

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



**ITEM: 3.24
(ID # 14370)**

MEETING DATE:
Tuesday, March 02, 2021


FROM: TLMA-TRANSPORTATION:

SUBJECT: TRANSPORTATION AND LAND MANAGEMENT AGENCY/ TRANSPORTATION
DEPARTMENT: Approve three addenda to the Plans and Specifications, Accept the Low Bid and Award the Contract for the Construction of Roof Restoration and Repair Project, County Staff Office and Materials Laboratory Building in the City of Riverside; District 1. [\$219,652 Total Cost - Local Funds 100%]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve three addenda to the plans and specifications issued prior to the December 16, 2020, bid opening;
2. Accept the low bid of Pacific Polymers, Inc. dba American Foam Experts of Galt, California in the amount of \$219,652;
3. Award the contract to American Foam Experts and authorize the Chairman of the Board to execute the contract documents; and
4. Approve the project's proposed budget as shown on Attachment "A".


ACTION: Policy


Mark Lancaster, Director of Transportation 2/4/2021

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez, and Hewitt
Nays: None
Absent: None
Date: March 2, 2021
xc: Transp.

Kecia R. Harper
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	\$ 219,652	\$ 0	\$ 219,652	\$ 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:	20/21

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

By Minute Order dated November 10, 2020 (Agenda Item 3.28), the Board of Supervisors authorized the Clerk of the Board to advertise for the construction of Roof Restoration and Repair, County Staff Office and Materials Laboratory Building in the City of Riverside within the 1st Supervisorial District.

The existing roof waterproofing at the County Staff Office and Materials Laboratory Building is approximately 50 years old. There are several locations on the existing plywood roof deck that need replacement due to past water damage. It is anticipated that once the plywood decking is removed for replacement that several rafters will be experiencing dry rot which will also require removal and replacement. The anticipated rafter end replacements at the roof's four-foot overhang will also involve stucco replacement at the bottom of the existing rafters which is observed to be failing at several locations. This roof work will also involve some minor painting to help blend the repair areas with the existing portions of the building not being repaired.

During the advertisement period, three addenda were issued to all registered plan holders as a supplement to the plans and specifications. Bidders were required to acknowledge and take into account the issued addendum on their contractor's Bid in order to be considered for award. All three addenda are attached herewith as Addendum No. 1, 2, and 3.

The contractor, American Foam Experts, is qualified to perform the work as outlined in the bid. They have executed the Contract and have provided bonds and insurance documents that meet the requirements of the Contract.

Project Number: ZTR1230

Impact on Residents and Businesses

The purpose of this project is to restore and repair deteriorating roof to protect and preserve the County building.

The work is anticipated to begin in March, 2021 and completed within one month.

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

Additional Fiscal Information

The Contract is recommended to be awarded to American Foam Experts for the total amount of \$219,652. The construction contract is funded with Gas Tax.

The proposed budget as shown on Attachment "A" includes Contract award amount and other associated costs. There are no General Funds used in this project.

Contract History and Price Reasonableness

Four bids were received on Wednesday December 16, 2020, ranging from \$219,652 to \$366,939. The basis for the selection of a contractor is the lowest responsive and responsible bid. The lowest responsible bid was submitted by American Foam Experts in the amount of \$219,652 which is \$15,347 (6.5%) below the Engineer's Estimate.

The Transportation Department recommends the award of the contract to the lowest responsive and responsible contractor, American Foam Experts.

ATTACHMENTS:

Vicinity Map
Attachment "A"
Summary of Bids
Addendum No. 1, 2, and 3
Contract/Bonds/Insurance
Contractor's Bid Proposal

	Jason Farin, Principal Management Analyst	2/23/2021		Gregory V. Priamos, Director County Counsel	2/9/2021
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Patricia Romo, P.E.
Director of Transportation

COUNTY OF RIVERSIDE

TRANSPORTATION AND LAND MANAGEMENT AGENCY

Transportation Department

Mojahed Salama, P.E.
Deputy for Transportation/Capital Projects
Richard Lantis, P.L.S.
Deputy for Transportation/Planning and
Development

ADDENDUM NUMBER 1

Dated November 25, 2020

to the
Specifications and Contract Documents
for the construction of

Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

Bids Due: (Revised)
Wednesday, December 9, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

This Addendum is issued pursuant to the Instructions to Bidders, Item No. 8, of the Contract Documents for the reference project. This Addendum is issued as a supplement to the specification and special provisions for the referenced project. The revisions to the specifications shall become a part of the Contract Documents, and each bidder shall acknowledge receipt thereof on the Bid (Proposal). Bidders are directed to sign this addendum as acknowledged and attach the signed addendum to the contractor's submitted proposal.

Note: During the advertisement period of this project, this document and attachments (if any) are available upon request at the office of the Transportation Department, and are available as a free download at the Transportation Department's website:

<http://rctlma.org/trans/Contractors-Corner/Notices-Inviting-Bids>

MODIFICATIONS / CLARIFICATIONS TO SPECIAL PROVISIONS:

Item 1: The new designated date and time for the receipt and opening of bids is revised as follows:

Wednesday, December 9, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

Item 2: Guarantee Clarification – The contractor’s labor/workmanship must be guaranteed for 1 year. The materials used shall have a warranty of 10 years or more.

Refer to Section 5-1.47, “Guarantee”, on page SP 8 of the special provisions. Delete the first paragraph of Section 5-1.47, “Guarantee”, and replace it with the following paragraph:

Guarantee that work remains free from substantial defects for **1 year** after Contract acceptance except for work parts for which you were relieved of maintenance and protection. Guarantee each of these relieved work parts for **1 year** after the relief date.

Item 3: Roof Restoration Coating System

Refer to Section 99-1 (D), “Roofing Restoration - Installation and Application” on pages SP 14 and SP 15 of the Special Provisions.

- Delete the first sentence of Section 99-1 (D), “Roofing Restoration - Installation and Application” and replace it with the following sentence:

**GENERAL
Summary**

Install and apply acrylic roof restoration coating system **or equal** over existing low-slope and flat roofs.

- Additionally, whenever and wherever in Section 99-1 (D), “Roofing Restoration - Installation and Application” or anywhere in rest of the Contract Documents the “acrylic roof restoration coating system” or “acrylic elastomeric base” names are used, it shall be understood to mean and refer to:


“acrylic roof restoration coating system **or equal**”
“acrylic elastomeric base **or equal**”

Item 4: Supplemental Project Information: The Department makes the following supplemental project information available:

- Area-Wide Municipal Stormwater Permit NPDES No. CAS 618033.
- Pictures (2) of roof repairs made on November 5, 2020.

Supplemental Project Information is available at County of Riverside website during advertisement period:

<http://rctlma.org/trans/Contractors-Corner/Notices-Inviting-Bids>

Prepared by: 
for Joel Jimenez, Engineering Project Manager, Contracts/Bidding Unit

Acknowledged: _____ Date: _____
(Contractor)

JRJ:rr

Note: Refer to Instruction to Bidders Item No. 8, "Addenda". Submission of all addendum pages and non-bidding document attachments of addendum are not necessary for Bid submittal. Submittal of this acknowledgement page is adequate for Bid reception. Bidders are reminded to list addendum number(s) received on the first page of the Bid form (Proposal).



Patricia Romo, P.E.
Director of Transportation

COUNTY OF RIVERSIDE

TRANSPORTATION AND LAND MANAGEMENT AGENCY

Mojahed Salama, P.E.
Deputy for Transportation/Capital Projects
Richard Lantis, P.L.S.
Deputy for Transportation/Planning and
Development

Transportation Department

ADDENDUM NUMBER 2

Dated December 4, 2020

to the
Specifications and Contract Documents
for the construction of

Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

Bids Due: (Revised)
Wednesday, December 16, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

This Addendum is issued pursuant to the Instructions to Bidders, Item No. 8, of the Contract Documents for the reference project. This Addendum is issued as a supplement to the specification and special provisions for the referenced project. The revisions to the specifications shall become a part of the Contract Documents, and each bidder shall acknowledge receipt thereof on the Bid (Proposal). Bidders are directed to sign this addendum as acknowledged and attach the signed addendum to the contractor's submitted proposal.

Note: During the advertisement period of this project, this document and attachments (if any) are available upon request at the office of the Transportation Department, and are available as a free download at the Transportation Department's website:

<http://rctlma.org/trans/Contractors-Corner/Notices-Inviting-Bids>

MODIFICATIONS / CLARIFICATIONS TO SPECIAL PROVISIONS:

Item 1: The new designated date and time for the receipt and opening of bids is revised as follows:

Wednesday, December 16, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

Prepared by: _____
Joel Jimenez, Engineering Project Manager, Contracts/Bidding Unit

Acknowledged: _____ Date: _____
(Contractor)

JRJ:jj



Patricia Romo, P.E.
Director of Transportation

COUNTY OF RIVERSIDE

TRANSPORTATION AND LAND MANAGEMENT AGENCY

Mojahed Salama, P.E.
Deputy for Transportation/Capital Projects
Richard Lantis, P.L.S.
Deputy for Transportation/Planning and
Development

Transportation Department

ADDENDUM NUMBER 3

Dated December 10, 2020

to the
Specifications and Contract Documents
for the construction of

Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

Bids Due: Wednesday, December 16, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

This Addendum is issued pursuant to the Instructions to Bidders, Item No. 8, of the Contract Documents for the reference project. This Addendum is issued as a supplement to the specification and special provisions for the referenced project. The revisions to the specifications shall become a part of the Contract Documents, and each bidder shall acknowledge receipt thereof on the Bid (Proposal). Bidders are directed to sign this addendum as acknowledged and attach the signed addendum to the contractor's submitted proposal.

Note: During the advertisement period of this project, this document and attachments (if any) are available upon request at the office of the Transportation Department, and are available as a free download at the Transportation Department's website:

<http://rctlma.org/trans/Contractors-Corner/Notices-Inviting-Bids>

MODIFICATIONS / CLARIFICATIONS TO SPECIAL PROVISIONS:

Item 1: Revised Proposal.

Refer to "Proposal" page B2. Delete and replace "Proposal" (page B2) with "Revised Proposal" attached herewith as **Attachment "A"**.

- a. "Estimated Quantities" are revised from the following bid items:
Item 6, "FLASHING, DRIP EDGE and FASCIA WRAP"
Item 7, "RESEAL, ROOF EDGE"
- b. The following bid items have been added:
Item 12.B, "Package Heat Pump Condenser Mounts"
Item 15, "OBTAIN RE-ROOF PERMIT, OVER-LAY (City of Riverside)"
- c. The following bid item titles have been revised:
Item 4, "SUPPORT BEAM"
Item 6, "FLASHING, DRIP EDGE and FASCIA WRAP"

Item 2: Asbestos Report

It shall be the responsibility of the Contractor to obtain an asbestos report for work associated with roof restoration and repair.

Payment for coordinating asbestos report and implementing all necessary requirements in handling asbestos (if any) will be paid for as Extra Work as stated in General Conditions Section 16 (Force Account Basis).

Should handling of asbestos be required, extra working days will be evaluated by the Engineer for consideration of extra work needed for implementation and application of necessary procedures and, if applicable, add working days to the time of completion.

Item 3: Obtain Re-Roof Permit

It shall be the responsibility of the Contractor to obtain and pay all fees required for Re-Roof (overlay) Permit from the City of Riverside prior to commencing any work.

All work shall comply with the City of Riverside issued permit.

Payment

Full compensation for conforming to the requirements in this permit shall be considered as included in bid item 15, "OBTAIN RE-ROOF PERMIT" up to the fixed bid price, for the permit obtained. All incidental costs incurred by the Contractor shall be considered as included in the various items of work and no additional compensation will be allowed therefor.

Item 4: Revised Exhibit B

Refer to Appendix B Roof Edge Detail Appendix B (Exhibit). Delete Exhibit B and replace with revised Exhibits B1, B2 and B3 and issued as **Attachment "B"**.

- Exhibit B1, Eave Overhang and Top View Detail
- Exhibit B2, Barge Rafter Detail (Outside gable roof rafter)
- Exhibit B3, A/C Unit Detail (Package Heat Pump Condenser Mounts)

Item 5: ROOF RESTORATION - PREPARATION

Refer to Special Provisions Section 99-1 (B), "ROOF RESTORATION – PREPARATION" on page SP 11, subsection "General":

Delete and replace 6th bullet point with:

- Clear all existing roof surface, roof repair areas.

Delete and replace 9th bullet point with:

- Power wash all existing roof areas with bio-degradable detergents to remove oils, grease and grime. **The Contractor shall be responsible to collect all water from the power washing operation and dispose of properly.** Allow roof to dry thoroughly before continuing.

Item 6: ROOFING REPAIR

Refer to Special Provisions Section 99-1 (C), "ROOFING REPAIR" starting on page SP 13.

Delete and replace GENERAL subsection "Summary" with:

Remove and replace plywood decking (exterior grade) including damaged roof framing in the following County identified areas:

- *Area 1 & 2, Decking along drip edge/fascia of low slope roof (4 foot wide, approximately 1,350 SQFT) areas and flat roof (4 foot wide, approximately 350 SQFT) area. Contractor shall assume that all plywood decking, 3 x 12 edge beams, and 2 x 12 fascia shall be replaced within and along Area 1 & 2.*
- *Area 3, 4 & 5 Extended damaged areas on sloped roof (approximately 250 SQFT)*
- *Area 6, Damaged area on flat roof (approximately 250 SQFT)*

Additionally, the Contractor must identify roof repair areas south area of roof between four AC Units. Repair area limits are to be determined upon Contractor's examination and shall be approved by the Engineer. Additional repair areas to approved by the Engineer and to paid as Extra Work.

Delete and replace subsection "MATERIALS" with:

Structural Plywood Roof Panels

- *Structure plywood roof sheathing must be APA RATED SHEATHING, Exposure 1. 1/2" thickness.*
- *Structure plywood roof sheathing in exposed overhangs must be APA RATED SHEATHING, A-C, Exterior, Group 1. 1/2" Thickness.*

Underlayment fabric must be rubberized asphalt underlayment.

Add the following to subsection "CONSTRUCTION":

Remove damaged roof framing in Area 1 and Area 2.

Contractor shall temporarily support the existing roof mounted package heat pump condenser units during construction of the new package unit platforms. Top of platforms shall be waterproofed prior to the replacement of the existing units to the new platforms.

Delete and replace subsection "MEASUREMENT AND PAYMENT" with:

The contract price paid per square foot for ROOFING REPAIR, DECKING including UNDERLAYMENT FABRIC and layer to receive acrylic roof restoration coating system includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the plywood decking in the County identified areas as shown on the roof Exhibit A, and removal and replacement of damaged framing members complete in place, including removal of materials, cleanup

and disposal of debris, as specified in the Standard Specifications, and these Special Provisions, and as directed by the Engineer.

Additional repair areas approved by the Engineer are to be paid as Extra Work. Payment for constructing plywood decking and installing underlayment fabric and layer to receive acrylic roof restoration coating system in additional repair areas approved by the Engineer will be paid for on a force account basis, in accordance with Section 9-1.04 of the Standard Specifications, up to the Roofing Repair Allocation fixed bid price, for the work performed.

~~*Repair of Rafter tails to be paid as Extra Work.*~~

Item 7: FASCIA AND SUPPORT BEAM

Refer to Special Provisions Section 99-1 (E), "FASCIA" starting on page SP 15. Delete and replace this section with:

99-1 (E) FASCIA AND SUPPORT BEAM

GENERAL

Summary

Remove and replace existing fascia and support beam along sloped roof drip edge lengths and at flat roof lengths.

MATERIALS

New 22'-0" long EA 3" x 12" continuous support beams and 2" x 12" fascia shall be wood grade DF No. 1

CONSTRUCTION

Remove existing 3" x 12" and 2" x 12" fascia.

Remove and replace fascia along sloped roof and flat roof drip edge lengths.

Install new 3" x 12" support beams and 2" x 12" fascia. Fascia to be mounted onto support beams.

MEASUREMENT AND PAYMENT

The contract price paid per linear foot for FASCIA (Wood, 2" x 12") includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal and replacement of existing building fascia along drip edge and outside gable roof rafter lengths, complete in place, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

The contract price paid per linear foot for SUPPORT BEAM (Wood, 3" x 12" x 22'-0") includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal and replacement of existing building support beam along drip edge and outside gable roof rafter lengths, complete in place, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

Item 8: SOFFIT STUCCO AREAS

Refer to Special Provisions Section 99-1 (F), "SOFFIT STUCCO AREAS" starting on page SP 16.

Delete and replace MEASUREMENT AND PAYMENT's first paragraph with:

The contract price paid per square foot for SOFFIT, STUCCO REPAIR includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal and replacement of existing soffit stucco and expansion joints @ (16) sixteen feet on center in the identified areas, complete in place, including, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

Item 9: FLASHING, DRIP EDGE and FASCIA WRAP

Refer to Special Provisions Section 99-1 (G), "FASCIA, DRIP EDGE" starting on page SP 16. Delete and replace this section with:

99-1 (G) FLASHING, DRIP EDGE and FASCIA WRAP

GENERAL

Summary

Remove and replace roof drip and outside gable roof rafter edge flashing.

MATERIALS

Roof drip edges and fascia wrap flashing must be Galvanized Steel, 20 gauge. (See Exhibit B1 and B2).

CONSTRUCTION

Remove existing roof drip edge flashing along drip edge of sloped roof and flat roof areas including the rake end (outside gable roof rafter) metal facing (approximately 588 LF).

Install drip edge on the sloped roof 3"x3" and 12" fascia wrap (approximately 500 feet drip edge per Exhibit B1 and 168 feet per Exhibit B2).

Install drip edge on the flat roof 3"x3" and 12" fascia wrap (approximately 88 feet)

New metal flashing shall be fastened and sealed.

MEASUREMENT AND PAYMENT

The contract price paid per linear foot for FLASHING, DRIP EDGE and FASCIA WRAP includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal and replacement of existing flashing, drip edges and fascia wraps, complete in place, including, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

Item 10: RAIN GUTTERS

Refer to Special Provisions Section 99-1 (J), "RAIN GUTTERS" starting on page SP 18. Delete and replace this section with:

GENERAL

Summary

Remove existing rain gutters on sloped roof edges and on flat roof portion of the building and install new metal rain gutters.

MATERIALS

New rain gutters must be Galvanized Steel, K-Style. 3-3/4" x 5-1/4"

CONSTRUCTION

Remove existing rain gutters and rake end metal facing (approximately 588 feet).

Install new rain gutters along drip edge of low slope roof (approximately 330 feet).

Install new rain gutters along flat roof (approximately 90 feet).

Existing rain gutters at rake (barge gabled end rafter) must be removed.

Installation of new rain gutters includes all connections between rain gutters and downspouts.

Existing downspouts must be protected in place. There is a total of eight (8) existing downspouts on the sloped roof, and two (2) on the flat roof portion of the building. One downspout needs to be reinstalled.

New rain gutter inlet connections must tie into existing downspouts [eight (8) along sloped roof areas and two (2) along flat roof area].

MEASUREMENT AND PAYMENT

The contract price paid per linear foot for RAIN GUTTER includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal of existing rain gutters and rake (barge gabled end rafters) metal facing, complete installation of new rain gutters, including, new rain gutter materials, rain gutter connections to downspouts, end caps, and reinstall one downspout, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

Additional revisions: All other references to "reuse" rain gutter in the special provisions and exhibits shall mean "new" rain gutter.

Item 11: Package Heat Pump Condenser Mounts

The following Special Provisions are added:

99-1 (K.2) Package Heat Pump Condenser Mounts

GENERAL

Summary

Remove and replace nine (9) package heat pump condenser mounts per Exhibit B3.

MATERIALS

Wood 2 x 6, rectangular shape as needed (7- 4'x4', 1- 5'x5.5', 1- 4'x6')

3/4 " Plywood Sheathing (164 SF)

Roof Water Proofing or Galvanized metal Cap (164 SF)

CONSTRUCTION

Remove existing air-conditioning mounts and elevate existing Package Units to enable the construction of the new A/C Platforms. This work includes the disconnection and reconnection of all A/C condensations lines, electrical lines, and ductwork. It also includes all required galvanized metal flashing and counter flashing required prior to waterproofing the platforms complete in place.

Existing Package Heat Pump Condenser units to be protected.

MEASUREMENT AND PAYMENT

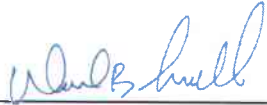
The contract price paid lump sum for Package Heat Pump Condenser Mounts includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal of existing mounts, complete installation of new mounts, including, new wood supports, fasteners, plywood, galvanized metal caps (or water proofing), reconnection of electrical lines, ductwork, and condensation lines, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

ATTACHMENTS:

A – Revised Proposal (1 page)

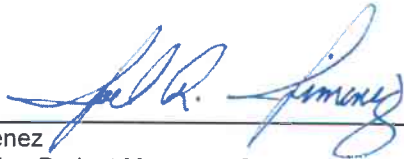
B – Exhibit B (3 pages)

Recommended by:



Ward Maxwell
Engineering Project Manager

Concurrence:



Joel Jimenez
Engineering Project Manager, Contracts/Bidding Unit

Acknowledged: _____ **Date:** _____
(Contractor)

JRJ:rr

Note: Refer to Instruction to Bidders Item No. 8, "Addenda". Submission of all addendum pages and non-bidding document attachments of addendum are not necessary for Bid submittal. Submittal of this acknowledgement page is adequate for Bid reception. Bidders are reminded to list addendum number(s) received on the first page of the Bid form (Proposal).

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 **Pacific Polymers, Inc. dba American Foam Experts**, hereafter called "Contractor".

WITNESSETH

Recitals:

1. Contractor has submitted to County his Contractor's Proposal for the construction of County Project, **Roof Restoration and Repair, County Staff Office and Materials Laboratory Building, 2950 Washington Street, Riverside, CA 92504, Project No. ZTR1230**, 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 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 2018 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 (Three), (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 tasks necessary to construct the work generally described in Recital No. 1 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 fifteen (15) 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 72 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

Contractor shall be paid in the manner set forth in the Contract Documents the amount of his Proposal as accepted by County, the above rates, subject to additions and deductions as provided in the Contract Documents. Said Proposal is on file in the Office of the Clerk of the Board of Supervisors of County.

Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

Contract

ITEM No.	ITEM CODE	ITEM	UNIT	ESTIMATED QUANTITY	ITEM PRICE (IN FIGURES)	TOTAL (IN FIGURES)
BASE BID						
1	000003	ROOFING RESTORATION (Acrylic elastomeric base coat and polyester reinforcing fabric or equal), Sloped roof and flat roof portions	SQFT	14,500	2.06	29,870.00
2	000003	ROOFING REPAIR, DECKING including UNDERLAYMENT FABRIC Remove and replace decking and framing; 4 foot width along drip/fascia edge of sloped roof and flat roof, three identified damaged areas on sloped roof and one damaged area on flat roof	SQFT	2,200	9.09	19,998.00
3	000003	FASCIA (Wood, 2" x 12"), Remove and replace along sloped and flat roof dip edges	LF	420	27.98	11,751.60
4	000003	SUPPORT BEAM (Wood, 3" x 12" x 22'-0"), Remove and replace along sloped and flat roof dip edges	LF	420	19.52	8,198.40
5	000003	SOFFIT, STUCCO REPAIR (In like kind), Remove and replace	SQFT	1,700	8.82	14,994.00
6	000003	FLASHING, DRIP EDGE and FASCIA WRAP Remove and replace roof drip flashing and fascia wrap along sloped and flat roof edges	LF	588	16.15	9,496.20
7	000003	RESEAL, ROOF EDGE Sloped and flat roof edges with acrylic mastic sealant and polyester fabric	LF	780	10.26	8,002.80
8	000003	RESEAL, GENERAL Reseal existing curbs, jacks and vents.	LS	1	5,500.00	5,500.00
9	000003	RAIN GUTTERS Install new metal rain gutters (including removal of existing rain gutters and rake end metal facing)	LF	420	11.90	4,998.00
10	000003	PAINTING, Soffit Lid	SQFT	1,700	7.39	12,563.00
11	000003	PAINTING, New Rain Gutter	LF	420	12.57	5,279.40
12A	000003	Air Conditioning Unit ¾" PVC condensate lines Remove and replace air conditioning condensate drip line directed to downspout inlets, including pipe supports	LF	350	18.86	6,601.00
12B	000003	Package Heat Pump Condenser Mounts Nine (9) units per Exhibit B3	LS	1	900.00	900.00
13	000003	ROOFING REPAIR ALLOCATION (For undetermined repair area limits needing exposure and further evaluation, decking, rafter tails, and associated repairs)	FA	1	30,000.00	30,000.00
14	000003	MISCELLANEOUS DIRECTED WORK	FA	1	50,000.00	50,000.00
15	000003	OBTAIN RE-ROOF PERMIT OVER-LAY (City of Riverside)	FA	1	1,500.00	1,500.00

Project **Two hundred nineteen thousand six hundred fifty-two dollars and forty**
Total: **cents** **\$219,652.40**
ITEMS 1- 15 **"WORDS"**

**Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230**

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

COUNTY OF RIVERSIDE

**PACIFIC POLYMERS, INC.
DBA AMERICAN FOAM EXPERTS**

BY: Karen S. Spiegel
KAREN SPIEGEL
Chair, Board of Supervisors

BY: Bobby Stepps

DATED: 03.02.2021

TITLE: president
(If Corporation, affix Seal)

ATTEST:

ATTEST:

Kecia R. Harper, Clerk of the Board

Nicklaus Stepps

BY: [Signature]
Deputy

TITLE: secretary

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

License No.: 969486

Federal Employer Identification Number:
45-2978153

FORM APPROVED COUNTY COUNSEL
BY [Signature]
KRISTINE BELL-VALDEZ DATE

Department of Industrial Relations Registration Number:

1000026412

BY _____
"County"

Pacific Polymers, Inc. DBA American Foam Experts
"Corporation"
(Seal)

Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

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

COUNTY OF RIVERSIDE

PACIFIC POLYMERS, INC.
DBA AMERICAN FOAM EXPERTS

BY: KAREN SPIEGEL
Chair, Board of Supervisors

BY: Bobby Stepps

DATED: _____

TITLE: President
(If Corporation, affix Seal)

ATTEST:

ATTEST:

Kecia R. Harper, Clerk of the Board

Nicklaus Stepps

BY: [Signature]
Deputy

TITLE: Secretary

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

License No.: 969486

Federal Employer Identification Number:

45-2978153

Department of Industrial Relations Registration Number:

1000026412

BY _____
"County"

Pacific Polymers, Inc. DBA American Foam Experts
"Corporation"
(Seal)

Corporate Resolution
Of
Pacific Polymers, Inc. DBA American Foam Experts

We, the undersigned, being all the directors of Pacific Polymers, Inc. DBA American Foam Experts, organized and existing under the By-Laws and Articles of Incorporation, and having its principle place of business located at 11500 Twin Cities Road, Galt, California 95632, the Corporation hereby certifies that the following is a true and correct copy of a resolution duly adopted at a meeting of the Directors of the Corporation held and convened on December 01, 2020, at which a quorum of the Board of Directors was present and voting throughout, and that such resolution has not been modified, rescinded or revoked, and is present in full force and effect;

Therefore, it is resolved:

Bobby Stepps, the President of Pacific Polymers, Inc. DBA American Foam Experts is the authorized individual to sign contract documents on behalf of said corporation.

By affirmative votes noted as signatures below, a majority vote of the members of Pacific Polymers, Inc. DBA American Foam Experts with authority to bind the Company approves the form and content of this resolution, to be effective immediately.

Certificate of Secretary

The Secretary of the Corporation hereby certifies that he/she is the duly elected and qualified Secretary of Pacific Polymers, Inc. DBA American Foam Experts and certifies that the above is a true and correct record to the resolution that was duly adopted by the Corporation on December 01, 2020.

Nicklaus Stepps
Pacific Polymers, Inc. DBA
American Foam Experts
Secretary



Performance Bond

Bond No. 58515
Premium: \$5,491.00
Premium Based On Final Contract Amount

Recitals:

1. **Pacific Polymers, Inc. dba American Foam Experts.** (Contractor) has entered into a Contract with COUNTY OF RIVERSIDE (County) for construction of public work known as **Roof Restoration and Repair, County Staff Office and Materials Laboratory Building, 2950 Washington Street, Riverside, CA 92504, Project No. ZTR1230.**
2. Western National Mutual Insurance Company, a _____ Minnesota _____ 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 **\$219,652.40 (two hundred nineteen thousand six hundred fifty two dollars and forty 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 December 29, 2020

By [Signature]

By [Signature]

By [Signature]

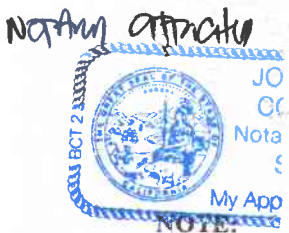
Type Name Pietro Micciche

Its Attorney in Fact
"Surety"

Title Secretary
"Contractor"

(Corporate Seal)

(Corporate Seal)



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

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 Los Angeles)

On 12/29/2020 before me, Noelle C. Rodriguez, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Pietro Micciche
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 *Noelle C. Rodriguez*
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: _____

CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 SACRAMENTO }
 On JAN 15, 2021 before me, JOANNE VENEGAS, NOTARY PUBLIC
(Here insert name and title of the officer)

personally appeared NICKLAUS R. STEPPS
 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.

 Notary Public Signature (Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Performance Bond
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 3 Document Date _____

INSTRUCTIONS FOR COMPLETING THIS FORM

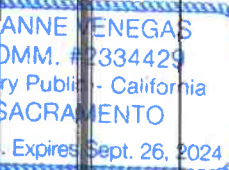
This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

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

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer

 (Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Western National Mutual Insurance Company, a Minnesota mutual insurance company, does make, constitute and appoint Patricia Zenizo, Angel Nunez, Pietro Micciche, Manuel Reguerra, Elisabete Salazar and Daniel Inzunza

Preferred Bonding Services (#9760)

Its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto (if a seal is required) bond, undertakings recognizances or other written obligations in the nature thereof, **(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, hazardous waste remediation bonds or black lung bonds)**, as follows:

All written instruments in an amount not to exceed an aggregate of Seven Million Five Hundred Thousand and 00/100 (\$7,500,000) for any single obligation, regardless of the number of instruments issued for the obligation.

and to bind Western National Mutual Insurance Company thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a meeting held on September 28, 2010. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of Western National Mutual Insurance Company on September 28, 2010:

RESOLVED that the president, any vice president, or assistant vice president in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the Company to bonds, undertakings, recognizances, and suretyship obligations of all kinds, and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the Company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, Western National Mutual Insurance Company has caused these presents to be signed by its proper officer and its corporate seal to be affixed this 16th day of December, 2015.

Jon R. Hebeisen, Secretary



Larry A. Byers, Sr. Vice President

STATE OF MINNESOTA, COUNTY OF DAKOTA

On this 16th day of December, 2015, personally came before me, Jon R. Hebeisen and Larry A. Byers and to me known to be the individuals and officers of the Western National Mutual Insurance Company who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally dispose and say; that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Jennifer A. Young, Notary Public
My commission expires January 31, 2021

CERTIFICATE

I, the undersigned, assistant secretary of the Western National Mutual Insurance Company, a Minnesota corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.



Signed and sealed at the City of Edina, MN this 29 day of December, 2020 Jennifer A. Young, Assistant Secretary

Payment Bond

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

The makers of this Bond are Pacific Polymers, Inc. dba American Foam Experts, as Principal and Original Contractor and Western National Mutual Insurance Company, a corporation, authorized to issue Surety Bonds in California, as Surety, and this Bond is issued in conjunction with that certain public works contract to be executed between Principal and COUNTY OF RIVERSIDE a public entity, as Owner, for \$219,652.40 (two hundred nineteen thousand six hundred fifty two dollars and forty 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 Roof Restoration and Repair, County Staff Office and Materials Laboratory Building, 2950 Washington Street, Riverside, CA 92504, Project No. ZTR1230.

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: December 29, 2020

Pacific Polymers, Inc. dba American Foam Experts
Original Contractor – Principal

Western National Mutual Insurance Company
Surety

By [Signature]
Notary Attorney

By [Signature]
Pietro Micciche
Its Attorney In Fact

Title Secretary

(If corporation, affix seal)

(Corporate Seal)

(Corporate Seal)

STATE
OF _____
COUNTY _____
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).

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 Los Angeles)

On 12/29/2020 before me, Noelle C. Rodriguez, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Pietro Micciche
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(x) whose name(x) 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(x), 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 *Noelle C. Rodriguez*
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: _____

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Western National Mutual Insurance Company, a Minnesota mutual insurance company, does make, constitute and appoint: Patricia Zenizo, Angel Nunez, Pietro Micciche, Manuel Reguerra, Elisabete Salazar and Daniel Inzunza

Preferred Bonding Services (#9760)

Its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto (if a seal is required) bond, undertakings recognizances or other written obligations in the nature thereof, **(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, hazardous waste remediation bonds or black lung bonds)**, as follows:

All written instruments in an amount not to exceed an aggregate of Seven Million Five Hundred Thousand and 00/100 (\$7,500,000) for any single obligation, regardless of the number of instruments issued for the obligation.

and to bind Western National Mutual Insurance Company thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a meeting held on September 28, 2010. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of Western National Mutual Insurance Company on September 28, 2010:

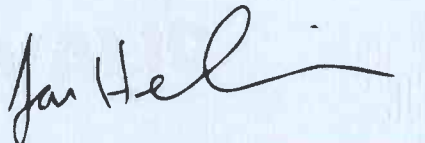
RESOLVED that the president, any vice president, or assistant vice president in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the Company to bonds, undertakings, recognizances, and suretyship obligations of all kinds, and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the Company to such person or persons.

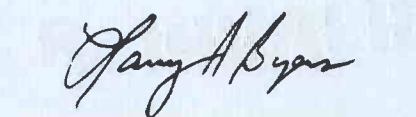
RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, Western National Mutual Insurance Company has caused these presents to be signed by its proper officer and its corporate seal to be affixed this 16th day of December, 2015.



Jon R. Hebeisen, Secretary

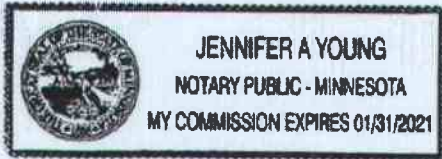


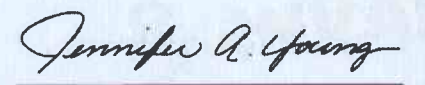


Larry A. Byers, Sr. Vice President

STATE OF MINNESOTA, COUNTY OF DAKOTA

On this 16th day of December, 2015, personally came before me, Jon R. Hebeisen and Larry A. Byers and to me known to be the individuals and officers of the Western National Mutual Insurance Company who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally dispose and say; that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

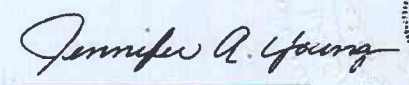




Jennifer A. Young, Notary Public
My commission expires January 31, 2021

CERTIFICATE

I, the undersigned, assistant secretary of the Western National Mutual Insurance Company, a Minnesota corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Edina, MN this 29 day of December 2020 

Jennifer A. Young, Assistant Secretary



CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 SACRAMENTO }

On JAN 8, 2021 before me, JOANNE VENEGAS, NOTARY PUBLIC
(Here insert name and title of the officer)

personally appeared NICKLAUS R. STEPPS,
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]
Notary Public Signature (Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
PAYMENT BOND
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 4 Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer
_____ (Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

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



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

Company Information

WESTERN NATIONAL MUTUAL INSURANCE COMPANY
EDINA CORPORATE CENTER, 4700 WEST 77TH STREET
EDINA, MN 55435-4818

Old Company Names

Effective Date

Agent For Service

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

Reference Information

NAIC #:	15377
California Company ID #:	5976-6
Date Authorized in California:	05/21/2015
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	MINNESOTA

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NAIC Group List

NAIC Group #: 0309 WESTERN NATL MUT GRP

Lines Of Business

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

SURETY

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2021

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		CONTACT NAME: Mayra Nuno	
Struck Insurance Services, Inc.		PHONE (A/C No, Ext): 2095242893	FAX (A/C, No): 2095540313
2020 Standiford Ave, F-1		E-MAIL ADDRESS: mayra@struckinsurance.com	
Modesto CA 95350		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ASSOCIATED INDUSTRIES	NAIC # 23140
		INSURER B: BURLINGTON INS CO	23620
		INSURER C: ZURICH	40142
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED			
Pacific Polymers, Inc. DBA American Foam Experts			
11500 Twin Cities Road			
GALT CA 95632			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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:	Y	Y	AES1033779	01/27/2020	01/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	HFF0011683	01/27/2020	01/27/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Builders Risk				08/12/2020	08/12/2021	10879 Donner Pass P#:BR15160313 980 Helling Way P#:BR15175047

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

The County of Riverside, its Agencies, Special Districts and Departments, their respective director, officers, Board of Supervisors, elected and appointed officials, employees, agents, and representatives are named additional insured.
 Roof Restoration and Repair Project
 County Staff Office and Materials Laboratory Building, 2950
 Washington Street, Riverside, CA 92504, Project No. ZTR1230

CERTIFICATE HOLDER**CANCELLATION**

County of Riverside - Transportation Department - Attn:
 Contracts/Bidding Unit

3525 14th 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

(Signature)

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
All persons or organizations where required by written contract with the Named Insured	
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.



**IFG
Companies**

**COMMERCIAL EXCESS LIABILITY
DECLARATIONS**

Policy Number
HFF0011683

Renewal of:
HFF0008555

THE BURLINGTON INSURANCE COMPANY

Home Office, Administrative Office and Claim Office
City Place II, 185 Asylum Street, 7th Floor, Hartford, CT 06103

Item 1. Named Insured and Mailing Address

Co. Use:ORJ

Pacific Polymers, Inc. dba American Foam Experts
PO Box 190
Herald, CA 95638

CRC Insurance Services, Inc.
21550 Oxnard Street
Suite 400
Woodland Hills, CA 91367
Code: 0399
Surplus Lines Broker License No: 0B74476

Item 2. Policy Period

Effective Date: 01/27/20 Expiration Date: 01/27/21
at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Item 4. EXCESS POLICY

Each Occurrence Limit	\$ 5,000,000
Limits Of Insurance:	
Aggregate Limit	\$ 5,000,000
Which is Part Of	\$

Premium

Item 5. EXCESS LIABILITY

\$	11,500
\$	

TOTAL POLICY PREMIUM OR DEPOSIT PREMIUM:	\$	11,500
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Other Charges (if applicable)

Surplus Lines Tax: \$345.00
Stamping Office Fee: \$28.75

TOTAL OTHER CHARGES \$

TOTAL AMOUNT DUE*	\$	11,500
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*Premium is: Flat Auditable

Policy Minimum Premium	\$	11,500
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In the event you cancel this policy, we will retain a minimum earned premium. See BG-I-015.

Item 6. Premium Audit Period (if applicable) Annual Other (specify):

Rating Basis: N/A

Premium Base: N/A

(If policy is subject to Audit)

Rate is: N/A

Rate: N/A

Item 7. Forms and Endorsements applicable to this policy: See "Listing of Forms and Endorsements" (IFG-I-0150)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

This insurance is issued pursuant to the CA Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority from or regulated by the California Insurance Commissioner.

Countersigned:

Date: _____

By: _____

Issue Date: 02/07/2020

Authorized Representative

NAMED INSURED: Pacific Polymers, Inc. dba American Foam Experts

POLICY NUMBER: HFF0011683

ISSUE DATE: 02/07/2020

Item 8. SCHEDULE OF "CONTROLLING UNDERLYING INSURANCE"

Coverage: GENERAL LIABILITY Occurrence Claims-Made
Retro Date:

Insurance Company: Associated Industries Insurance Company, Inc.

Policy Number: TBD

Policy Period: Eff. 01/27/2020 Exp. 01/27/2021

Limit(s) Of Insurance:

Each Occurrence	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Products-Completed Operations Aggregate	\$2,000,000
General Aggregate (Other Than Products-Completed Operations)	\$2,000,000

Coverage: EMPLOYEE BENEFITS LIABILITY Occurrence Claims-Made
Retro Date:
01/15/2015

Insurance Company: Associated Industries Insurance Company, Inc.

Policy Number: TBD

Policy Period: Eff. 01/27/2020 Exp. 01/27/2021

Limit(s) Of Insurance:

Each Employee	\$1,000,000
Aggregate	\$1,000,000

Coverage: Occurrence Claims-Made
Retro Date:

Insurance Company:

Policy Number:

Policy Period: Eff. Exp.

Limit(s) Of Insurance:

See Extension Schedule of "Controlling Underlying Insurance" IFG-I-0181 for additional "controlling underlying insurance".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – ASBESTOS OR ASBESTOS-RELATED DUST

This endorsement modifies insurance provided under the following:

COMMERCIAL EXCESS LIABILITY COVERAGE PART

The following exclusion is added to Paragraph 2.
Exclusions of Section I – Coverages:

2. Exclusions

Insurance provided under this Coverage Part does not apply to:

Asbestos Or Asbestos-Related Dust

a. Any "injury or damage" caused by or arising directly or indirectly, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, asbestos or asbestos dust in any form, whether or not it is incorporated into your product or your work.

b. Any loss, cost or expense caused by or arising out of any request, demand, order or statutory or regulatory requirement that any insured or others abate, test for, monitor, clean up, remove, remediate, contain, treat, detoxify, neutralize, dispose or in any way respond to, or assess the existence or effects of asbestos or asbestos-related dust, by any insured or by any other person or entity.

All other terms and conditions of this Policy remain unchanged.

INSURANCE POLICY
of
The Burlington Insurance Company

A Stock Company

Home Office, Administrative Office and Claim Office
City Place II, 185 Asylum Street, 7th Floor, Hartford, CT 06103
Tel 860-723-4150 or
Toll Free 1-800-328-8719



In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representatives.



Secretary



President

POLICY NUMBER: HFF0011683

ENDORSEMENT # : 3

NAMED INSURED: Pacific Polymers, Inc. dba American
Foam Experts

EFFECTIVE DATE: 11/11/2020

INSURANCE COMPANY: The Burlington Insurance Company

PRODUCER: CRC Insurance Services, Inc. - 0399
21550 Oxnard Street
Suite 400
Woodland Hills, CA 91367

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

Commercial Excess Liability

The Schedule of Underlying is amended to add the following Auto Liability coverage:

Coverage: COMMERCIAL AUTO LIABILITY

Insurance Company: Allstate Insurance Company

Policy Number: 648908687

Policy Period: Eff. 09/05/2020 Exp. 09/05/2021

Limits of Insurance: Covered Auto Liability- Each Accident \$1,000,000

Premium for this Change Endorsement:

\$ 2,500.00	Additional Premium
-------------	--------------------

Surplus Lines Tax: \$75.00

Stamping Office Fee: \$6.25

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

POLICY NUMBER: HFF0011683

ENDORSEMENT # : 2

NAMED INSURED: Pacific Polymers, Inc. dba American
Foam Experts

EFFECTIVE DATE: 10/19/2020

INSURANCE COMPANY: The Burlington Insurance Company

PRODUCER: CRC Insurance Services, Inc. - 0399
21550 Oxnard Street
Suite 400
Woodland Hills, CA 91367

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

Commercial Excess Liability

It is hereby understood and agreed that Item 8. Schedule of Controlling Underlying Insurance is amended to add the following:

Coverage: EMPLOYERS LIABILITY

Insurance Company: Ace American Insurance Company

Policy Number: WLR C6 86 20 15 6

Policy Period: Eff. 09/01/2020

Exp. 09/01/2021

Limit(s) of Insurance:

Bodily Injury By Accident - Each Accident	\$2,000,000
Bodily Injury By Disease - Policy Limit	\$2,000,000
Bodily Injury By Disease - Each Employee	\$2,000,000

Premium for this Change Endorsement:

\$ 0.00

No Change in Premium

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

POLICY NUMBER: HFF0011683

ENDORSEMENT # : 3

NAMED INSURED: Pacific Polymers, Inc. dba American
Foam Experts

EFFECTIVE DATE: 11/11/2020

INSURANCE COMPANY: The Burlington Insurance Company

PRODUCER: CRC Insurance Services, Inc. - 0399
21550 Oxnard Street
Suite 400
Woodland Hills, CA 91367

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

Commercial Excess Liability

The Schedule of Underlying is amended to add the following Auto Liability coverage:

Coverage: COMMERCIAL AUTO LIABILITY

Insurance Company: Allstate Insurance Company

Policy Number: 648908687

Policy Period: Eff. 09/05/2020 Exp. 09/05/2021

Limits of Insurance: Covered Auto Liability- Each Accident \$1,000,000

Premium for this Change Endorsement:

\$ 2,500.00	Additional Premium
-------------	--------------------

Surplus Lines Tax: \$75.00

Stamping Office Fee: \$6.25

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

POLICY NUMBER: HFF0011683

ENDORSEMENT # : 2

NAMED INSURED: Pacific Polymers, Inc. dba American
Foam Experts

EFFECTIVE DATE: 10/19/2020

INSURANCE COMPANY: The Burlington Insurance Company

PRODUCER: CRC Insurance Services, Inc. - 0399
21550 Oxnard Street
Suite 400
Woodland Hills, CA 91367

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

Commercial Excess Liability

It is hereby understood and agreed that Item 8. Schedule of Controlling Underlying Insurance is amended to add the following:

Coverage: EMPLOYERS LIABILITY

Insurance Company: Ace American Insurance Company

Policy Number: WLR C6 86 20 15 6

Policy Period: Eff. 09/01/2020

Exp. 09/01/2021

Limit(s) of Insurance:

Bodily Injury By Accident - Each Accident	\$2,000,000
Bodily Injury By Disease - Policy Limit	\$2,000,000
Bodily Injury By Disease - Each Employee	\$2,000,000

Premium for this Change Endorsement:

\$ 0.00	No Change in Premium
---------	----------------------

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2021

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 G.L. Anderson Ins Svcs Inc an affiliate of Professional Ins Assoc 193 Blue Ravine Rd, Suite 210 Folsom CA 95630		CONTACT NAME: PHONE (A/C No. Ext): 916-353-5130 FAX (A/C No.): 916-353-5135 E-MAIL ADDRESS: certificates@glandersonins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Allstate Insurance Company	NAIC #: 19232
		INSURER B: Zurich Ins. Co.	16535
		INSURER C: Westchester Surplus Lines	10172
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
 Pacific Polymers, Inc
 dba American Foam Experts
 11500 Twin Cities Road
 Galt CA 95632

PACIF94

COVERAGES

CERTIFICATE NUMBER: 214144308

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	ADDC INS	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OF AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY	Y	Y	6489086B7	9/5/2020	9/5/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B C	Builders Risk Pollution Liability			BR15154976 G28378014001	3/12/2020 8/12/2020	8/12/2021 8/12/2021	Limit 250,000 Occurrence Lim t 1,000,000 Aggregate Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Roof Restoration and Repair Project County Staff Office and Materials Laboratory Building, 2950 Washington Street, Riverside CA 92504, Project # ZTR1230


County of Riverside, its Agencies, Special Districts and Departments, their respective director, officers, Board of Supervisors, elected and appointed officials, employees, agents, and representatives are included as Additional Insured's as their interests may appear. Waiver of Subrogation applies

*30 days notice of cancellation applies except 10 days for non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

County of Riverside
 Transportation Department
 Attn: Contracts/Bidding Unit
 3525 14th 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


THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO ENHANCEMENT ENDORSEMENT

Coverage provided under this policy is modified by the attachment of this endorsement. If there is any conflict in coverage provisions between this form and any state specific endorsement also attached to this policy, the provision(s) of the state specific form shall apply.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

In **SECTION I - COVERED AUTOS**, the following changes are made:

The following is added:

D. Physical Damage Coverage for Temporary Substitute and Leased Autos

If Physical Damage Coverage is provided by this policy, the following kinds of "autos" are covered "autos" for the same coverages provided by the policy:

1. Any private passenger "auto", or other than private passenger vehicle with gross vehicle weight of 20,000 lbs. or less, you do not own while used with the permission of the owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.
2. Private passenger "autos" and other than private passenger vehicles with gross vehicle weight of 10,000 lbs. or less, leased, hired, rented, or borrowed for a period of 30 days or less. This does not include any vehicle you lease, hire, rent, or borrow from any of your "employees" or partners or members of their households.

In **SECTION II - LIABILITY COVERAGE**, the following changes are made:

Under **A. Coverage, Who Is An Insured**, the following is added:

- d. Any organization, other than a partnership or joint venture, over which you maintain ownership or in which you hold a majority interest. This provision applies only if there is no similar insurance provided to that organization.
- e. Any organization you acquire or form after policy inception, other than a partnership or joint venture, over which you maintain ownership, or in which you hold a majority interest. Coverage under this provision does not apply;
 - (1) If there is similar insurance provided to that organization; or
 - (2) To "bodily injury" or "property damage" that occurred before you acquired or formed the organization.
- f. Any person or organization that you are required to name as an additional insured under the terms of a written job contract, or by written insurance requirements executed prior to any covered "loss" or claim. This protection applies only if the person or organization is liable for the conduct of an "insured" and only to the extent of that liability.

Under **A. Coverage, Coverage Extensions, Supplementary Payments**, subparagraphs (2) and (4) are replaced with the following:

- (2) Up to \$5,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

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

Under **B. Exclusions, Fellow Employee**, the following paragraph is added:

But this exclusion does not apply to "bodily injury" to a fellow "employee" caused by any person whose position within the insured organization is at or above the level of manager or supervisor.

Coverage afforded by this provision is excess over any other collectible insurance.

In **SECTION III - PHYSICAL DAMAGE COVERAGE**, the following changes are made:

Under **A. Coverage, Glass Breakage - Hitting A Bird Or Animal - Falling Objects Or Missiles**, the following is added:

If damage to glass is repaired in lieu of being replaced, no deductible will apply for repair only.

Under **A. Coverage, Coverage Extensions**, the following is added:

c. Personal Effects Coverage

In the event of a total theft of your covered "auto", for which you carry either Comprehensive or Specified Causes of Loss coverage, we will pay up to \$500 for the personal effects which are:

1. owned by you; and
2. in your covered "auto" at the time of the total theft of such "auto".

No deductible applies to Personal Effects Coverage.

Under **A. Coverage**, the following is added:

5. Lease and Loan Gap Coverage

In the event of a total "loss" to a covered "auto" shown in the Schedule or Declarations for which a specific premium charge indicates that physical damage coverage applies, we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

- a. The amount paid under the Physical Damage Coverage section of the policy; and
- b. Any:
 - (1) Overdue lease/loan payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Security deposits not returned by the lessor;

- (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and

- (5) Carry-over balances from previous loans or leases.

Under **D. Deductible**, the following paragraph is added:

When Collision Coverage is provided by this policy, the deductible amount will not be subtracted from the loss payment in collisions involving your covered "auto" and another auto covered by Allstate Insurance Company or any of its affiliates.

In **SECTION IV - BUSINESS AUTO CONDITIONS**, the following changes are made:

Under **A. Loss Conditions, Duties In The Event Of Accident, Claim, Suit Or Loss Condition**, the following is added under subpart a:

Knowledge of an "accident" or "loss" by any of your agents, servants or "employees" shall not in itself constitute knowledge by you, unless you or one of your corporate officers or managers, or any assignee, shall have received such notice from the agent, servant or "employee".

When you report an occurrence of any "accident" or "loss" to a Worker's Compensation carrier or self insured plan providing the named insured's Worker's Compensation insurance which later develops into a claim submitted under this policy, failure to report such "accident" or "loss" to us at the same time shall not be deemed a violation of this condition. After you become aware of such liability claim arising from the "accident" or "loss", you must give us prompt notice.

Under **A. Loss Conditions, Transfer of Rights of Recovery Against Others To Us**, the following is added:

We waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of work you perform under a contract with such person or organization, in which you have agreed to waive your right of such recovery.

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Under **B. General Conditions, Concealment, Misrepresentation Or Fraud**, the following is added:

This condition does not apply to any omission or failure to provide material facts if the omission or failure was unintentional.

Includes copyrighted material of Insurance Services Office, Inc., with its permission

Policy Number
648908687

SCHEDULE OF FORMS AND ENDORSEMENTS

Allstate Insurance Company

Named Insured PACIFIC POLYMERS, INC.

Effective Date: 09-05-20
12:01 A.M., Standard Time

Agent Name PROFESSIONAL INSURANCE ASSOCIATES. INC

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 02	01-10	COMMON POLICY DECLARATIONS
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
XM CW 13	02-15	IMPORTANT PAYMENT INFORMATION
AM CW 02	11-09	WITNESS CLAUSE
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
AM CA 03	11-09	CALIFORNIA INDEPENDENT COUNSEL ENDT
IL 02 70	12-19	CA CHANGES - CANCELLATION & NONRENEWAL
IL 00 03	09-08	CALCULATION OF PREMIUM

AUTOMOBILE FORMS AND ENDORSEMENTS

AA CW 01	10-12	AMENDATORY ENDORSEMENT
AA CW 05	10-11	AMENDATORY ENDORSEMENT
DA CW 01	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
DA CW 04	10-11	SCHEDULE OF LOSS PAYEE(S)
CA 00 01	10-13	BUSINESS AUTO COVERAGE FORM
CA 23 84	10-13	EXCLUSION OF TERRORISM
CA 23 94	10-13	SILICA/SILICA-RELATED EXCL FOR COVRD AU
CA 01 43	05-17	CALIFORNIA CHANGES
AA CW 20	10-11	BUSINESS AUTO ENHANCEMENT ENDORSEMENT CW
CA 21 54	10-13	CA UM COVERAGE - BODILY INJURY
CA 04 24	10-13	CA - AUTO MEDICAL PAYMENTS COVERAGE
CA 23 01	10-13	EXPLOSIVES
CA 99 44	10-13	LOSS PAYABLE CLAUSE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2021

Acct#: 2525969

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 Willis Towers Watson Midwest, Inc. 5700 W 112th Street, Ste. 100 Overland Park, KS 66211	CONTACT NAME:	
	PHONE (A/C, No, Ext): 844-290-4908	FAX (A/C, No):
	E-MAIL ADDRESS: BBSIcerts@locktonaffinity.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Ace American Insurance Co.	NAIC # 22667
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
 Barrett Business Services, Inc.
 L/C/F PACIFIC POLYMERS, INC. DBA: AMERICAN FOAM EXPERTS
 11500 TWIN CITIES RD
 GALT, CA 95632

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	C68620156	9/1/2020	9/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Policy State = CA
 Waiver of Subrogation in favor of certificate holder when required by written contract
 Project No. ZTR1230 Roof Restoration and Repair

CERTIFICATE HOLDER

County Of Riverside Transportation Department
 ATTN: Attn: Contracts/Bidding Unit
 3525 14th Street
 Riverside, CA 92501

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Workers' Compensation and Employers' Liability Policy

Named Insured Barrett Business Services, Inc. L/C/F PACIFIC POLYMERS, INC. DBA: AMERICAN FOAM EXPERTS 11500 TWIN CITIES RD GALT, CA 95632	Endorsement Number
	Policy Number Symbol: Number: C68620156
Policy Period 9/1/2020 TO 9/1/2021	Effective Date of Endorsement 1/12/2021
Issued By (Name of the Insurance Company) Ace American Insurance Co.	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.	

CALIFORNIA WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

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, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

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

Schedule

1. () Specific Waiver

 Name of person or organization:

(X) Blanket Waiver

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

2. Operations:

3. Premium:

 The premium charge for this endorsement shall be INCLUDED percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Minimum Premium: INCLUDED



Authorized Agent

List of Approved Surplus Line Insurers (LASLI)

Please use the "Find" option in the "Edit" menu of your browser to search for a particular company.

List is current as of: July 09, 2019

[A](#) | [B - D](#) | [E - G](#) | [H - L](#) | [M - P](#) | [Q - Z](#)

A

Insurer	Date Approved
Acceptance Casualty Insurance Company (Nebraska)	10/23/2007
Admiral Insurance Company (Delaware)	06/30/1995
Adriatic Insurance Company (North Dakota)	06/30/1995
AIG Specialty Insurance Company (Illinois) (Name changed from Chartis Specialty Insurance Company effective 10/01/2013)	06/30/1995
AIX Specialty Insurance Company (Delaware)	06/05/2009
Allianz Global Corporate & Specialty SE (Germany) (Name Changed from Allianz Global Corporate Specialty AG effective 11/13/2013)	06/16/2004
Allied World National Assurance Company (New Hampshire) (Name changed from Newmarket Underwriters Insurance Company effective 10/03/2007)	12/18/1997
Allied World Surplus Lines Insurance Company (Arkansas) (Name changed from Darwin Select Insurance Company effective 06/03/2014) (Name changed from ULICO Indemnity Company Effective 05/13/2010)	12/22/1995
American Empire Surplus Lines Insurance Company (Delaware)	09/01/1995
American Western Home Insurance Company (Oklahoma)	09/01/1995
Arch Insurance (UK) Limited (U.K.) (Name changed from Arch Insurance Company (Europe) Limited effective 03/18/2019)	10/19/2009
Arch Specialty Insurance Company (Missouri) (Name changed from Rock River Insurance Company effective 08/01/2002) (Domicile changed from Nebraska to Missouri effective 09/30/2014)	09/01/1995
Aspen Insurance UK Limited (U.K.)	12/29/2004
Aspen Specialty Insurance Company (North Dakota) (Name changed from Dakota Specialty Insurance Company, effective 10/22/2003)	03/03/1998
Associated Industries Insurance Company, Inc. (Florida)	01/11/2012

Atain Specialty Insurance Company (Michigan) (Name changed from USF Insurance Company effective 08/25/2011) (Domicile changed from Pennsylvania to Michigan effective 12/31/2007)	09/01/1995
Atlantic Casualty Insurance Company (North Carolina)	07/16/2009
AXIS Specialty Europe SE (Ireland) (Name changed from AXIS Specialty Europe Public Limited Company effective 09/10/2012. Name changed from AXIS Specialty Europe Limited effective 04/26/2012)	06/20/2007
AXIS Surplus Insurance Company(Illinois) (Name changed from Sheffield Insurance Corporation effective 06/09/2003)	12/15/1995

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B - D

Insurer	Date Approved
Berkley Assurance Company (Iowa)	07/20/2011
Berkley Specialty Insurance Company (Delaware) (Name changed from Berkley Regional Specialty Insurance Company effective 07/01/2018)	04/12/2012
Berkshire Hathaway International Insurance Limited (UK)	04/01/2008
The Burlington Insurance Company (Illinois) (Domicile changed from North Carolina to Illinois, effective 12/31/2015)	11/17/1995
Canopus US Insurance, Inc. (Delaware) (Name changed from Omega US Insurance, Inc. effective 08/20/2012)	07/20/2011
Capitol Specialty Insurance Corporation (Wisconsin)	05/15/2008
Catlin Specialty Insurance Company (Delaware) (Name changed from Wellington Specialty Insurance Company effective 03/31/2007)	06/14/2006
Century Surety Company (Ohio)	09/01/1995
Chubb Custom Insurance Company (New Jersey) (Domicile changed from Delaware to New Jersey, effective 04/01/2013)	08/04/1995
Chubb European Group SE (France) (Domicile changed from U.K. to France effective 01/01/2019) (Name changed from Chubb European Group Limited effective July 19, 2018) (Name changed from ACE European Group Limited effective May 2, 2017)	06/20/2007
The Cincinnati Specialty Underwriters Insurance Company (Delaware)	01/31/2011
Colony Insurance Company (Virginia)	09/01/1995
Columbia Casualty Company (Illinois)	07/06/1995
Coverys Specialty Insurance Company (New Jersey)	07/10/2017
Covington Specialty Insurance Company (New Hampshire)	07/20/2011
Crum & Forster Specialty Insurance Company (Delaware) (Name changed from Transnational Insurance Company effective 12/26/2000. Domicile changed from Arizona to Delaware effective 11/21/2014.)	04/20/1998



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

COMPANY PROFILE

Company Information

ALLSTATE INSURANCE COMPANY
3075 SANDERS ROAD, STE. H1A
NORTHBROOK, IL 60062-7127
800-255-7828

Old Company Names

Effective Date

Agent For Service

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

Reference Information

NAIC #:	19232
California Company ID #:	1117-1
Date Authorized in California:	10/23/1931
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	ILLINOIS

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NAIC Group List

NAIC Group #: 0008 ALLSTATE 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
- LEGAL INSURANCE
- LIABILITY
- MARINE
- MISCELLANEOUS
- PLATE GLASS
- SPRINKLER
- SURETY
- TEAM AND VEHICLE
- WORKERS' COMPENSATION

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 - Find A Company Representative In Your Area
 - View Financial Disclaimer

COMPANY PROFILE

Company Information

ACE AMERICAN INSURANCE COMPANY

436 WALNUT STREET
 PHILADELPHIA, PA 19106
 800-352-4462

Old Company Names

Effective Date

ALLIED COMPENSATION INSURANCE COMPANY	04/03/1961
ALLIED INSURANCE COMPANY	12/14/1977
CIGNA INSURANCE COMPANY	11/01/1999
INA UNDERWRITERS INSURANCE COMPANY	12/31/1983

Agent For Service

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

Reference Information

NAIC #:	22667
California Company ID #:	1325-0
Date Authorized in California:	12/20/1945
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	PENNSYLVANIA

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NAIC Group List

NAIC Group #: 0626 Chubb Ltd 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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Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

ISSUED BY ADDENDUM No. 3
ATTACHMENT "A"

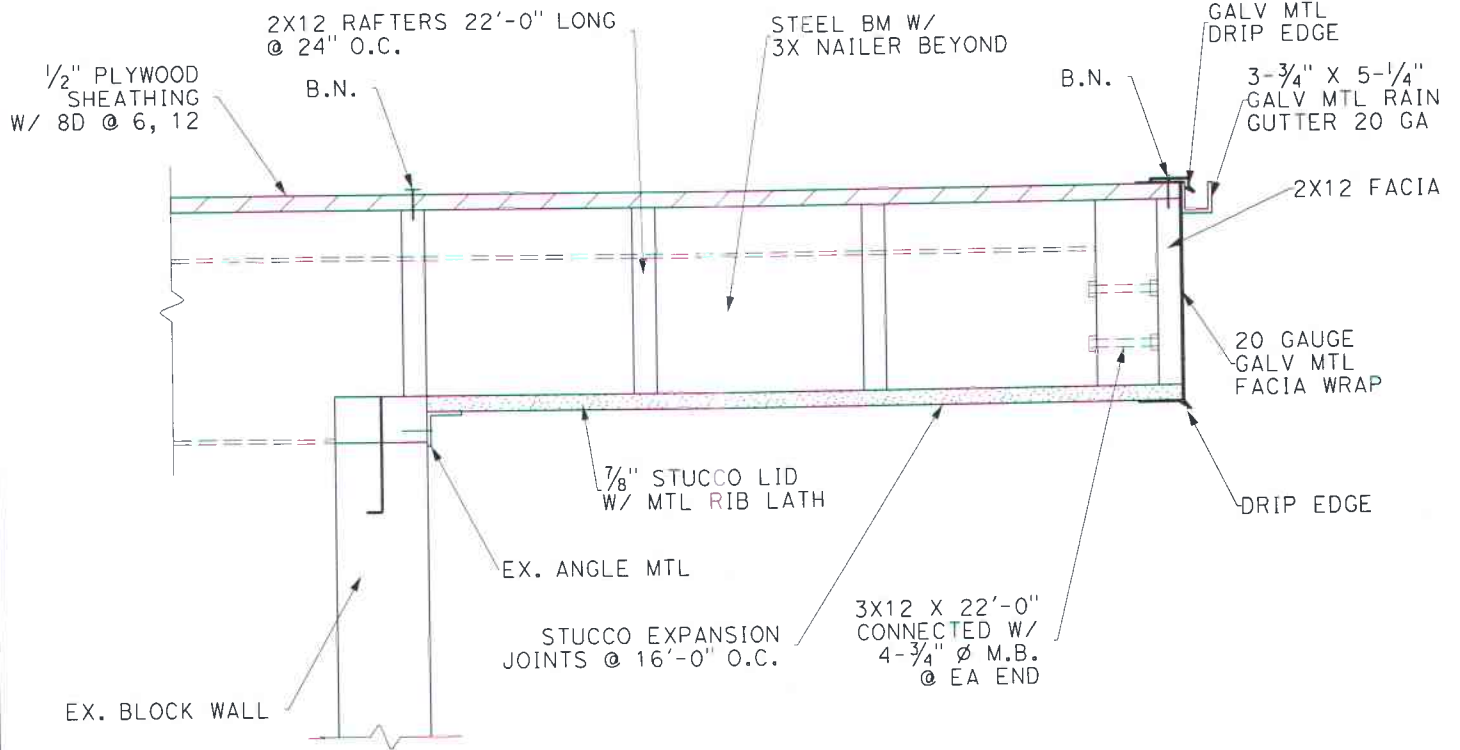
REVISED PROPOSAL

ITEM NO.	ITEM CODE	ITEM	UNIT	ESTIMATED QUANTITY	ITEM PRICE (IN FIGURES)	TOTAL (IN FIGURES)
1	000003	ROOFING RESTORATION (Acrylic elastomeric base coat and polyester reinforcing fabric or equal), Sloped roof and flat roof portions	SQFT	14,500		
2	000003	ROOFING REPAIR, DECKING including UNDERLAYMENT FABRIC Remove and replace decking and framing: 4 foot width along drip/fascia edge of sloped roof and flat roof, three identified damaged areas on sloped roof and one damaged area on flat roof	SQFT	2,200		
3	000003	FASCIA (Wood, 2" x 12"), Remove and replace along sloped and flat roof dip edges	LF	420		
4	000003	SUPPORT BEAM (Wood, 3" x 12" x 22'-0"), Remove and replace along sloped and flat roof dip edges	LF	420		
5	000003	SOFFIT, STUCCO REPAIR (In like kind), Remove and replace	SQFT	1,700		
6	000003	FLASHING, DRIP EDGE and FASCIA WRAP Remove and replace roof drip flashing and fascia wrap along sloped and flat roof edges	LF	588		
7	000003	RESEAL, ROOF EDGE Sloped and flat roof edges with acrylic mastic sealant and polyester fabric	LF	780		
8	000003	RESEAL, GENERAL Reseal existing curbs, jacks and vents.	LS	1		
9	000003	RAIN GUTTERS Install new metal rain gutters (including removal of existing rain gutters and rake end metal facing)	LF	420		
10	000003	PAINTING, Soffit Lid	SQFT	1,700		
11	000003	PAINTING, New Rain Gutter	LF	420		
12.A	000003	Air Conditioning Unit ¾" PVC condensate lines Remove and replace air conditioning condensate drip line directed to downspout inlets, including pipe supports	LF	350		
12.B	000003	Package Heat Pump Condenser Mounts Nine (9) units per Exhibit B3	LS	1		
13	000003	ROOFING REPAIR ALLOCATION (For undetermined repair area limits needing exposure and further evaluation, decking, rafter tails, and associated repairs)	FA	1	30,000.00	30,000.00
14	000003	MISCELLANEOUS DIRECTED WORK	FA	1	50,000.00	50,000.00
15	000003	OBTAIN RE-ROOF PERMIT OVER-LAY (City of Riverside)	FA	1	1,500.00	1,500.00

PROJECT TOTAL: _____ \$ _____
ITEMS 1-15 "WORDS"

EAVE OVERHANG

ISSUED BY ADDENDUM No. 3
ATTACHMENT "B"



TOP VIEW

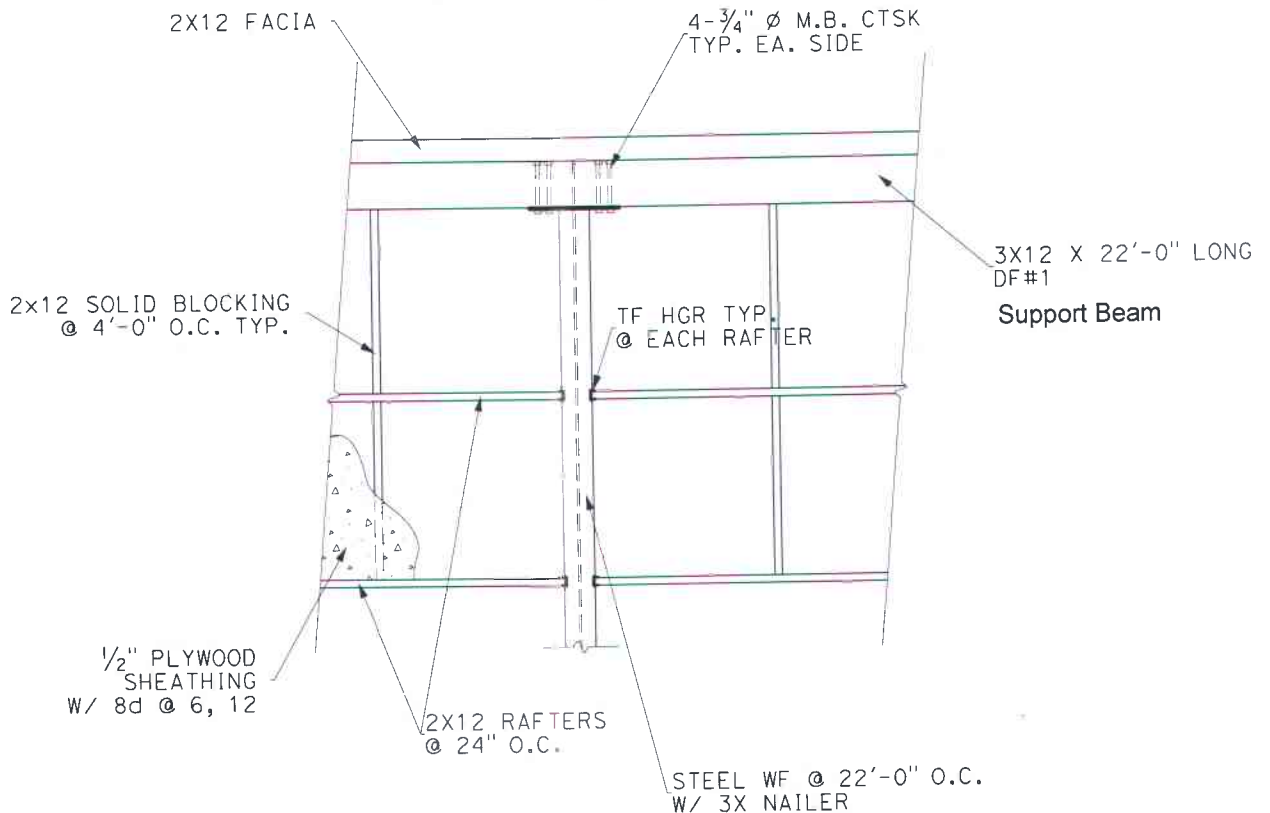


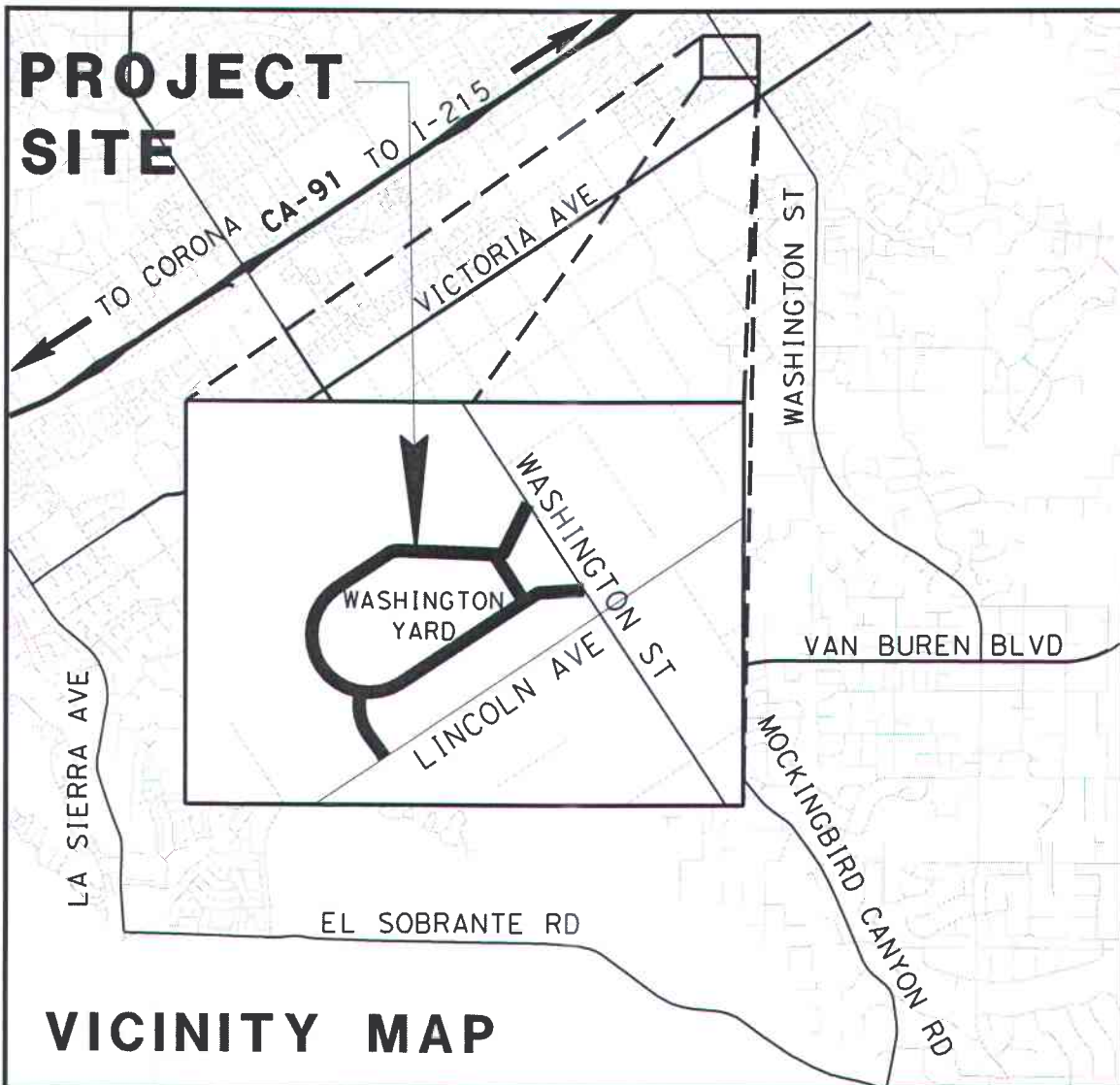
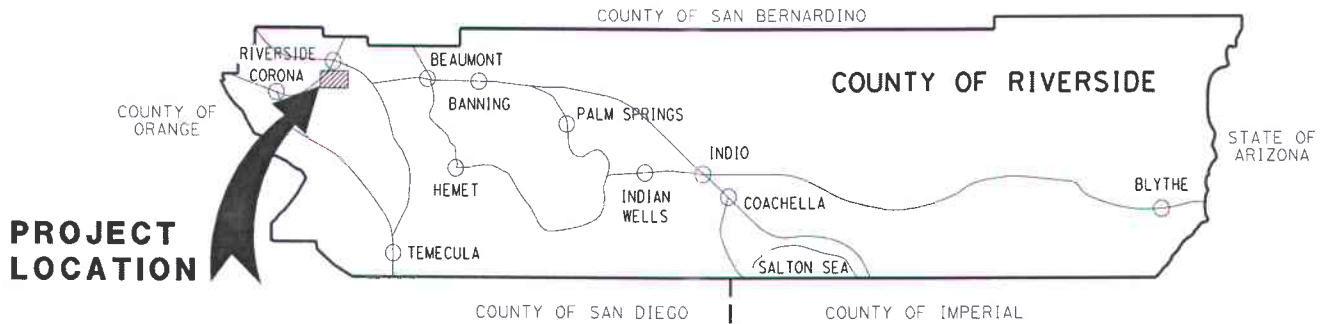
EXHIBIT B1

COUNTY OF RIVERSIDE
TRANSPORTATION DEPARTMENT

ROOF RESTORATION AND REPAIR
COUNTY STAFF AND MATERIALS LABORATORY BUILDING

2950 WASHINGTON STREET, RIVERSIDE, CA 92504

PROJECT No. ZTR1230



Attachment "A"

Riverside County Transportation Department

Project: **Roof Restoration and Repair, County Staff Office and Materials Laboratory Building**
2950 Washington Street, Riverside, CA 92504

Project No.(s): **ZTR1230**

Costs as of 9/28/20

Project Costs and Budget

Activity	Incurred Costs	Projected Costs	Total Costs	Existing Budget	Proposed Budget
Preliminary Survey					
Environmental	681		681		1,000
Design	1,984		1,984		2,000
Right-of-way					
Utilities					
Construction		219,652			
Construction Contingency		21,965			242,000
Construction Engineering & Inspection	31,040	20,000	51,040		51,000
Construction Survey					
Totals:	33,705	261,618	295,323		296,000

Project Funding

Code	Name	Existing Budget	Proposed Budget
201	Gas Tax		296,000
Totals			296,000

Comments

Riverside County Transportation Department
Summary of Bids

PROJECT: Roof Restoration and Repair
 County Staff Office and Materials Laboratory Building
 2950 Washington Street, Riverside, CA 92504
 Project No. ZTR1230

Advertised: November 10, 2020 (Agenda Item: 3.28)
 Addenda: 1 (11/25/2020), 2 (12/4/2020), 3 (12/10/2020)
 Bids Open: 2 pm Date: Wednesday, December 16, 2020

BASE BID SCHEDULE		COUNTY'S ESTIMATE				1		
ITEM NO.	ITEM CODE	CONTRACT ITEM	UNITS	QUANTITY	UNIT PRICE	ENG ESTIMATE	Pacific Polymers, Inc. DBA American Foam Expert, Galt, CA 95632	
							BID UNIT PRICE	
							BID ESTIMATE	
1	000003	ROOFING RESTORATION (Acrylic elastomeric base coat and polyester reinforcing fabric or equal). Sloped roof and flat roof portions	SQFT	14,500	3.75	54,375.00	2.06	29,870.00
2	000003	ROOFING REPAIR, DECKING including UNDERLAYMENT FABRIC Remove and replace decking and framing. 4 foot width along drip/fascia edge of sloped roof and flat roof, three identified damaged areas on sloped roof and one damaged area on flat roof	SQFT	2,200	9.00	19,800.00	9.09	19,998.00
3	000003	FASCIA (Wood, 2" x 12"), Remove and replace along sloped and flat roof dip edges	LF	420	26.00	10,920.00	27.98	11,751.60
4	000003	SUPPORT BEAM (Wood, 3" x 12" x 22'-0"), Remove and replace along sloped and flat roof dip edges	LF	420	35.00	14,700.00	19.52	8,198.40
5	000003	SOFFIT, STUCCO REPAIR (In like kind). Remove and replace	SQFT	1,700	9.00	15,300.00	8.82	14,994.00
6	000003	FLASHING, DRIP EDGE and FASCIA WRAP Remove and replace roof drip flashing and fascia wrap along sloped and flat roof edges	LF	588	25.00	14,700.00	16.15	9,496.20
7	000003	RESEAL, ROOF EDGE Sloped and flat roof edges with acrylic mastic sealant and polyester fabric	LF	780	1.50	1,170.00	10.26	8,002.80
8	000003	RESEAL, GENERAL Reseal existing curbs, jacks and vents.	LS	1	1,000.00	1,000.00	5,500.00	5,500.00
9	000003	RAIN GUTTERS Install new metal rain gutters (including removal of existing rain gutters and rake end metal facing)	LF	420	24.50	10,290.00	11.90	4,998.00
10	000003	PAINTING, Soffit Lid	SQFT	1,700	3.00	5,100.00	7.39	12,563.00
11	000003	PAINTING, New Rain Gutter	LF	420	2.25	945.00	12.57	5,279.40
12.A	000003	Air Conditioning Unit 3/4" PVC condensate lines Remove and replace air conditioning condensate drip line directed to downspout inlets, including pipe supports	LF	350	2.00	700.00	18.86	6,601.00
12.B	000003	Package Heat Pump Condenser Mounts Nine (9) units per Exhibit B3	LS	1	4,500.00	4,500.00	900.00	900.00
13	000003	ROOFING REPAIR ALLOCATION (For undetermined repair area limits needing exposure and further evaluation, decking, rafter tails, and associated repairs)	FA	1	30,000.00	30,000.00	30,000.00	30,000.00
14	000003	MISCELLANEOUS DIRECTED WORK	FA	1	50,000.00	50,000.00	50,000.00	50,000.00
15	000003	OBTAIN RE-ROOF PERMIT OVER-LAY (City of Riverside)	FA	1	1,500.00	1,500.00	1,500.00	1,500.00
PROJECT TOTAL						235,000.00		219,652.40
ITEMS 1 - 15								

**Riverside County Transportation Department
Summary of Bids**

PROJECT: Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

Advertised: November 10, 2020 (Agenda Item: 3.28)
Addenda: 1 (11/25/2020), 2 (12/4/2020), 3 (12/10/2020)
Bids Open: 2 pm Date: Wednesday, December 16, 2020

BASE BID SCHEDULE		2			3			
ITEM NO.	ITEM CODE	CONTRACT ITEM	UNITS	QUANTITY	ERC Roofing & Waterproofing Santa Ana, CA 92701 BID UNIT PRICE	BID ESTIMATE	Bell Roof Company, Inc. Colton, CA 92324 BID UNIT PRICE	BID ESTIMATE
1	000003	ROOFING RESTORATION (Acrylic elastomeric base coat and polyester reinforcing fabric or equal). Sloped roof and flat roof portions	SQFT	14,500	5.25	76,125.00	2.93	42,428.00
2	000003	ROOFING REPAIR, DECKING including UNDERLAYMENT FABRIC Remove and replace decking and framing. 4 foot width along drip/fascia edge of sloped roof and flat roof, three identified damaged areas on sloped roof and one damaged area on flat roof	SQFT	2,200	9.00	19,800.00	12.42	27,320.00
3	000003	FASCIA (Wood, 2" x 12"), Remove and replace along sloped and flat roof dip edges	LF	420	18.00	7,560.00	25.09	10,538.00
4	000003	SUPPORT BEAM (Wood, 3" x 12" x 22'-0"), Remove and replace along sloped and flat roof dip edges	LF	420	35.00	14,700.00	26.12	10,969.00
5	000003	SOFFIT, STUCCO REPAIR (in like kind), Remove and replace	SQFT	1,700	21.00	35,700.00	29.55	50,242.00
6	000003	FLASHING, DRIP EDGE and FASCIA WRAP Remove and replace roof drip flashing and fascia wrap along sloped and flat roof edges	LF	588	3.00	1,764.00	41.53	24,417.00
7	000003	RESEAL, ROOF EDGE Sloped and flat roof edges with acrylic mastic sealant and polyester fabric	LF	780	5.25	4,095.00	5.20	4,054.00
8	000003	RESEAL, GENERAL Reseal existing curbs, jacks and vents.	LS	1	100.00	100.00	3,047.00	3,047.00
9	000003	RAIN GUTTERS Install new metal rain gutters (including removal of existing rain gutters and rake end metal facing)	LF	420	30.00	12,600.00	27.12	11,389.00
10	000003	PAINTING, Soffit Lid	SQFT	1,700	1.00	1,700.00	3.23	5,486.00
11	000003	PAINTING, New Rain Gutter	LF	420	2.00	840.00	10.52	4,418.00
12.A	000003	Air Conditioning Unit 3/4" PVC condensate lines Remove and replace air conditioning condensate drip line directed to downspout inlets, including pipe supports	LF	350	8.00	2,800.00	12.13	4,244.00
12.B	000003	Package Heat Pump Condenser Mounts Nine (9) units per Exhibit B3	LS	1	2,700.00	2,700.00	13,187.00	13,187.00
13	000003	ROOFING REPAIR ALLOCATION (For undetermined repair area limits needing exposure and further evaluation, decking, rafter tails, and associated repairs)	FA	1	30,000.00	30,000.00	30,000.00	30,000.00
14	000003	MISCELLANEOUS DIRECTED WORK	FA	1	50,000.00	50,000.00	50,000.00	50,000.00
15	000003	OBTAIN RE-ROOF PERMIT OVER-LAY (City of Riverside)	FA	1	1,500.00	1,500.00	1,500.00	1,500.00
PROJECT TOTAL						261,984.00		293,239.00
ITEMS 1 - 15								

Riverside County Transportation Department
Summary of Bids

PROJECT: Roof Restoration and Repair
 County Staff Office and Materials Laboratory Building
 2950 Washington Street, Riverside, CA 92504
 Project No. ZTR1230

Advertised: November 10, 2020 (Agenda Item: 3.28)
 Addenda: 1 (11/25/2020), 2 (12/4/2020), 3 (12/10/2020)
 Bids Open: 2 pm Date: Wednesday, December 16, 2020

BASE BID SCHEDULE		4			
ITEM NO.	ITEM CODE	CONTRACT ITEM	UNITS	QUANTITY	McDonnell Roofing, Inc. Riverside, CA 92507
					BID UNIT PRICE BID ESTIMATE
1	000003	ROOFING RESTORATION (Acrylic elastomeric base coat and polyester reinforcing fabric or equal). Sloped roof and flat roof portions	SQFT	14,500	7.57 109,715.00
2	000003	ROOFING REPAIR, DECKING including UNDERLAYMENT FABRIC Remove and replace decking and framing. 4 foot width along drip/fascia edge of sloped roof and flat roof, three identified damaged areas on sloped roof and one damaged area on flat roof	SQFT	2,200	10.05 22,110.00
3	000003	FASCIA (Wood, 2" x 12"), Remove and replace along sloped and flat roof dip edges	LF	420	44.37 18,635.00
4	000003	SUPPORT BEAM (Wood, 3" x 12" x 22'-0"), Remove and replace along sloped and flat roof dip edges	LF	420	74.80 31,415.00
5	000003	SOFFIT, STUCCO REPAIR (In like kind), Remove and replace	SQFT	1,700	20.66 35,115.00
6	000003	FLASHING, DRIP EDGE and FASCIA WRAP Remove and replace roof drip flashing and fascia wrap along sloped and flat roof edges	LF	588	46.76 27,493.00
7	000003	RESEAL, ROOF EDGE Sloped and flat roof edges with acrylic mastic sealant and polyester fabric	LF	780	11.39 8,881.00
8	000003	RESEAL, GENERAL Reseal existing curbs, jacks and vents.	LS	1	2,110.00 2,110.00
9	000003	RAIN GUTTERS Install new metal rain gutters (including removal of existing rain gutters and rake end metal facing)	LF	420	40.00 16,800.00
10	000003	PAINTING, Soffit Lid	SQFT	1,700	1.36 2,311.00
11	000003	PAINTING, New Rain Gutter	LF	420	7.72 3,244.00
12.A	000003	Air Conditioning Unit 3/4" PVC condensate lines Remove and replace air conditioning condensate drip line directed to downspout inlets, including pipe supports	LF	350	4.29 1,500.00
12.B	000003	Package Heat Pump Condenser Mounts Nine (9) units per Exhibit B3	LS	1	6,110.00 6,110.00
13	000003	ROOFING REPAIR ALLOCATION (For undetermined repair area limits needing exposure and further evaluation, decking, rafter tails, and associated repairs)	FA	1	30,000.00 30,000.00
14	000003	MISCELLANEOUS DIRECTED WORK	FA	1	50,000.00 50,000.00
15	000003	OBTAIN RE-ROOF PERMIT OVER-LAY (City of Riverside)	FA	1	1,500.00 1,500.00
PROJECT TOTAL					366,939.00
ITEMS 1 - 15					

Bid

Date: 12/11/2020

To: County of Riverside, hereafter called "County";

Bidder: Pacific Polymers, Inc. DBA American Foam Experts
(hereafter called "Contractor")

The undersigned, Contractor, having carefully examined the site and the Contract Documents for the construction of Roof Restoration and Repair, County Staff Office and Materials Laboratory Building, 2950 Washington Street, Riverside, CA 92504, Project No. ZTR1230 hereby proposes to construct the work in accordance with the Contract Documents, including Addenda Number(s) 3 (Fill in addenda numbers if addenda have been issued.) for the amount stated in this Bid.

By submitting this Bid, Contractor agrees with County:

1. That unless withdrawn in person by Contractor or some person authorized in writing by Contractor (not by telephone or facsimile) before the time specified in the Notice Inviting Bids for the public opening of bids, this Bid constitutes an irrevocable offer for 90 calendar days after that date.
2. County has the right to reject any or all Bids and to waive any irregularities or informalities contained in a Bid.
3. To execute the Contract and deliver the Performance Bond, Payment Bond and Insurance Certificate with endorsements, that comply with the requirements set forth in the Instruction to Bidders and General Conditions, within ten (10) business days of the date of the Notice of Acceptance of Bid and Intent to Award as issued by the County.
4. That the contract shall be awarded upon a resolution or minute order to that effect duly adopted by the governing body of County; and that execution of the Contract shall constitute a written memorial thereof.
5. To submit to the County such information as County may require determining whether a particular Bid is the lowest responsible bid submitted.
6. That the accompanying Bid Bond, certified check or cashier's check is in an amount not less than 10% of the total bid submitted and constitutes a guarantee that if awarded the contract, Contractor will execute the Contract and deliver the required bonds within ten (10) business days after notice of award. If Contractor fails to execute and deliver said documents, the bond or check is to be charged with the costs of the resultant damages to the County, including but not limited to: publication costs, the difference in money between the amount bid and the amount in excess of the bid which it costs County to do or cause to be done for the work involved, lease and rental costs, additional salaries and overhead, increased interest and costs of funding the project, attorney expense, additional engineering and architectural expense and cost of maintaining or constructing alternate facilities occasioned by the failure to execute and deliver said documents.
7. By signing this Bid the Contractor certifies that the representations made therein are made under penalty of perjury.

MAR 02 2021 3.24

Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

ISSUED BY ADDENDUM No. 3
ATTACHMENT "A"

REVISED PROPOSAL

ITEM NO.	ITEM CODE	ITEM	UNIT	ESTIMATED QUANTITY	ITEM PRICE (IN FIGURES)	TOTAL (IN FIGURES)
1	000003	ROOFING RESTORATION (Acrylic elastomeric base coat and polyester reinforcing fabric <u>or equal</u>), Sloped roof and flat roof portions	SQFT	14,500	2.06	30,000.00
2	000003	ROOFING REPAIR, DECKING including UNDERLAYMENT FABRIC Remove and replace decking <u>and framing</u> ; 4 foot width along drip/fascia edge of sloped roof and flat roof, three identified damaged areas on sloped roof and one damaged area on flat roof	SQFT	2,200	9.09	20,000.00
3	000003	FASCIA (Wood, 2" x 12"), Remove and replace along sloped and flat roof dip edges	LF	420	27.98	11,751.00
4	000003	SUPPORT BEAM (Wood, 3" x 12" x 22'-0"), Remove and replace along sloped and flat roof dip edges	LF	420	19.52	8,200.00
5	000003	SOFFIT, STUCCO REPAIR (In like kind), Remove and replace	SQFT	1,700	8.82	15,000.00
6	000003	FLASHING, DRIP EDGE and FASCIA WRAP Remove and replace roof drip flashing <u>and fascia wrap</u> along sloped and flat roof edges	LF	588	16.15	9,500.00
7	000003	RESEAL, ROOF EDGE Sloped and flat roof edges with acrylic mastic sealant and polyester fabric	LF	780	10.26	8,000.00
8	000003	RESEAL, GENERAL Reseal existing curbs, jacks and vents.	LS	1	5,500.00	5,500.00
9	000003	RAIN GUTTERS <u>Install new metal rain gutters (including removal of existing rain gutters and rake end metal facing)</u>	LF	420	11.90	5,000.00
10	000003	PAINTING , Soffit Lid	SQFT	1,700	7.39	12,569.00
11	000003	PAINTING , New Rain Gutter	LF	420	12.57	5,280.00
12.A	000003	Air Conditioning Unit ¾" PVC condensate lines Remove and replace air conditioning condensate drip line directed to downspout inlets, including pipe supports	LF	350	18.86	6,600.00
12.B	000003	Package Heat Pump Condenser Mounts <u>Nine (9) units per Exhibit B3</u>	LS	1	900.00	900.00
13	000003	ROOFING REPAIR ALLOCATION (For undetermined repair area limits needing exposure and further evaluation, decking, rafter tails, and associated repairs)	FA	1	30,000.00	30,000.00
14	000003	MISCELLANEOUS DIRECTED WORK	FA	1	50,000.00	50,000.00
15	000003	OBTAIN RE-ROOF PERMIT OVER-LAY (City of Riverside)	FA	1	1,500.00	1,500.00

PROJECT TOTAL:
ITEMS 1-15

TWO Hundred Nineteen Thousand Eight Hundred dollars and ⁰⁰/₁₀₀ cents
\$ 219,800.00

"WORDS"

Bidder Data and Signature

Name of Bidder: Pacific Polymers Inc. DBA American Foam Experts

Type of organization: Corporation

Person(s) authorized to sign for Bidder: Bobby Stepps (President, vice president, Treasurer) & Nicklaus Stepps (Secretary)

Note:

If Bidder is a **Corporation**, state legal name of Corporation and also names of the president, vice-president, secretary, treasurer and manager thereof.

If Bidder is a **Co-Partnership**, state true name of firm and also names of all individual co-partners composing firm.

If Bidder is a sole proprietorship or an **Individual**, state first and last name(s) in full.

If Bid is signed by an agent other than an owner, partner or corporate officer, Bid shall be accompanied by a power-of-attorney.

Business Street Address: 11500 Twin Cities Road
(Please include business address even if P.O. Box is used.)

Business City, State, Zip Code: Galt, CA 95632

P.O. Box- Number: P.O. Box 190

P.O. Box- City, State, Zip Code: Herald, CA 95638

Phone: (209) 748-2662

Facsimile: (209) 748-2503

E-mail: Pacificpolymers1@gmail.com

Contractor's license number: 969486

License Classification(s): C33 (Painting) & C39 (Roofing)

Expiration date: 01/31/2022

Department of Industrial Relations Registration Number: 1000026412

Bidder Data and Signature (continued)


Accompanying this Bid is a certified check, cashier check or bid bond in an amount equal to at least ten (10) percent of the total bid for:

**Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230**

By my signature on this Bid, I certify, under penalty of perjury under the laws of the State of California, that all the information on this form is true and correct.

IN WITNESS WHERE OF Bidder/Contractor executed this Bid as of the date set forth on page **B1** of this Bid.

Signature:



Name (printed):

Bobby Stepps

Title:

president of Pacific Polymers, INC. DBA
"Contractor" American Foam Experts

Subcontractor List

Bidder/Contractor submits the following complete list of each Subcontractor who will perform work, labor or render service in or about the construction in an amount in excess of 1/2 of 1% of the total bid or \$10,000 whichever is greater.

Check box on right side of row if any construction item, for the listed Subcontractor, is partial work. If partial work is to be performed within a certain construction item or trade, the Bidder/Contractor shall specify the portion(s) of the work to be performed by the different subcontractors or Bidder/Contractor will be subject to provisions of Public Contract Code Section 4106.

Name of Bidder (Prime/General Contractor): Pacific Polymers, Inc. DBA American Foam Experts

	Subcontractor Name	License Number	DIR Registration Number	Business Address (City, State)	Construction Item(s) [Item Number and Description]	Check if Partial Work
1.						<input type="checkbox"/>
2.						<input type="checkbox"/>
3.						<input type="checkbox"/>
4.						<input type="checkbox"/>
5.						<input type="checkbox"/>
6.						<input type="checkbox"/>

Additional Subcontractor List(s) may be attached to the Bid.
(A copy of this form may be attached with additional Subcontractor information.)

Percent of work to be performed by Subcontractors: 0 %

Note: A minimum of 50% of the work is required to be performed by the prime/general Contractor.

Non-Collusion Declaration

To be executed by bidder and submitted with bid.
(Title 23 United States Code Section 112 and Public Contract Code Section 7106)

The undersigned declares:

I am the Secretary
President (Title) of Pacific polymers, INC. (Company),
the party making the foregoing bid. DBA American Foam Experts

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder.

All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price of any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the applicable laws that the foregoing is true and correct and that this declaration is executed on

_____ (Month) _____ (Day) of _____ (Year),

at _____ (City), _____ (State).

Signature of Declarant:



Printed name of Declarant:

Nicklaus Steppers

Name of Bidder (Company):

Pacific polymers, INC. DBA American Foam Experts

Title or Office:

Secretary

Note: Notarization of signature required.
 Check box if attachment is included.

NOTARY ATTORNEY



CALIFORNIA ALL-PURPOSE CERTIFICATE OF 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 SACRAMENTO }

On DEC 14, 2020 before me, JOANNE VENEGAS, NOTARY PUBLIC,
(Here insert name and title of the officer)

personally appeared NICKLAUS R. STEPS,
 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]
 Notary Public Signature (Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
NON-COLLISION DECLARATION
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date _____

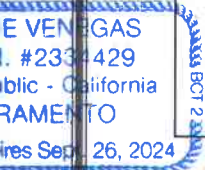
CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer
(Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

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





Patricia Romo, P.E.
Director of Transportation

COUNTY OF RIVERSIDE

TRANSPORTATION AND LAND MANAGEMENT AGENCY

Mojahed Salama, P.E.
Deputy for Transportation/Capital Projects
Richard Lantis, P.L.S.
*Deputy for Transportation/Planning and
Development*

Transportation Department

ADDENDUM NUMBER 1

Dated November 25, 2020

**to the
Specifications and Contract Documents
for the construction of**

**Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230**

**Bids Due: (Revised)
Wednesday, December 9, 2020; 2:00 p.m.**
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

This Addendum is issued pursuant to the Instructions to Bidders, Item No. 8, of the Contract Documents for the reference project. This Addendum is issued as a supplement to the specification and special provisions for the referenced project. The revisions to the specifications shall become a part of the Contract Documents, and each bidder shall acknowledge receipt thereof on the Bid (Proposal). Bidders are directed to sign this addendum as acknowledged and attach the signed addendum to the contractor's submitted proposal.

Note: During the advertisement period of this project, this document and attachments (if any) are available upon request at the office of the Transportation Department, and are available as a free download at the Transportation Department's website:

<http://rctlma.org/trans/Contractors-Corner/Notices-Inviting-Bids>

MODIFICATIONS / CLARIFICATIONS TO SPECIAL PROVISIONS:

Item 1: The new designated date and time for the receipt and opening of bids is revised as follows:

Wednesday, December 9, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

Item 2: Guarantee Clarification – The contractor's labor/workmanship must be guaranteed for 1 year. The materials used shall have a warranty of 10 years or more.

Refer to Section 5-1.47, "Guarantee", on page SP 8 of the special provisions. Delete the first paragraph of Section 5-1.47, "Guarantee", and replace it with the following paragraph:

Guarantee that work remains free from substantial defects for **1 year** after Contract acceptance except for work parts for which you were relieved of maintenance and protection. Guarantee each of these relieved work parts for **1 year** after the relief date.

Item 3: Roof Restoration Coating System

Refer to Section 99-1 (D), "Roofing Restoration - Installation and Application" on pages SP 14 and SP 15 of the Special Provisions.

- Delete the first sentence of Section 99-1 (D), "Roofing Restoration - Installation and Application" and replace it with the following sentence:

GENERAL

Summary

Install and apply acrylic roof restoration coating system **or equal** over existing low-slope and flat roofs.

- Additionally, whenever and wherever in Section 99-1 (D), "Roofing Restoration - Installation and Application" or anywhere in rest of the Contract Documents the "acrylic roof restoration coating system" or "acrylic elastomeric base" names are used, it shall be understood to mean and refer to:

"acrylic roof restoration coating system **or equal**"


"acrylic elastomeric base **or equal**"

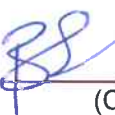
Item 4: Supplemental Project Information: The Department makes the following supplemental project information available:

- Area-Wide Municipal Stormwater Permit NPDES No. CAS 618033.
- Pictures (2) of roof repairs made on November 5, 2020.

Supplemental Project Information is available at County of Riverside website during advertisement period:

<http://rctlma.org/trans/Contractors-Corner/Notices-Inviting-Bids>

Prepared by: 
For Joel Jimenez, Engineering Project Manager, Contracts/Bidding Unit

Acknowledged:  President of Pacific Polymer, INC. Date: 12/11/2020
(Contractor) DBA American Foam Experts

JRJ:rr

Note: Refer to Instruction to Bidders Item No. 8, "Addenda". Submission of all addendum pages and non-bidding document attachments of addendum are not necessary for Bid submittal. Submittal of this acknowledgement page is adequate for Bid reception. Bidders are reminded to list addendum number(s) received on the first page of the Bid form (Proposal).



Patricia Romo, P.E.
Director of Transportation

COUNTY OF RIVERSIDE

TRANSPORTATION AND LAND MANAGEMENT AGENCY

Mojahed Salama, P.E.
Deputy for Transportation/Capital Projects
Richard Lantis, P.L.S.
Deputy for Transportation/Planning and
Development

Transportation Department

ADDENDUM NUMBER 2

Dated December 4, 2020

to the
Specifications and Contract Documents
for the construction of

Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

Bids Due: (Revised)
Wednesday, December 16, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

This Addendum is issued pursuant to the Instructions to Bidders, Item No. 8, of the Contract Documents for the reference project. This Addendum is issued as a supplement to the specification and special provisions for the referenced project. The revisions to the specifications shall become a part of the Contract Documents, and each bidder shall acknowledge receipt thereof on the Bid (Proposal). Bidders are directed to sign this addendum as acknowledged and attach the signed addendum to the contractor's submitted proposal.

Note: During the advertisement period of this project, this document and attachments (if any) are available upon request at the office of the Transportation Department, and are available as a free download at the Transportation Department's website:

<http://rctlma.org/trans/Contractors-Corner/Notices-Inviting-Bids>

MODIFICATIONS / CLARIFICATIONS TO SPECIAL PROVISIONS:

Item 1: The new designated date and time for the receipt and opening of bids is revised as follows:

Wednesday, December 16, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

Prepared by: _____
Joel Jimenez, Engineering Project Manager, Contracts/Bidding Unit

Acknowledged: _____ Date: 12/11/2020
(Contractor) DBA America Foam Experts

JRJ:jj



Patricia Romo, P.E.
Director of Transportation

COUNTY OF RIVERSIDE

TRANSPORTATION AND LAND MANAGEMENT AGENCY

Mojahed Salama, P.E.
Deputy for Transportation/Capital Projects
Richard Lantis, P.L.S.
Deputy for Transportation/Planning and
Development

Transportation Department

ADDENDUM NUMBER 3

Dated December 10, 2020

to the
Specifications and Contract Documents
for the construction of

Roof Restoration and Repair
County Staff Office and Materials Laboratory Building
2950 Washington Street, Riverside, CA 92504
Project No. ZTR1230

Bids Due: Wednesday, December 16, 2020; 2:00 p.m.
14th Street Transportation Annex
3525 14th Street; Riverside, CA 92501
(951) 955-6780

This Addendum is issued pursuant to the Instructions to Bidders, Item No. 8, of the Contract Documents for the reference project. This Addendum is issued as a supplement to the specification and special provisions for the referenced project. The revisions to the specifications shall become a part of the Contract Documents, and each bidder shall acknowledge receipt thereof on the Bid (Proposal). Bidders are directed to sign this addendum as acknowledged and attach the signed addendum to the contractor's submitted proposal.

Note: During the advertisement period of this project, this document and attachments (if any) are available upon request at the office of the Transportation Department, and are available as a free download at the Transportation Department's website:

<http://rctlma.org/trans/Contractors-Corner/Notices-Inviting-Bids>

MODIFICATIONS / CLARIFICATIONS TO SPECIAL PROVISIONS:

Item 1: Revised Proposal.

Refer to "Proposal" page B2. Delete and replace "Proposal" (page B2) with "Revised Proposal" attached herewith as **Attachment "A"**.

- a. "Estimated Quantities" are revised from the following bid items:
Item 6, "FLASHING, DRIP EDGE and FASCIA WRAP"
Item 7, "RESEAL, ROOF EDGE"
- b. The following bid items have been added:
Item 12.B, "Package Heat Pump Condenser Mounts"
Item 15, "OBTAIN RE-ROOF PERMIT, OVER-LAY (City of Riverside)"
- c. The following bid item titles have been revised:
Item 4, "SUPPORT BEAM"
Item 6, "FLASHING, DRIP EDGE and FASCIA WRAP"

Item 2: Asbestos Report

It shall be the responsibility of the Contractor to obtain an asbestos report for work associated with roof restoration and repair.

Payment for coordinating asbestos report and implementing all necessary requirements in handling asbestos (if any) will be paid for as Extra Work as stated in General Conditions Section 16 (Force Account Basis).

Should handling of asbestos be required, extra working days will be evaluated by the Engineer for consideration of extra work needed for implementation and application of necessary procedures and, if applicable, add working days to the time of completion.

Item 3: Obtain Re-Roof Permit

It shall be the responsibility of the Contractor to obtain and pay all fees required for Re-Roof (overlay) Permit from the City of Riverside prior to commencing any work.

All work shall comply with the City of Riverside issued permit.

Payment

Full compensation for conforming to the requirements in this permit shall be considered as included in bid item 15, "OBTAIN RE-ROOF PERMIT" up to the fixed bid price, for the permit obtained. All incidental costs incurred by the Contractor shall be considered as included in the various items of work and no additional compensation will be allowed therefor.

Item 4: Revised Exhibit B

Refer to Appendix B Roof Edge Detail Appendix B (Exhibit). Delete Exhibit B and replace with revised Exhibits B1, B2 and B3 and issued as **Attachment "B"**.

- Exhibit B1, Eave Overhang and Top View Detail
- Exhibit B2, Barge Rafter Detail (Outside gable roof rafter)
- Exhibit B3, A/C Unit Detail (Package Heat Pump Condenser Mounts)

Item 5: ROOF RESTORATION - PREPARATION

Refer to Special Provisions Section 99-1 (B), "ROOF RESTORATION – PREPARATION" on page SP 11, subsection "General":

Delete and replace 6th bullet point with:

- Clear all existing roof surface, roof repair areas.

Delete and replace 9th bullet point with:

- Power wash all existing roof areas with bio-degradable detergents to remove oils, grease and grime. [The Contractor shall be responsible to collect all water from the power washing operation and dispose of properly.](#) Allow roof to dry thoroughly before continuing.

Item 6: ROOFING REPAIR

Refer to Special Provisions Section 99-1 (C), "ROOFING REPAIR" starting on page SP 13.

Delete and replace GENERAL subsection "Summary" with:

Remove and replace plywood decking (exterior grade) including damaged roof framing in the following County identified areas:

- *Area 1 & 2, Decking along drip edge/fascia of low slope roof (4 foot wide, approximately 1,350 SQFT) areas and flat roof (4 foot wide, approximately 350 SQFT) area. Contractor shall assume that all plywood decking, 3 x 12 edge beams, and 2 x 12 fascia shall be replaced within and along Area 1 & 2.*
- *Area 3, 4 & 5 Extended damaged areas on sloped roof (approximately 250 SQFT)*
- *Area 6, Damaged area on flat roof (approximately 250 SQFT)*

Additionally, the Contractor must identify roof repair areas south area of roof between four AC Units. Repair area limits are to be determined upon Contractor's examination and shall be approved by the Engineer. Additional repair areas to approved by the Engineer and to paid as Extra Work.

Delete and replace subsection "MATERIALS" with:

Structural Plywood Roof Panels

- *Structure plywood roof sheathing must be APA RATED SHEATHING, Exposure 1. 1/2" thickness.*
- *Structure plywood roof sheathing in exposed overhangs must be APA RATED SHEATHING, A-C, Exterior, Group 1. 1/2" Thickness.*

Underlayment fabric must be rubberized asphalt underlayment.

Add the following to subsection "CONSTRUCTION":

Remove damaged roof framing in Area 1 and Area 2.

Contractor shall temporarily support the existing roof mounted package heat pump condenser units during construction of the new package unit platforms. Top of platforms shall be waterproofed prior to the replacement of the existing units to the new platforms.

Delete and replace subsection "MEASUREMENT AND PAYMENT" with:

The contract price paid per square foot for ROOFING REPAIR, DECKING including UNDERLAYMENT FABRIC and layer to receive acrylic roof restoration coating system includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the plywood decking in the County identified areas as shown on the roof Exhibit A, and removal and replacement of damaged framing members complete in place, including removal of materials, cleanup

and disposal of debris, as specified in the Standard Specifications, and these Special Provisions, and as directed by the Engineer.

Additional repair areas approved by the Engineer are to be paid as Extra Work. Payment for constructing plywood decking and installing underlayment fabric and layer to receive acrylic roof restoration coating system in additional repair areas approved by the Engineer will be paid for on a force account basis, in accordance with Section 9-1.04 of the Standard Specifications, up to the Roofing Repair Allocation fixed bid price, for the work performed.

~~*Repair of Rafter tails to be paid as Extra Work.*~~

Item 7: FASCIA AND SUPPORT BEAM

Refer to Special Provisions Section 99-1 (E), "FASCIA" starting on page SP 15. Delete and replace this section with:

99-1 (E) FASCIA AND SUPPORT BEAM

GENERAL

Summary

*Remove and replace **existing** fascia **and support beam** along sloped roof drip edge lengths and at flat roof lengths.*

MATERIALS

New 22'-0" long EA 3" x 12" continuous support beams and 2" x 12" fascia shall be wood grade DF No. 1

CONSTRUCTION

Remove existing 3" x 12" and 2" x 12" fascia.

Remove and replace fascia along sloped roof and flat roof drip edge lengths.

Install new 3" x 12" support beams and 2" x 12" fascia. Fascia to be mounted onto support beams.

MEASUREMENT AND PAYMENT

*The contract price paid per linear foot for **FASCIA (Wood, 2" x 12")** includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal and replacement of existing building fascia along drip edge **and outside gable roof rafter** lengths, complete in place, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.*

*The contract price paid per linear foot for **SUPPORT BEAM (Wood, 3" x 12" x 22'-0")** includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal and replacement of **existing building support beam** along drip edge **and outside gable roof rafter** lengths, complete in place, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.*

Item 8: SOFFIT STUCCO AREAS

Refer to Special Provisions Section 99-1 (F), "SOFFIT STUCCO AREAS" starting on page SP 16.

Delete and replace MEASUREMENT AND PAYMENT's first paragraph with:

*The contract price paid per square foot for SOFFIT, STUCCO REPAIR includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal and replacement of **existing soffit stucco and expansion joints @ (16) sixteen feet on center** in the identified areas, complete in place, including, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.*

Item 9: FLASHING, DRIP EDGE and FASCIA WRAP

Refer to Special Provisions Section 99-1 (G), "FASCIA, DRIP EDGE" starting on page SP 16. Delete and replace this section with:

99-1 (G) FLASHING, DRIP EDGE and FASCIA WRAP

GENERAL

Summary

Remove and replace roof drip and outside gable roof rafter edge flashing.

MATERIALS

Roof drip edges and fascia wrap flashing must be Galvanized Steel, 20 gauge. (See Exhibit B1 and B2).

CONSTRUCTION

Remove existing roof drip edge flashing along drip edge of sloped roof and flat roof areas including the removal of the rake end (outside gable roof rafter) metal facing (approximately 588 LF).

Install drip edge on the sloped roof 3"x3" and 12" fascia wrap (approximately 500 feet drip edge per Exhibit B1 and 168 feet per Exhibit B2).

Install drip edge on the flat roof 3"x3" and 12" fascia wrap (approximately 88 feet)

New metal flashing shall be fastened and sealed.

MEASUREMENT AND PAYMENT

The contract price paid per linear foot for FLASHING, DRIP EDGE and FASCIA WRAP includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal and replacement of existing flashing, drip edges and fascia wraps, complete in place, including, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

Item 10: RAIN GUTTERS

Refer to Special Provisions Section 99-1 (J), "RAIN GUTTERS" starting on page SP 18. Delete and replace this section with:

GENERAL

Summary

Remove *existing* rain gutters on sloped roof edges and on flat roof portion of the building and install new metal rain gutters.

MATERIALS

New rain gutters must be Galvanized Steel, K-Style. 3-3/4" x 5-1/4"

CONSTRUCTION

Remove existing rain gutters and rake end metal facing (approximately 588 feet).

Install new rain gutters along drip edge of low slope roof (approximately 330 feet).

Install new rain gutters along flat roof (approximately 90 feet).

Existing rain gutters at rake (barge gabled end rafter) must be removed.

Installation of new rain gutters includes all connections between rain gutters and downspouts.

Existing downspouts must be protected in place. There is a total of eight (8) existing downspouts on the sloped roof, and two (2) on the flat roof portion of the building. One downspout needs to be reinstalled.

New rain gutter inlet connections must tie into existing downspouts [eight (8) along sloped roof areas and two (2) along flat roof area].

MEASUREMENT AND PAYMENT

The contract price paid per linear foot for RAIN GUTTER includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal of existing rain gutters and rake (barge gabled end rafters) metal facing, complete installation of new rain gutters, including, new rain gutter materials, rain gutter connections to downspouts, end caps, and reinstall one downspout, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

Additional revisions: All other references to "reuse" rain gutter in the special provisions and exhibits shall mean "new" rain gutter.

Item 11: Package Heat Pump Condenser Mounts

The following Special Provisions are added:

99-1 (K.2) Package Heat Pump Condenser Mounts

GENERAL

Summary

Remove and replace nine (9) package heat pump condenser mounts per Exhibit B3.

MATERIALS

Wood 2 x 6, rectangular shape as needed (7- 4'x4', 1- 5'x5.5', 1- 4'x6')

3/4 " Plywood Sheathing (164 SF)

Roof Water Proofing or Galvanized metal Cap (164 SF)

CONSTRUCTION

Remove existing air-conditioning mounts and elevate existing Package Units to enable the construction of the new A/C Platforms. This work includes the disconnection and reconnection of all A/C condensations lines, electrical lines, and ductwork. It also includes all required galvanized metal flashing and counter flashing required prior to waterproofing the platforms complete in place.

Existing Package Heat Pump Condenser units to be protected.

MEASUREMENT AND PAYMENT

The contract price paid lump sum for Package Heat Pump Condenser Mounts includes full compensation for furnishing all labor, materials, tools, equipment, and incidentals, and for doing all the work involved in constructing the removal of existing mounts, complete installation of new mounts, including, new wood supports, fasteners, plywood, galvanized metal caps (or water proofing), reconnection of electrical lines, ductwork, and condensation lines, cleanup and disposal of debris, as specified in the Standard Specifications, and these special provisions, and as directed by the Engineer.

ATTACHMENTS:

A – Revised Proposal (1 page)

B – Exhibit B (3 pages)

Recommended by:



Ward Maxwell
Engineering Project Manager

Concurrence:



Joel Jimenez
Engineering Project Manager, Contracts/Bidding Unit

Acknowledged: _____


(Contractor)

Date: _____

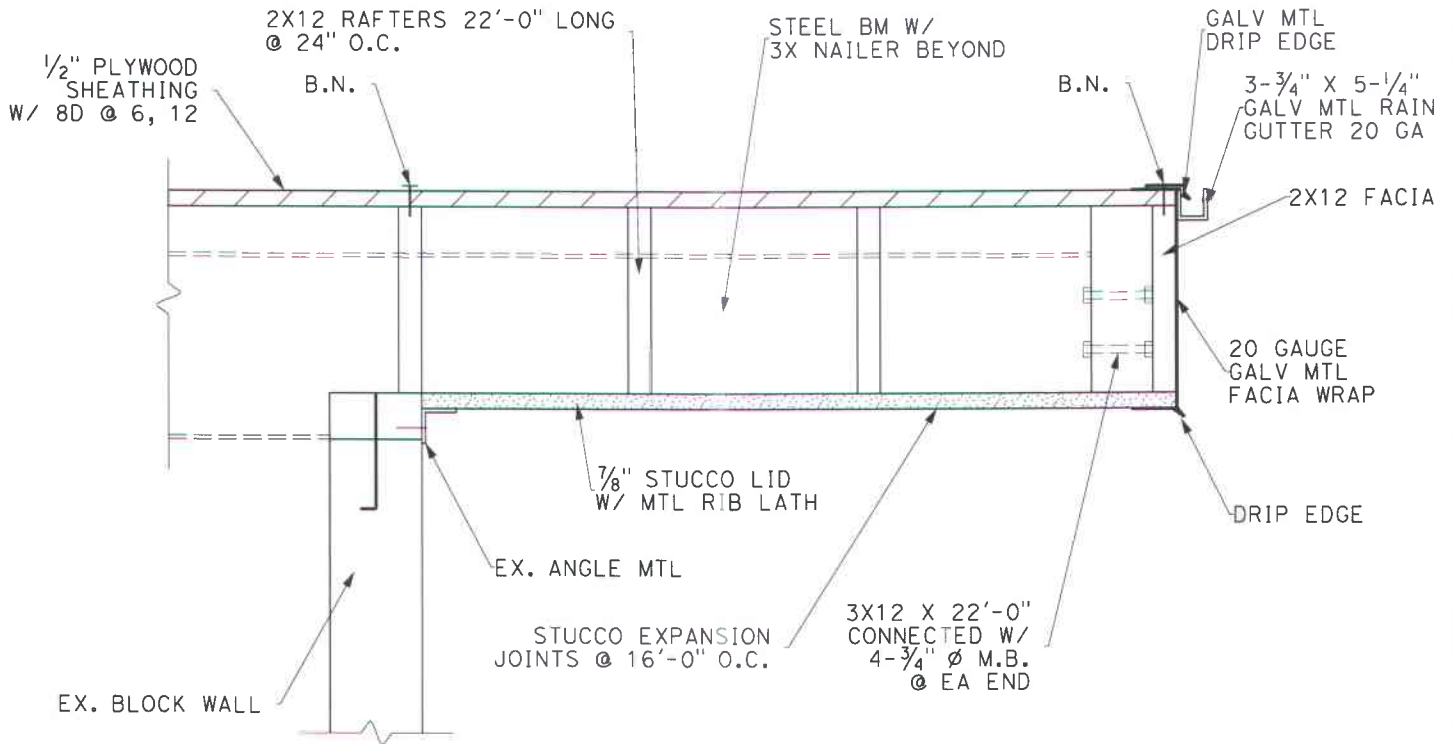
12/11/2020

JRJ:rr

Note: Refer to Instruction to Bidders Item No. 8, "Addenda". Submission of all addendum pages and non-bidding document attachments of addendum are not necessary for Bid submittal. Submittal of this acknowledgement page is adequate for Bid reception. Bidders are reminded to list addendum number(s) received on the first page of the Bid form (Proposal).

EAVE OVERHANG

ISSUED BY ADDENDUM No. 3
ATTACHMENT "B"



TOP VIEW

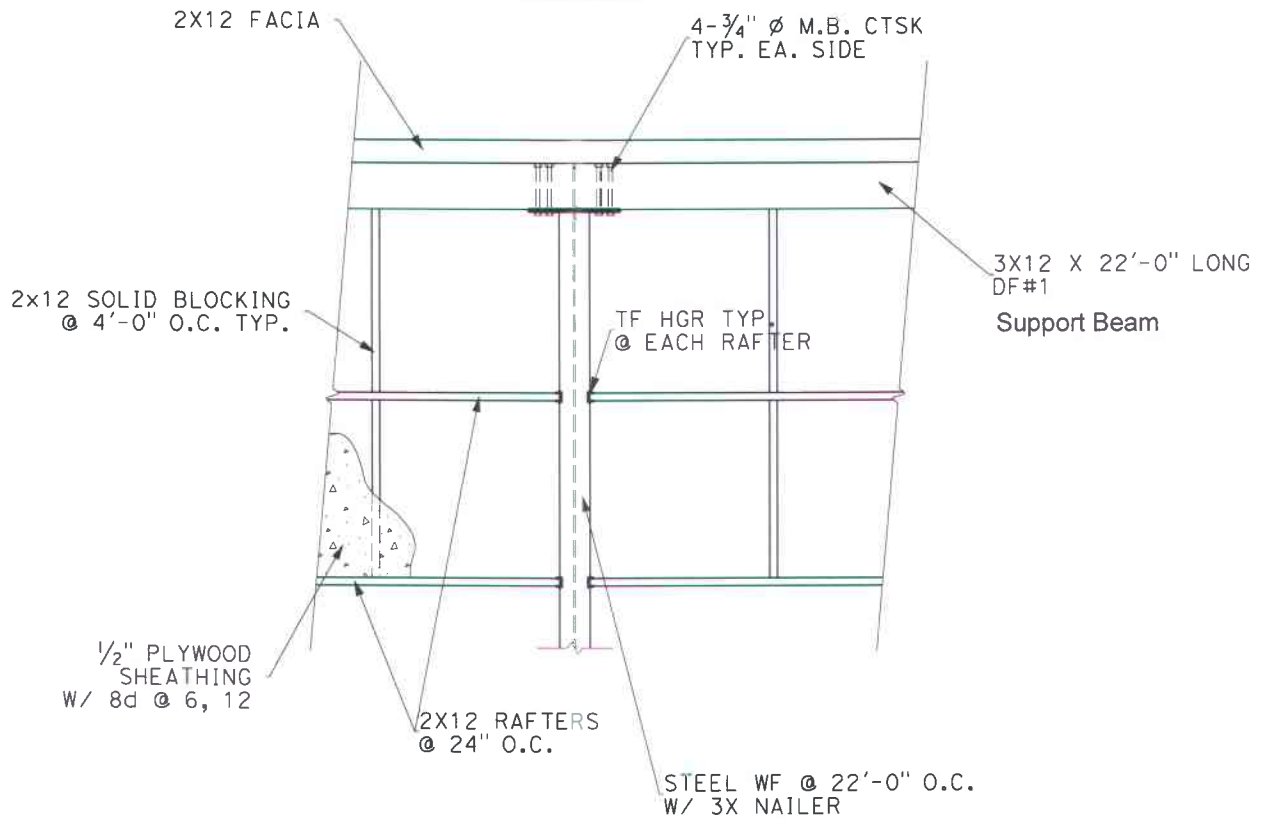
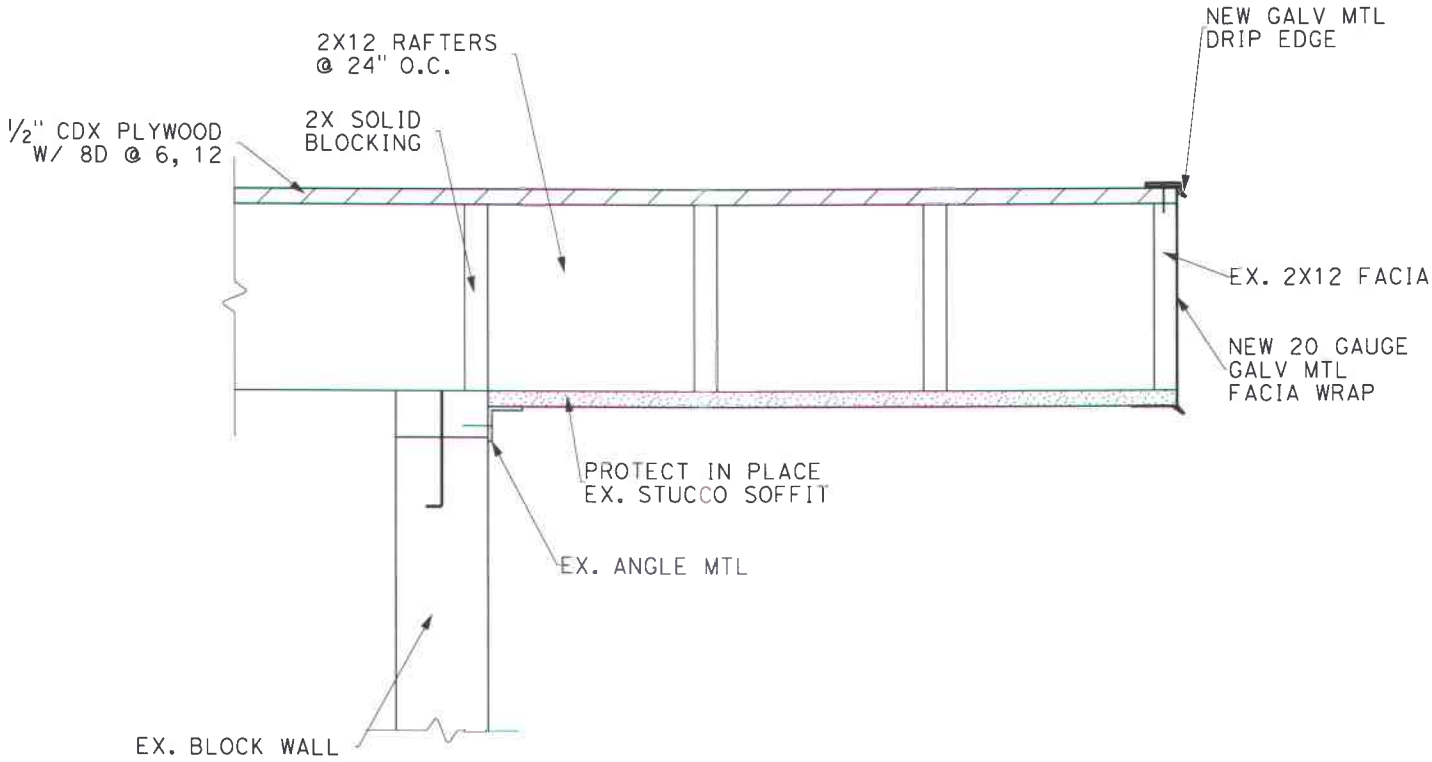


EXHIBIT B1

BARGE RAFTER

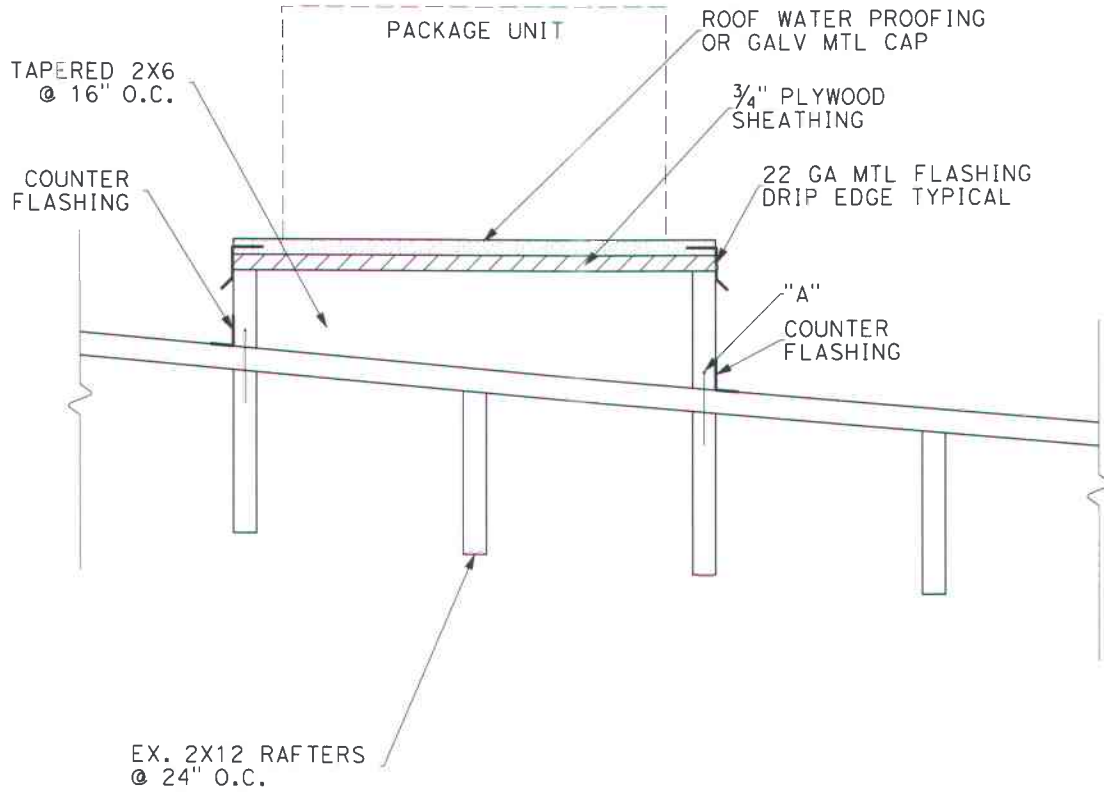
ISSUED BY ADDENDUM No. 3
ATTACHMENT "B"



PACKAGE UNIT

ISSUED BY ADDENDUM No. 3
ATTACHMENT "B"

(Package Heat Pump Condenser Mount)



"A" - L STRAP @ EA CORNER OF
AC PLATEFORM W/ $\frac{3}{8}$ " \varnothing X 4"
GALV LAG SCREW

Bid Bond

Recitals:

1. Pacific Polymers, Inc. DBA American Foam Experts "Contractor", has submitted his/her Contractor's Proposal to County of Riverside, "County", for the construction of public work for **Roof Restoration and Repair, County Staff Office and Materials Laboratory Building, 2950 Washington Street, Riverside, CA 92504, Project No. ZTR1230** in accordance with a Notice Inviting Bids from the County.
2. Western National Mutual Insurance Company a Minnesota corporation, hereafter called "Surety", is the surety of this bond.

Agreement:

We, Contractor as Principal and Surety as Surety, jointly and severally agree and state as follows:

1. The amount of the obligation of this bond is 10% of the amount of the Contractor's Proposal, including bid alternates, and inures to the benefit of County.
2. This Bond is exonerated by (1) County rejecting said Proposal or, in the alternate, (2) if said Proposal is accepted, Contractor executes the Contract and furnishes the Bonds as agreed to in its Proposal, otherwise it remains in full force and effect for the recovery of loss, damage and expense of County resulting from failure of Contractor to act as agreed to in its Proposal. Some types of possible loss, damage and expense are specified in the Contractor's Proposal.
3. Surety, for value received, stipulates and agrees that its obligations hereunder shall in no way be impaired or affected by any extension of time within which County may accept the Proposal and waives notice of any such extension.
4. This Bond is binding on our heirs, executors, administrators, successors and assigns.

Dated: December 2, 2020

Signatures:

Western National Mutual Insurance Company

Pacific Polymers, Inc. DBA American Foam Experts

By: 
Pietro Micciche

By: 

Title: Attorney in Fact
"Surety"

Title: Secretary
"Contractor"

STATE OF _____
COUNTY _____
OF _____

} ss. SURETY'S ACKNOWLEDGEMENT *NOTARY OFFICIAL*

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/she executed the same in his/her authorized capacities, and that by his/her
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 Contractor and Surety with corporate seal affixed. All signatures must be notarized. (Attach acknowledgements).

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

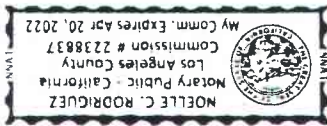
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On DEC 02 2020 before me, Noelle C. Rodriguez Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Pietro Micciche
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 Noelle C. Rodriguez
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: _____



WESTERN NATIONAL
The relationship company
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Western National Mutual Insurance Company, a Minnesota mutual insurance company, does make, constitute and appoint: Patricia Zenizo, Angel Nunez, Pietro Micciche, Manuel Reguerra and Daniel Inzunza

Preferred Bonding Services (#9760)

Its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto (if a seal is required) bond, undertakings recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, hazardous waste remediation bonds or black lung bonds), as follows:

All written instruments in an amount not to exceed an aggregate of Seven Million Five Hundred Thousand and 00/100 (\$7,500,000) for any single obligation, regardless of the number of instruments issued for the obligation.

and to bind Western National Mutual Insurance Company thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a meeting held on September 28, 2010. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of Western National Mutual Insurance Company on September 28, 2010:

RESOLVED that the president, any vice president, or assistant vice president in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the Company to bonds, undertakings, recognizances, and suretyship obligations of all kinds, and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the Company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, Western National Mutual Insurance Company has caused these presents to be signed by its proper officer and its corporate seal to be affixed this 16th day of December, 2015.

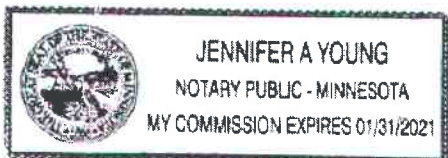
Jon R. Hebeisen, Secretary



Larry A. Byers, Sr. Vice President

STATE OF MINNESOTA, COUNTY OF DAKOTA

On this 16th day of December, 2015, personally came before me, Jon R. Hebeisen and Larry A. Byers and to me known to be the individuals and officers of the Western National Mutual Insurance Company who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally dispose and say; that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Jennifer A. Young, Notary Public
My commission expires January 31, 2021

CERTIFICATE

I, the undersigned, assistant secretary of the Western National Mutual Insurance Company, a Minnesota corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

Jennifer A. Young, Assistant Secretary



Signed and sealed at the City of Edina, MN this 2nd day of December, 2020

CALIFORNIA ALL-PURPOSE CERTIFICATE OF 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 }

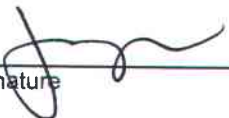
County of SACRAMENTO }

On NOV 30, 2020 before me, JOAQUIN VENTEGAS, NOTARY PUBLIC
(Here insert name and title of the officer)

personally appeared NICKLAUS R. STEPPS,
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.


Notary Public Signature (Notary Public Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
BID BOND
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 3 Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)
 Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

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



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

COMPANY PROFILE

Company Information

**WESTERN NATIONAL MUTUAL INSURANCE COMPANY
EDINA CORPORATE CENTER, 4700 WEST 77TH STREET
EDINA, MN 55435-4818**

Old Company Names **Effective Date**

Agent For Service

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

Reference Information

NAIC #:	15377
California Company ID #:	5976-6
Date Authorized in California:	05/21/2015
License Status:	UNLIMITED-NORMAL
Company Type:	Property & Casualty
State of Domicile:	MINNESOTA

back to top

NAIC Group List

NAIC Group #: 0309 WESTERN NATL MUT GRP

Lines Of Business

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

SURETY

back to top