



# Western Surety Company

## PERFORMANCE BOND

Bond Number: 71978821

KNOW ALL PERSONS BY THESE PRESENTS, That we W C M & Associates, Inc.  
 \_\_\_\_\_ of  
P. O. Box 7147, Redlands, CA 92375, hereinafter  
 referred to as the Principal, and Western Surety Company  
 \_\_\_\_\_,  
 as Surety, are held and firmly bound unto Riverside Community Housing Corp  
 of 5555 Arlington Ave., Riverside, CA 92504, hereinafter  
 referred to as the Obligee, in the sum of Two Hundred Sixty-Eight Thousand and 00/100  
 Dollars (\$ 268,000.00), for the payment of which we bind ourselves, our legal representatives, successors  
 and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has entered into a contract with Obligee, dated the \_\_\_\_\_ day of \_\_\_\_\_,  
 \_\_\_\_\_, for IFB 2017-003 HVAC Replacement Project at El Dorado Garden Apartments  
 \_\_\_\_\_.

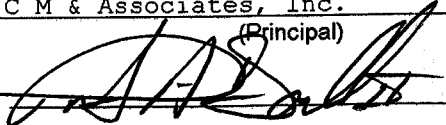
NOW, THEREFORE, if the Principal shall faithfully perform such contract or shall indemnify and save harmless  
 the Obligee from all cost and damage by reason of Principal's failure so to do, then this obligation shall be null  
 and void; otherwise it shall remain in full force and effect.

ANY PROCEEDING, legal or equitable, under this Bond may be instituted in any court of competent jurisdiction  
 in the location in which the work or part of the work is located and shall be instituted within two years after  
 Contractor Default or within two years after the Contractor ceased working or within two years after the Surety  
 refuses or fails to perform its obligations under this Bond, whichever occurs first. If the provisions of this  
 Paragraph are void or prohibited by law, the minimum period of limitation available to sureties as a defense in the  
 jurisdiction of the suit shall be applicable.


NO RIGHT OF ACTION shall accrue on this Bond to or for the use of any person or corporation other than the  
 Obligee named herein or the heirs, executors, administrators or successors of the Obligee.

SIGNED, SEALED AND DATED this 7th day of December, 2017.

W C M & Associates, Inc.  
 \_\_\_\_\_  
 (Principal)

By  \_\_\_\_\_ (Seal)

Western Surety Company  
 \_\_\_\_\_  
 (Surety)

By  \_\_\_\_\_ (Seal)  
 Blake A. Pfister Attorney-in-Fact

**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 Orange )

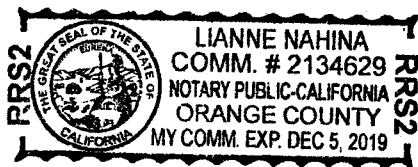
On January 17, 2018 before me, Lianne Nahina, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Blake A. Pfister  
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/it~~ executed the same in his/~~her/its~~ authorized capacity(ies), and that by his/~~her/its~~ 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 Lianne Nahina  
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: Bond 71978821 Document Date: December 7, 2017  
Number of Pages: 1 Signer(s) Other Than Named Above: N/A, None

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Blake A. Pfister  
 Corporate Officer -- Title(s): \_\_\_\_\_  
 Partner --  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_  
Western Surety Company

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

# Western Surety Company

## POWER OF ATTORNEY - CERTIFIED COPY

Bond No. 71978821

Know All Men By These Presents, that WESTERN SURETY COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, and having its principal office in Sioux Falls, South Dakota (the "Company"), does by these presents make, constitute and appoint Blake A. Pfister

its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred, to execute, acknowledge and deliver for and on its behalf as Surety, bonds for:

Principal: W C M & Associates, Inc.

Obligee: Riverside Community Housing Corp

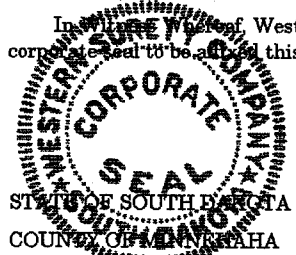
Amount: \$1,000,000.00

and to bind the Company thereby as fully and to the same extent as if such bonds were signed by the Vice President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said attorney(s)-in-fact may do within the above stated limitations. Said appointment is made under and by authority of the following bylaw of Western Surety Company which remains in full force and effect.

"Section 7. All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

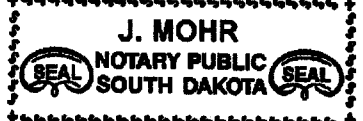
If Bond No. 71978821 is not issued on or before midnight of March 29, 2018, all authority conferred in this Power of Attorney shall expire and terminate.

In testimony whereof, Western Surety Company has caused these presents to be signed by its Vice President, Paul T. Bruflat, and its corporate seal to be affixed this 7th day of December, 2017.



WESTERN SURETY COMPANY  
Paul T. Bruflat  
Paul T. Bruflat, Vice President

On this 7th day of December, in the year 2017, before me, a notary public, personally appeared Paul T. Bruflat, who being to me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.



J. Mohr  
Notary Public - South Dakota

My Commission Expires June 23, 2021

I the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable, and furthermore, that Section 7 of the bylaws of the Company as set forth in the Power of Attorney is now in force.

In testimony whereof, I have hereunto set my hand and seal of Western Surety Company this 7th day of December, 2017.

WESTERN SURETY COMPANY  
Paul T. Bruflat  
Paul T. Bruflat, Vice President

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.

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

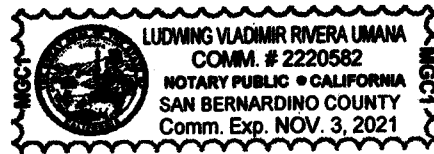
**STATE OF CALIFORNIA**

**COUNTY OF SAN BERNARDINO**

On January 23, 2018 before me, **Ludwing Vladimir Rivera Umana**, Notary Public, personally appeared **PAUL A. SOWELL II** who proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person 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.



Ludwing Vladimir Rivera Umana - Notary Public

(Seal)

**Optional Information**

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to person relying on the attached document

**Description of Attached Document**

This Certificate is attached to a document titled /for the purpose of

**WESTER SURETY COMPANY  
PERFORMANCE BOND**

Containing \_\_\_ pages , and dated \_\_\_ / \_\_\_ /2018.



# Western Surety Company

## PAYMENT BOND

Bond Number: 71978821

KNOW ALL PERSONS BY THESE PRESENTS, That we W C M & Associates, Inc.  
 \_\_\_\_\_ of  
P. O. Box 7147, Redlands, CA 92375, hereinafter  
 referred to as the Principal, and Western Surety Company,  
 as Surety, are held and firmly bound unto Riverside Community Housing Corp  
 of 5555 Arlington Ave., Riverside, CA 92504, hereinafter  
 referred to as the Obligee, in the sum of Two Hundred Sixty-Eight Thousand and 00/100  
 Dollars (\$268,000.00), for the payment of which we bind ourselves, our legal representatives, successors  
 and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has entered into a contract with Obligee, dated \_\_\_\_\_ day of \_\_\_\_\_,  
 \_\_\_\_\_, for IFB 2017-003 HVAC Replacement Project at El Dorado Garden Apartments  
 \_\_\_\_\_  
 copy of which contract is by reference made a part hereof.

NOW, THEREFORE, if Principal shall, in accordance with applicable Statutes, promptly make payment to all  
 persons supplying labor and material in the prosecution of the work provided for in said contract, and any and all  
 duly authorized modifications of said contract that may hereafter be made, notice of which modifications to Surety  
 being waived, then this obligation to be void; otherwise to remain in full force and effect.

No suit or action shall be commenced hereunder

- (a) After the expiration of one (1) year following the date on which Principal ceased work on said contract it  
 being understood, however, that if any limitation embodied in this bond is prohibited by any law  
 controlling the construction hereof such limitation shall be deemed to be amended so as to be equal to  
 the minimum period of limitation permitted by such law.
- (b) Other than in a state court of competent jurisdiction in and for the county or other political subdivision of  
 the state in which the project, or any part thereof, is situated, or in the United States District Court for the  
 district in which the project, or any part thereof, is situated, and not elsewhere.

The amount of this bond shall be reduced by and to the extent of any payment or payments made in good faith  
 hereunder.

SIGNED, SEALED AND DATED this 7th day of December, 2017.

W C M & Associates, Inc.  
 (Principal)  
 By [Signature] (Seal)  
Western Surety Company  
 (Surety)  
 By [Signature] (Seal)  
 Blake A. Pfister Attorney-in-Fact

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

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State of California )  
County of Orange )

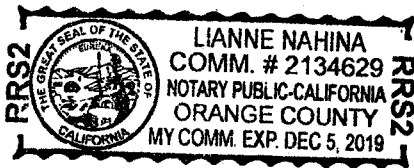
On January 17, 2018 before me, Lianne Nahina, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Blake A. Pfister  
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/it~~ executed the same in his/~~her/its~~ authorized capacity(ies), and that by his/~~her/its~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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WITNESS my hand and official seal.



Signature Lianne Nahina  
Signature of Notary Public

Place Notary Seal Above

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Title or Type of Document: Bond 71978821 Document Date: December 7, 2017

Number of Pages: 1 Signer(s) Other Than Named Above: N/A, None

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Blake A. Pfister

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

Signer Is Representing: Western Surety Company

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

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

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

# Western Surety Company

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Bond No. 71978821

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its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred, to execute, acknowledge and deliver for and on its behalf as Surety, bonds for:

Principal: W C M & Associates, Inc.

Obligee: Riverside Community Housing Corp

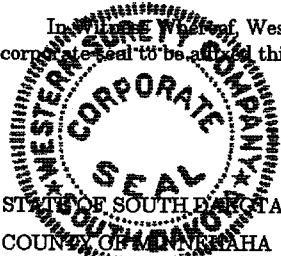
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If Bond No. 71978821 is not issued on or before midnight of March 29, 2018, all authority conferred in this Power of Attorney shall expire and terminate.

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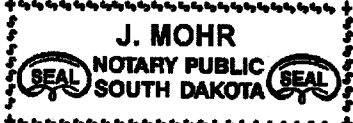


WESTERN SURETY COMPANY

*Paul T. Bruflat*

Paul T. Bruflat, Vice President

On this 7th day of December, in the year 2017, before me, a notary public, personally appeared Paul T. Bruflat, who being to me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.



*J. Mohr*

Notary Public - South Dakota

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I the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable, and furthermore, that Section 7 of the bylaws of the Company as set forth in the Power of Attorney is now in force.

In testimony whereof, I have hereunto set my hand and seal of Western Surety Company this 7th day of December, 2017.

WESTERN SURETY COMPANY

*Paul T. Bruflat*

Paul T. Bruflat, Vice President

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.

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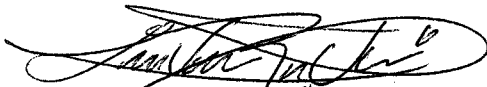
**STATE OF CALIFORNIA**

**COUNTY OF SAN BERNARDINO**

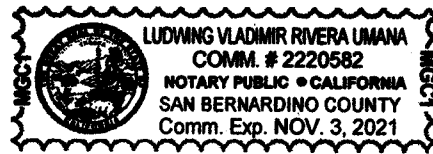
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WITNESS my hand and official seal.



Ludwing Vladimir Rivera Umana - Notary Public



(Seal)

Optional Information \_\_\_\_\_

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**WESTER SURETY COMPANY  
PAYMENT BOND**

Containing \_\_\_ pages , and dated \_\_\_ / \_\_\_ /2018.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/5/2017

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 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 Druml Group, Inc. 1135 Farragut Blvd Foster City CA 94404	CONTACT NAME: Soy Wong	
	PHONE (A/C No. Ext): (800) 949-6247 FAX (A/C No.): (650) 341-8352 E-MAIL ADDRESS: swong@druml.com	
INSURED WCM & Associates, Inc. PO Box 7147 Redlands CA 92375	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Western World Insurance Company	13196
	INSURER B: National Union Fire Ins. Co.	19445
	INSURER C: NorGUARD Insurance Company	
	INSURER D:	
	INSURER E:	

## COVERAGES

CERTIFICATE NUMBER: CL17102301318

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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NPP8262544	8/11/2017	8/11/2018	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$			EBU 013833689	10/22/2017	8/11/2018	EACH OCCURRENCE \$ 2,000,000
							AGGREGATE \$ 2,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCWC876726	8/25/2017	8/25/2018	<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

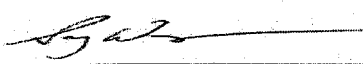
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

[Re. HVAC Replacement Project at El Dorado Garden Apartments; IFB No. 2017-003]

The Riverside Community Housing Corp., the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, Board of Directors, Employees, elected or appointed officials, agents or representatives shall be included as additional insureds under General Liability Insurance as required by contract. Insurance is primary and non-contributory. Waiver of Subrogation applies to Workers Compensation Insurance. Endorsements attached.

## CERTIFICATE HOLDER

## CANCELLATION

rlane@rivco.org  Riverside Community Housing Corp. Robert Lane 5555 Arlington Ave. Riverside, CA 92503	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  Soy Wong/JRIVER 
---	--

© 1988-2014 ACORD CORPORATION. All rights reserved.

**This Endorsement Modifies Your Policy.  
Please Read It Carefully.**

**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS  
AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN CONTRACT OR A  
CONSTRUCTION AGREEMENT WITH YOU FOR YOUR ONGOING OPERATIONS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A. Section II - Who is an Insured** is amended to include as an additional insured any owner, lessee or contractor for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability arising out of your ongoing operations performed for that insured. A person's or organization's status as an insured under this endorsement ends when your operations for that insured are completed or at the expiration of this policy, whichever occurs first.

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

**2. Exclusions**

This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render, any professional architectural, engineering or surveying services, including:
  1. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  2. Supervisory, inspection, architectural or engineering activities.
- b. Claims, "suits" and/or damages arising out of the acts, omissions and/or negligence of the additional insured(s).
- c. "Bodily injury" or "property damage" occurring after:
  1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
  2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C. Primary and Noncontributory Provision**

The insurance afforded to the additional insured will be Primary Insurance and Noncontributory, but only if such claims, "suits" and/or damages arise out of the sole negligence of the Named Insured.

**D. Waiver of Subrogation Provision**

The Transfer of Rights of Recovery Against Others To Us Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against those who are added as additional insureds by this endorsement because of payments we make for injury or damage arising out of your ongoing operations performed under a contract with them. This waiver applies only when you are solely negligent. This waiver shall not apply to claims, "suits" and/or damages arising in whole or in part out of the acts, omissions, and/or negligence of those added as additional insureds by this endorsement.

**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 1.02 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

**Person or Organization**

**Job Description**

Blanket Waiver - Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

All CA Operations

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

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

Endorsement Effective Insured

Policy No. WCWC876726 Insurance Company

Endorsement No.

Countersigned By \_\_\_\_\_

**PROGRESSIVE\***

Policy number: 036721332

Underwritten by:

Progressive Express Insurance Co.

12/11/2017

## Certificate of Insurance

<u>Certificate Holder</u> <u>Additional Insured</u>	<u>Insured</u>	<u>Agent</u>
THE RIVERSIDE COMMUNITY HOUSING CORP. 5555 ARLINGTON AVE RIVERSIDE CA 92503	JENNIFER KUSHNER PAUL SOWELL dba WCM & ASSOCIATES 13458 OAK MOUNTAIN DR YUCAIPA CA 92399	PROG COMMERCIAL PO BOX 94739 CLEVELAND OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

<u>Policy Effective Date:</u>	<u>Policy Expiration Date:</u>
04/20/2017	04/20/2018

<u>Insurance coverage(s)</u>	<u>Limits</u>
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
UM/UNDERINSURED BODILY INJURY	\$1,000,000 COMBINED SINGLE LIMIT

**Description of Location/Vehicles/Special Items**  
**Scheduled autos only**

14 CHEVROLET SILVERADO C2500  
1GC1KVGXEF192150

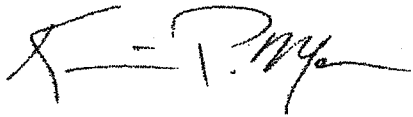
16 CHEVROLET SILVERADO C1500  
1GCNCNEH8GZ344075

**Certificate number**

34517A107916

THE RIVERSIDE COMMUNITY HOUSING CORP., THE COUNTY OF RIVERSIDE, ITS AGENCIES, DISTRICTS, SPECIAL DISTRICTS, AND DEPARTMENTS, THEIR RESPECTIVE DIRECTORS, OFFICERS, BOARD OF SUPERVISORS, BOARD OF DIRECTORS, EMPLOYEES, ELECTED OR APPOINTED OFFICIALS, AGENTS OR REPRESENTATIVES SHALL BE INCLUDED AS ADDITIONAL INSURED UNDER COMMERCIAL AUTOMOBILE LIABILITY. THE ABOVE MENTIONED ARE PRIMARY AND NON-CONTRIBUTORY ADDITIONAL INSURED REGARDLESS OF WHETHER HOLDER IS A NAMED INSURED OF ANY OTHER POLICY.

**Please be advised that additional insureds and lienholders will be notified in the event of a mid-term cancellation.**

A handwritten signature in black ink, appearing to read "F. P. My" with a stylized flourish at the end.

Form 5241 (10/02)

PROGRESSIVE  
PO BOX 94739  
CLEVELAND, OH 44101

**PROGRESSIVE**  
COMMERCIAL

JENNIFER KUSHNER  
PAUL A SOWELL  
WCM & ASSOCIATES INC  
13458 OAK MOUNTAIN DR  
YUCAIPA, CA 92399

**Policy number: 03672133-2**

Underwritten by:  
Progressive Express Ins  
Insured:  
JENNIFER KUSHNER  
December 12, 2017  
Policy Period: Apr 20, 2017 - Apr 20, 2018

**Mailing Address**

Progressive Express Ins  
PO Box 94739  
Cleveland, OH 44101

## Additional insured endorsement

**Name of Person or Organization**

THE RIVERSIDE COMMU  
5555 ARLINGTON  
RIVERSIDE, CA 92503

The person or organization named above is an **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person liable for the conduct of another **insured** and then only to the extent of that liability. We also agree with you that insurance provided by this endorsement will be primary for any power unit specifically described on the **Declarations Page**.

**Limit of Liability**

<b>Bodily Injury</b>	Not applicable
<b>Property Damage</b>	Not applicable
<b>Combined Liability</b>	\$1,000,000 each accident

**All other terms, limits and provisions of this policy remain unchanged.**

This endorsement applies to Policy Number: 03672133-2

Issued to (Name of Insured): JENNIFER KUSHNER  
PAUL A SOWELL  
WCM & ASSOCIATES INC

Effective date of endorsement: 12/11/2017      Policy expiration date: 04/20/2018

Form 1198 (01/04)

**1-800-895-2886**

For customer service, 24 hours a day,  
7 days a week