2014	a+
11/13/2013	a+
11/15/2012	a

AMB Credit Reports



AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
Report Revision Date: 3/16/2017 (represents the latest significant change).



Historical Reports are available in [AMB Credit Report Archive](#).

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Press Releases

Date	Title

Dec 20, 2016	<u>A.M. Best Places Credit Ratings of Allied World Assurance Co. AG and Its Subsidiaries Under Review With Negative Implications</u>	
Feb 11, 2016	<u>A.M. Best Affirms Ratings of Allied World Assurance Company Holdings, AG and Its Subsidiaries</u>	
Dec 16, 2014	<u>A.M. Best Affirms Ratings of Allied World Assurance Company Holdings, AG and Its Subsidiaries</u>	
Nov 13, 2013	<u>A.M. Best Upgrades Issuer Credit Ratings of Allied World Assurance Company Holdings, AG and Its Subsidiaries</u>	
Nov 15, 2012	<u>A.M. Best Affirms Ratings of Allied World Assurance Company Holdings AG and Its Subsidiaries</u>	
Oct 25, 2011	<u>A.M. Best Revises Issuer Credit Rating Outlook to Positive for Allied World Assurance Company, Ltd. and Its Operating Affiliates</u>	
Aug 24, 2010	<u>A.M. Best Affirms Ratings of Allied World Assurance Company, Ltd and Its Operating Affiliates</u>	
Jul 15, 2009	<u>A.M. Best Affirms Ratings of Allied World Assurance Company, Ltd. and Its Operating Affiliates</u>	
Oct 24, 2008	<u>A.M. Best Upgrades Ratings of Darwin Group and Its Members; Affirms Ratings of Allied World and Its Affiliates</u>	
Oct 22, 2007	<u>A.M. Best Affirms Ratings of Allied World Assurance Company and Its Affiliates</u>	
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COMPANY PROFILE

Company Information

NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

**333 S. WABASH
CHICAGO, IL 60604
800-588-7400**

Old Company Names

Effective Date

Agent For Service

Vivian Imperial
818 WEST SEVENTH STREET
SUITE 930
LOS ANGELES CA 90017

Reference Information

NAIC #:	20478
California Company ID #:	0128-9
Date Authorized in California:	08/05/1884
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	ILLINOIS

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NAIC Group List

NAIC Group #: 0218 CNA INS GRP

Lines Of Business

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

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

SURETY

TEAM AND VEHICLE

WORKERS' COMPENSATION

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A.M. Best Rating Services

National Fire Insurance Company of Hartford (2)

A.M. Best #: 002129 NAIC #: 20478 FEIN #: 060464510

Domiciliary Address
 333 South Wabash Avenue
 Chicago, IL 60604
 United States

Web: www.cna.com
 Phone: 312-822-5000

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



View additional [news, reports and products](#) for this company.

Based on A.M. Best's analysis, [058705 - CNA Financial Corporation](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A (Excellent)
Affiliation Code: g (Group)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: February 23, 2016
Initial Rating Date: December 31, 1907

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Gregory Dickerson
Director: Jennifer Marshall, CPCU, ARM

Disclosure Information



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

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: a
Outlook: Stable
Action: Affirmed
Effective Date: February 23, 2016
Initial Rating Date: June 21, 2005



[A.M. Best Affirms Ratings of CNA Financial Corporation and Its Subsidiaries; Assigns Rating to New Senior Notes](#)
 February 23, 2016

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

Rating History

A.M. Best has provided ratings & analysis on this company since 1907.

Financial Strength Rating

Effective Date	Rating
2/23/2016	A
12/16/2014	A
12/18/2013	A
1/11/2013	A
4/5/2012	A
3/2/2011	A

Long-Term Issuer Credit Rating

Effective Date	Rating
2/23/2016	a
12/16/2014	a
12/18/2013	a
1/11/2013	a
4/5/2012	a
3/2/2011	a

AMB Credit Reports



AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 3/13/2017 (represents the latest significant change).



Historical Reports are available in [AMB Credit Report Archive](#).

View additional [news, reports and products](#) for this company.

Press Releases

Date	Title
Feb 23, 2016	A.M. Best Affirms Ratings of CNA Financial Corporation and Its Subsidiaries; Assigns Rating to New Senior Notes
Dec 16, 2014	A.M. Best Affirms Ratings of CNA Financial Corporation and Its Subsidiaries
Dec 18, 2013	A.M. Best Affirms Ratings of CNA Financial Corporation and Its Subsidiaries
Jan 11, 2013	A.M. Best Affirms Ratings of CNA Financial Corporation and Its Subsidiaries
Apr 05, 2012	A.M. Best Affirms Ratings of CNA Financial Corporation and Its Subsidiaries
Mar 02, 2011	A.M. Best Affirms Ratings of CNA Financial Corporation and Its Subsidiaries
Feb 08, 2010	A.M. Best Revises Outlook to Stable From Negative For Ratings of CNA Financial Corporation and Its Subsidiaries
Feb 13, 2009	A.M. Best Revises Outlook to Negative and Affirms Ratings of CNA Financial Corporation and Its Subsidiaries
Dec 16, 2008	A.M. Best Affirms Ratings of CNA Financial Corporation and Its Subsidiaries
Jan 03, 2008	A.M. Best Withdraws Ratings of Transcontinental Insurance Company Following Affiliate Merger

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20 items in 2 pages

European Union Disclosures

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COMPANY PROFILE

Company Information

LEXINGTON INSURANCE COMPANY
99 HIGH STREET, 23RD FLOOR
BOSTON, MA 02110

Old Company Names

Effective Date

Agent For Service

JAMIE SKEBBA
 777 S. FIGUEROA STREET, SUITE 1507
 LOS ANGELES CA 90017

Reference Information

NAIC #:	19437
California Company ID #:	4571-6
Date Authorized in California:	12/31/1998
License Status:	N/A
Company Type:	ACCREDITED REINSURER
State of Domicile:	DELAWARE

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NAIC Group List

NAIC Group #: 0012 AMERICAN INTL 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.

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A.M. Best Rating Services

Lexington Insurance Company (2)


A.M. Best #: 002350 NAIC #: 19437 FEIN #: 251149494

Administrative Office
 99 High Street 23rd Floor
 Boston, MA 02110
 United States

[View Additional Address Information](#)

Web: www.aig.com
 Phone: 617-330-1100

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



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Based on A.M. Best's analysis, [058702 - American International Group, Inc](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A u (Excellent)
Affiliation Code: p (Pooled)
Financial Size Category: XV (\$2 Billion or greater)
Implication: Negative
Action: Under Review
Effective Date: January 26, 2017
Initial Rating Date: June 30, 1966

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Darian Ryan
Senior Director: Michael J. Lagomarsino, CFA, FRM

Disclosure Information



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

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: a u
Implication: Negative
Action: Under Review
Effective Date: January 26, 2017
Initial Rating Date: April 06, 2005



[A.M. Best Places Credit Ratings of American International Group, Inc. and Subsidiaries Under Review with Negative Implications](#)
 January 26, 2017

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

Rating History

A.M. Best has provided ratings & analysis on this company since 1966.

Financial Strength Rating

Effective Date	Rating
1/26/2017	A u
6/2/2016	A
1/27/2016	A u
2/27/2015	A
2/20/2014	A
1/25/2013	A

Long-Term Issuer Credit Rating

Effective Date	Rating
1/26/2017	a u
6/2/2016	a
1/27/2016	a u
2/27/2015	a
2/20/2014	a
1/25/2013	a

AMB Credit Reports



AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 1/26/2017 (represents the latest significant change).



Historical Reports are available in [AMB Credit Report Archive](#).

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Press Releases

Date	Title
Jan 26, 2017	A.M. Best Places Credit Ratings of American International Group, Inc. and Subsidiaries Under Review with Negative Implications
Jun 02, 2016	A.M. Best Removes From Under Review and Affirms Ratings of American International Group, Inc. and Majority of Its Subsidiaries
Jan 27, 2016	A.M. Best Places Ratings of American International Group, Inc. and Its Subsidiaries Under Review with Negative Implications
Feb 27, 2015	A.M. Best Affirms Ratings of American International Group, Inc. and Its U.S. Property/Casualty Subsidiaries
Feb 20, 2014	A.M. Best Affirms Ratings of American International Group, Inc. and Its U.S. Property/Casualty Subsidiaries
Jan 24, 2013	A.M. Best Affirms Ratings of American International Group, Inc. and Its U.S. Property Casualty Subsidiaries
Jan 27, 2012	A.M. Best Revises Outlook to Stable for Most American International Group, Inc. North American Property/Casualty Companies
Dec 20, 2010	A.M. Best Affirms Ratings of American International Group, Inc. and Its Domestic Property/Casualty and Life Subsidiaries
Dec 16, 2009	A.M. Best Affirms Ratings of American International Group, Inc. and Its Domestic Property/Casualty and Life/Health Subsidiaries

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