PROPOSAL

The undersigned hereby declares, as Bidder, that the only persons or parties interested in this proposal as principals are those named herein; that no director or any other officer or employee of the Eastern Municipal Water District is in any manner interested directly or indirectly in this proposal or in the profits to be derived from the contract proposed to be taken; that this bid is made without any connection with any person or persons making a bid for the same purpose; that the bid is in all respects fair and without collusion or fraud; that he has read the Notice Inviting Bids (or Bidding Information), Insurance Requirements and the Instructions to Bidders and agrees to all the stipulations contained herein; that he proposes and agrees that if his bid as submitted in the attached sheets, be accepted he will contract in the form so approved and furnish all items called for in accordance with the provisions of said approved form of Agreement, Insurance Requirements and the Specifications and to deliver the same within the time stipulated therein; and that he will accept in full payment therefore the prices named in said Bid Sheet.

The Bidder further agrees, that upon receipt of written notice of the acceptance of this proposal within 60 days after the day of opening bids (unless otherwise specified in the Notice Inviting Bids or Bidding Information) he will execute and return the Contract in accordance with the proposal as accepted and furnish the required bond(s) within SEVEN (7) days from the date of mailing the Notice of Acceptance of Proposal to him at his address given below, or within such time as allowed by the Engineer; and that upon his failure or refusal to do so within the said time, then the certified or cashier's check or bond accompanying this bid shall become the property of and be retained by the Eastern Municipal Water District as liquidated damages for such failure or refusal, and shall be deposited with the Treasurer of said Eastern Municipal Water District as monies belonging to the Eastern Municipal Water District; provided, that if said Bidder shall execute the Contract and furnish the required bond within the time aforesaid, his check or bond shall be returned to him thereafter.

The Bidder further declares that the surety or sureties named in the attached sheet have agreed to furnish bond in form and amount set forth in the accompanying Notice Inviting Bids (or Bidding Information) and paragraph B-6 of the Instructions to Bidders, in the event contract is awarded on basis of this proposal.

Company: CSI Electrical Contractors Inc.

Address: 10623 Fulton Wells Avenue, Santa Fe Springs, CA 90670 Date: 12/18/19

By: Steve Watts / CEO
(Print Name) (Name should appear below) (Signature of Owner or Officer required)

<table>
<thead>
<tr>
<th>Name(s) and Title of Member of Firm or Office of Corporation authorized to enter into a binding Contract:</th>
<th>Address (if different from above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Watts</td>
<td>CEO</td>
</tr>
<tr>
<td>Paul Pica</td>
<td>President</td>
</tr>
<tr>
<td>Rick Yauney</td>
<td>CFO</td>
</tr>
</tbody>
</table>

For further details on this proposal, please contact:

Name: Joe Williams Address: 10623 Fulton Wells Avenue, Santa Fe Springs, CA 90670

Email Address: joe.williams@csielectric.com Telephone: 562-946-0700

C3-1 00024 Proposal (7 day)
The Contractor shall construct the project under these Specifications all in conformance with the Contract Drawings listed in Section P and these Specifications.

The District reserves the right to:

A. Accept or reject any or all bids on this specification;
B. Award Contract to the lowest qualified bidder, based on the total bid price;
C. Waive any defects and informalities.

The District shall be the final authority with regard to whether a bid is responsive to the call for bids and to whether a bidder is a responsible bidder under the conditions of his bid, or for any reason.

The total contract price shall include all work, materials and equipment needed to complete the project as defined in the General Conditions, Section F. The bidder shall include costs for such other items in the most appropriate category (bid item).

**TO BE INSTALLED:**

The District will furnish the following item(s) to be installed by the Contractor:

*RTU Backplane*

*Operator Interface Terminal (OIT)*

The Contractor shall pick up all furnished items at the District yard. Furnished items will be loaded onto the Contractor's truck by the District.

Refer to 00100 Special Conditions Instructions, SC-2, Scope of Work for complete scope.
### EASTERN MUNICIPAL WATER DISTRICT
### SPECIFICATION NO. 13495-REBID
### PALA LIFT STATION ELECTRICAL EQUIPMENT UPGRADE

#### BIDDING SHEETS

<table>
<thead>
<tr>
<th>Bid Item</th>
<th>Qty</th>
<th>Unit</th>
<th>Description (Unit Price Written in Words)</th>
<th>Unit Price (Figures)</th>
<th>Total Amount (Figures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>LS</td>
<td>Mobilization and Approved: Bonds, Insurance, Schedule of Values (see Section 01026) and Preliminary Project Schedule (PPS) (see section 01310)</td>
<td>One Hundred Twenty-Five Thousand $ PRESET $ 125,000</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>LS</td>
<td>Furnish and install Pala Lift Station Electrical Equipment Upgrade, complete and in place as specified herein and as shown on the Contract Drawings and Specifications, tested and ready for operation, all for the lump sum price of</td>
<td>Two Million Two Hundred And Nine Thousand Five Hundred $ Lump Sum $ 2,209,500</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>LS</td>
<td>ADDITION OR DEDUCTION</td>
<td>Circle one (if applicable):</td>
<td>Addition (+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Deduction(-) $</td>
<td></td>
</tr>
</tbody>
</table>

#### TOTAL BID (Basis of award)

$ 2,334,500
ADDITION OR DEDUCTION: Provision is made here for the bidder to include an addition/deduction in their bid, if desired, to reflect any last minute adjustments in prices. The addition/deduction, if made, will be proportionately applied to item(s) ___ (fill in) and reflected in the unit prices for payment purposes. If the addition/deduction affects more than one bid item, the proportionate application of the addition/deduction shall be mutually agreed upon by the Contractor and the District at the prejob.

<table>
<thead>
<tr>
<th>Addenda and/or Letter of Clarification</th>
</tr>
</thead>
<tbody>
<tr>
<td>By submitting a bid, Bidder certifies that any addenda and letters of clarification issued to these specifications, whether acknowledged or not below, shall be made a part of the contract. Bidder further agrees to perform all labor and services and furnish all materials, tools and appliances necessary for completing the work called out in the addenda or letter of clarification.</td>
</tr>
</tbody>
</table>

| Addenda received: | __________ | __________ | __________ |
| Letter of Clarification received: | __________ | __________ | __________ |

Person who inspected site of the proposed work as an employee of your firm: (Representative must have inspected the jobsite and be an employee on the company’s payroll to be considered a responsive bidder)

Charlie Cox
(Name) 12/2/2019
(Date of Inspection)
**EQUIPMENT AND MATERIAL**

Identify the name of the manufacturer for the equipment and/or material items listed below, if not specified. Acceptable manufacturers listed shall be utilized by the Contractor in his construction. No substitution of the Contractor's listed manufacturer will be permitted without written justification and the approval of the District. **PRODUCTS OF MANUFACTURERS LISTED AS EQUALS TO THOSE SPECIFIED MUST BE SUBMITTED FOR REVIEW AND APPROVAL BY THE DISTRICT NOT LATER THAN THE TENTH (10TH) DAY PRECEDING THE DATE SET FOR RECEIPT OF BIDS.**

**FAILURE TO PROVIDE THIS INFORMATION MAY RENDER YOUR BID NON-RESPONSIVE**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>MANUFACTURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor Switchgear/Distribution Switchboard</td>
<td>EATON</td>
</tr>
<tr>
<td>Motor Control Center (MCC)</td>
<td>EATON</td>
</tr>
<tr>
<td>Variable Frequency Drives (VFD)</td>
<td>EATON</td>
</tr>
<tr>
<td>Auto Transfer Switch (ATS)</td>
<td>EATON</td>
</tr>
</tbody>
</table>
Contractor to complete this form to list five (5) most recent projects similar to that covered in the Proposal PLEASE DO NOT ATTACH CONTRACTOR'S EXPERIENCE SUMMARY FORMS – COMPLETE THIS FORM ONLY!

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TYPE/DESCRIPTION OF WORK</th>
<th>VALUE OF WORK PERFORMED</th>
<th>LOCATION OF WORK (CITY)</th>
<th>ENGINEER / CONTACT PERSON Address &amp; phone #</th>
<th>OWNER / (CONTACT PERSON Address &amp; phone #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>Colorado River Aqueduct Pumping Plant UPS Replacement UPS Replacement at 5 Pumping Plants on the CRA System</td>
<td>$900K</td>
<td>Desert Center</td>
<td>Mike Whitney 714-422-5191</td>
<td>MWD of Southern California Amanda Savage 213-217-5648</td>
</tr>
<tr>
<td>2017</td>
<td>Diemer East Basin Rehab-Electrical and instrumentation for retrofit of 4 water treatment plant basins. Include replacement of switchboards, VFD's, MCC's, PLC Panels, local control panels, conduit and wiring &amp; instrumentation for active water treatment plant. Induded major shutdown milestones for each basin. Equipment retrofit included flocculators, pumps, clarifiers, valve &amp; gate actuators and instrumentation</td>
<td>$1.8 Million</td>
<td>Yorba Linda</td>
<td>Mike Whitney 714-422-5191</td>
<td>MWD of Southern California Mike Whitney 714-422-5191</td>
</tr>
<tr>
<td>2017</td>
<td>RIX Expansion Test Wells- 1 new well, modify 4 existing wells, new control building</td>
<td>$1.2 Million</td>
<td>Colton</td>
<td>Carollo Engineering Miguel J. Gurrero 951-776-3955</td>
<td>City of San Bernardino Municipal Water Department Chris Phelps 909-453-6246</td>
</tr>
<tr>
<td>2018</td>
<td>Long Beach SCADA Improvements Phase 1- SCADA upgrades, PLC panels &amp; SCADA system retrofit</td>
<td>$960K</td>
<td>Long Beach</td>
<td>Jacob Hester 562-570-2345</td>
<td>Long Beach Water Department Jacob Hster 562-570-2345</td>
</tr>
</tbody>
</table>
LIST OF DESIGNATED SUBCONTRACTORS

SPEC #: 1349S-REBID

PROJECT TITLE: Pala Lift Station Electrical Equipment Upgrade

NAME OF CONTRACTOR: CSI Electrical Contractors Inc

In compliance with the provisions of Sec. 4100-4111, inclusive, of the Public Contract Code of the State of California, and any amendments thereof, each bidder shall set forth: the name, location of the place of business, license number, portion of the work which will be done by each subcontractor who will perform work or labor or render service to the Contractor in or about the construction of the work or improvement in an amount in excess of one-half of one percent (1/2 of 1%) of the Contractor's total bid. Each portion of Subcontracted work noted in the below table must be specific and contain all major activities associated with completion of the project, outside of the services provided by the bidding Contractor. Ambiguous and/or incomplete Subcontracted work information may deem the bid nonresponsive. Each subcontractor shall possess, both at the time the bid is submitted and at all times when work is performed, a valid contractor's license for the appropriate classification necessary to perform the work for which that subcontractor is listed.

BIDDER SHALL PROVIDE THE FOLLOWING INFORMATION:
Company Name, Business Address, Email Address, License No., Contractor Registration No., Subcontract Work, and % Of Total Bid

* PLEASE WRITE LEGIBLY*

<table>
<thead>
<tr>
<th>LICENSED SUBCONTRACTOR'S NAME, BUSINESS ADDRESS, &amp; EMAIL ADDRESS</th>
<th>LICENSE #</th>
<th>SUBCONTRACT WORK (Be Specific)</th>
<th>% OF TOTAL BID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: Pyramid Build &amp; Engineering Inc.</td>
<td>License #: A,B,C8</td>
<td>Civil Site Work. Demo Mechanical</td>
<td>25%</td>
</tr>
<tr>
<td>Address: 10975 G Avenue Hesperia, CA 92345</td>
<td>782024</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address: <a href="mailto:john@pyramidbuilding.net">john@pyramidbuilding.net</a></td>
<td>DIR Registration #: 100003470</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Name: Halco Testing Services</td>
<td>License #: C10</td>
<td>Acceptance Testing Power Systems Studies</td>
<td>1%</td>
</tr>
<tr>
<td>Address: 5773 Venice Blvd, Los Angeles, CA</td>
<td>342752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address: <a href="mailto:J.Coutney@halco.net">J.Coutney@halco.net</a></td>
<td>DIR Registration #: 1000025646</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSED SUBCONTRACTOR’S NAME, BUSINESS ADDRESS, &amp; EMAIL ADDRESS</td>
<td>LICENSE #</td>
<td>SUBCONTRACT WORK (Be Specific)</td>
<td>% OF TOTAL BID</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>Company Name:</strong> GT Hall</td>
<td>License #: 920775</td>
<td>Instrumentation Control</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Address:</strong> 1605 E Gene Autry Way</td>
<td>DIR Registration #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaheim, CA 92805</td>
<td><a href="mailto:jsanders@georgethall.com">jsanders@georgethall.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address:</strong> <a href="mailto:jsanders@georgethall.com">jsanders@georgethall.com</a></td>
<td>1000396013</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Company Name:</strong> RE Chaffee Construction</td>
<td>License #: 897948</td>
<td>Civil Site Work: Demo Mechanical</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Address:</strong> 7987 Sage Street, Phelan, CA 92371</td>
<td>DIR Registration #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address:</strong> <a href="mailto:remmie@rechaffee.com">remmie@rechaffee.com</a></td>
<td>1000055585</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Do not list alternative subcontractors for the same work) (Use additional pages if needed)
PUBLIC WORKS CONTRACTOR REGISTRATION
(Pursuant to SB 854)

This project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

Pursuant to Section 1771.1 of the Labor Code, no contractor or subcontractor shall be qualified to bid on, be listed in a bid proposal pursuant to Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work unless currently registered to perform public work pursuant to Section 1725.5 of the Labor Code. It shall not be a violation of this section for an unregistered contractor to submit a bid that is authorized by Section 7029.1 of the Business and Professions Code or by Sections 10164 or 20103.5 of the Public Contract Code, provided the contractor is registered to perform public work pursuant to Section 1725.5 at the time the contract is awarded.

BIDDERS AND THEIR SUBCONTRACTORS (listed on the Designation of Subcontractors List C-05) are to provide an extract (pdf or excel) at time of bid showing active registration from the Public Works Contractor Registration online registration at https://cadir.secure.force.com/ContractorSearch

*****************************************************************************
SUBMIT BIDDER & SUBCONTRACTORS CONTRACTOR REGISTRATION
EXTRACTS WITH BID PROPOSAL (Either pdf or Excel Format)
*****************************************************************************
Contractor Information

Legal Entity Name
CSI Electrical Contractors, Inc.

Legal Entity Type
Corporation

Status
Active

Registration Number
PW-LR-1000438973

Registration effective date
7/16/2019

Registration expiration date
6/30/2022

Mailing Address
12150 E 112th Ave  Henderson 80640 CO United St...

Physical Address
10623 Fulton Wells Ave. Santa Fe Springs 90670 CA...

Email Address
Trade Name/DBA
License Number(s)
CSLE:1055811

Registration History

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/16/2019</td>
<td>6/30/2022</td>
</tr>
</tbody>
</table>

Legal Entity Information

Corporation Number:

Federal Employment Identification Number:

President Name:
Paul Pica

Vice President Name:

Treasurer Name:

Secretary Name:

CEO Name:
Steven Watts

Agent of Service Name:
CT Corporation System

Agent of Service Mailing Address:
818 West Seventh Street, Suite 930  Los Angeles 90017 CA United States of America

Workers Compensation

Do you lease employees  No
through Professional Employer Organization (PEO)?  

Please provide your current workers compensation insurance information below:

<table>
<thead>
<tr>
<th>PEO</th>
<th>PEO</th>
<th>PEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Email</td>
</tr>
</tbody>
</table>

Insured by Carrier

Policy Holder Name: CSI Electrical Contractors, Inc.
Insurance Carrier: Zurich American Insurance Company
Policy Number: WC0625287-00
Inception date: 6/30/2019
Expiration Date: 6/30/2020
Contractor Information

Legal Entity Name
PYRAMID BUILDING AND ENGINEERING, INC.

Legal Entity Type
Corporation

Status
Active

Registration Number
100003473

Registration effective date
7/1/2019

Registration expiration date
6/30/2021

Mailing Address
P.O. BOX 401080 HESPERIA 92340 CA United St...

Physical Address
10975 G. AVE. HESPERIA 92345 CA United State...

Email Address

Trade Name/DBA

License Number(s)
CSLB:782024

Registration History

<table>
<thead>
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<th>Effective Date</th>
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</tr>
<tr>
<td>6/30/2015</td>
<td>6/30/2016</td>
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<tr>
<td>12/19/2014</td>
<td>6/30/2015</td>
</tr>
<tr>
<td>7/1/2019</td>
<td>6/30/2021</td>
</tr>
</tbody>
</table>

Legal Entity Information

Corporation Number:
C2154468

Federal Employment Identification Number:

President Name:
JOHN GARRISON

Vice President Name:

Treasurer Name:
JOHN GARRISON

Secretary Name:
KAREN GARRISON

CEO Name:

Agent of Service Name:
PYRAMID BUILDING AND ENGINEERING INC

Agent of Service Mailing Address:
10975 G. AVE. AVE. HESPERIA 92345 CA United States of America

Workers Compensation

Do you lease employees No
through Professional
Employer Organization (PEO)?
Please provide your current workers compensation insurance information below:

<table>
<thead>
<tr>
<th>PEO</th>
<th>PEO</th>
<th>PEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Email</td>
</tr>
</tbody>
</table>

Insured by Carrier
Policy Holder Name: PYRAMID BUILDING AND ENGINEERING, INC. Insurance Carrier: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA Policy Number: UB0K169109
Inception date: 2/5/2018 Expiration Date: 2/5/2019
Contractor Information

Legal Entity Name
HALCO SERVICE CORPORATION

Legal Entity Type
Corporation

Status
Active

Registration Number
1000025646

Registration effective date
7/1/2019

Registration expiration date
6/30/2020

Mailing Address
5773 VENICE BLVD. LOS ANGELES 90019 CA Un...

Physical Address
5773 VENICE BLVD. LOS ANGELES 90019 CA Un...

Email Address

Trade Name/DBA
HALCO TESTING SERVICES

License Number(s)
CSLB:342752

Registration History

Effective Date | Expiration Date
--- | ---
5/22/2018 | 6/30/2019
5/8/2017 | 6/30/2018
9/14/2016 | 6/30/2017
7/10/2015 | 6/30/2016
7/1/2019 | 6/30/2020
Legal Entity Information

Corporation Number:
0786800

Federal Employment Identification Number:

President Name:
KEITH ORLM

Vice President Name:

Treasurer Name:

Secretary Name:

CEO Name:

Agent of Service Name:
KEITH ORLM

Agent of Service Mailing Address:
5773 VENICE BLVD. LOS ANGELES 90019 CA United States of America

Workers Compensation

Do you lease employees through Professional Employer Organization (PEO)?:
No

Please provide your current workers compensation insurance information below:

PEO PEO PEO

PEO Information Name Phone Email

Insured by Carrier

Policy Holder Name: HALCO SERVICE CORP
Insurance Carrier:
SECURITY NATIONAL INSURANCE COMPANY
Policy Number: A09491895
Inception Date: 8/28/2018
Expiration Date: 8/28/2019
Contractor Information

Legal Entity Name
George T. Hall Company
Legal Entity Type
Corporation
Status
Active
Registration Number
PW-LR-1000396013
Registration effective date
7/1/2019
Registration expiration date
6/30/2020
Mailing Address
1605 Gene Autry Way Anaheim 92805 CA Unite...
Physical Address
1605 Gene Autry Way Anaheim 92805 CA Unite...
Email Address
Trade Name/DBA
License Number(s)
CSLB:9207775

Registration History

<table>
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<tbody>
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<td>6/30/2020</td>
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</table>

Legal Entity Information

Corporation Number:
Federal Employment Identification Number:
President Name:
Charles Niemann
Vice President Name:
James Martin
Treasurer Name:
Dina Johnson
Secretary Name:
CEO Name:

Agent of Service Name:
Dina Johnson
Agent of Service Mailing Address:
1605 Gene Autry Anaheim 92805 CA United States of America

Workers Compensation

Do you lease employees  No through Professional
Employer Organization (PEO)?
Please provide your current workers compensation insurance information below:

<table>
<thead>
<tr>
<th>PEO</th>
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</tr>
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<tbody>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Email</td>
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</tbody>
</table>

Insured by Carrier
Policy Holder Name: George T. Hall Company
Insurance Carrier: Marsh & McLennan Agency
Policy Number: BBWWK1000042601
Inception date: 9/30/2018
Expiration Date: 9/30/2019

Contractor Information

<table>
<thead>
<tr>
<th>Legal Entity Name</th>
<th>RE CHAFFEE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Entity Type</td>
<td>Sole Proprietorship</td>
</tr>
<tr>
<td>Status</td>
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<tr>
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<td>1000055585</td>
</tr>
<tr>
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<td>7/1/2019</td>
</tr>
<tr>
<td>Registration expiration date</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>7987 SAGE ST PHelan 92371 CA United States...</td>
</tr>
<tr>
<td>Physical Address</td>
<td>7987 SAGE ST PHelan 92371 CA United States...</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Trade Name/DBA</td>
<td></td>
</tr>
<tr>
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<tr>
<td>CSLB: 8976548</td>
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Registration History

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<td>6/30/2018</td>
</tr>
<tr>
<td>7/1/2019</td>
<td>6/30/2020</td>
</tr>
</tbody>
</table>

Legal Entity Information

Sole Proprietor Name:

Workers Compensation

Do you lease employees? No through Professional
Employer Organization (PEO)?:
Please provide your current workers compensation insurance information below:

<table>
<thead>
<tr>
<th>PEO</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Email</td>
</tr>
</tbody>
</table>

Insured by Carrier
Policy Holder Name: R.E Chaffee Construction
Insurance Carrier:
State Compensation Insurance Fund
Policy Number: 9236180-18
Inception date: 8/3/2018
Expiration Date: 8/3/2019
### Contractor Information

<table>
<thead>
<tr>
<th>Legal Entity Name</th>
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</thead>
<tbody>
<tr>
<td>Legal Entity Type</td>
<td>Sole Proprietorship</td>
</tr>
<tr>
<td>Status</td>
<td>Active</td>
</tr>
<tr>
<td>Registration Number</td>
<td>1000055585</td>
</tr>
<tr>
<td>Registration effective date</td>
<td>7/1/2019</td>
</tr>
<tr>
<td>Registration expiration date</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>7987 SAGE ST PHELAN 92371 CA United States ...</td>
</tr>
<tr>
<td>Physical Address</td>
<td>7987 SAGE ST PHELAN 92371 CA United States ...</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Trade Name/DBA</td>
<td></td>
</tr>
<tr>
<td>License Number(s)</td>
<td>CSLB:897948</td>
</tr>
</tbody>
</table>

### Registration History

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/29/2018</td>
<td>6/30/2019</td>
</tr>
<tr>
<td>2/9/2018</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>7/1/2019</td>
<td>6/30/2020</td>
</tr>
</tbody>
</table>

### Legal Entity Information

Sole Proprietor Name:

### Workers Compensation

Do you lease employees through Professional Employer Organization (PEO)?: No

Please provide your current workers compensation insurance information below:

<table>
<thead>
<tr>
<th>PEO</th>
<th>PEO</th>
<th>PEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>InformationName</td>
<td>Phone</td>
<td>Email</td>
</tr>
</tbody>
</table>

Insured by Carrier

Policy Holder Name: R.E Chaffee Construction
Insurance Carrier: State Compensation Insurance Fund
Policy Number: 9236180-18
Inception date: 8/3/2018
Expiration Date: 8/3/2019
**CONTRACTOR'S LICENSING STATEMENT**

The undersigned is licensed in accordance with the laws of the State of [California] providing for the registration of contractors. The representations made herein and in the proposal documents are made under penalty of perjury. The undersigned is hereby representing that he is properly licensed both at the time that he submits a bid as well as at the time the contract is awarded, if the contract is awarded to the undersigned.

**CONTRACTOR'S CLASSIFICATION** C10.C7.A

**LICENSE NUMBER** 1055811 **TYPE** Contractor **EXPIRATION DATE** 7/31/2021

### A. INDIVIDUAL CONTRACTOR

<table>
<thead>
<tr>
<th>NAME OF INDIVIDUAL CONTRACTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS ADDRESS:</td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
</tr>
<tr>
<td>SIGNATURE OF OWNER:</td>
</tr>
</tbody>
</table>

### B. FIRM OR PARTNERSHIP

<table>
<thead>
<tr>
<th>NAME OF FIRM OR PARTNERSHIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS ADDRESS:</td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
</tr>
<tr>
<td>SIGNATURE(S) &amp; TITLE OF MEMBERS SIGNING ON BEHALF OF THE PARTNERSHIP:</td>
</tr>
<tr>
<td>SIGNATURE:</td>
</tr>
<tr>
<td>SIGNATURE:</td>
</tr>
<tr>
<td>SIGNATURE:</td>
</tr>
</tbody>
</table>

### C. CORPORATION

<table>
<thead>
<tr>
<th>NAME OF CORPORATION: CSI Electrical Contractors Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS ADDRESS: 10623 Fulton Wells Avenue, Santa Fe Springs, CA 90670</td>
</tr>
<tr>
<td>PHONE NUMBER: 562-946-0700</td>
</tr>
<tr>
<td>SIGNATURE OF AUTHORIZED OFFICER OF CORPORATION:</td>
</tr>
<tr>
<td>SIGNATURE: [Signature]</td>
</tr>
</tbody>
</table>

C6-1 00030 Contractors Licensing Statement
NON-COLLUSION DECLARATION  
TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID

The undersigned declares:

I am the CEO ___________________ of CSI Electrical Contractors Inc. ____________, the party making the foregoing bid.

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 to 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 of 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 or 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 laws of the State of California that the foregoing is true and correct and that this declaration is executed on 12/18/2019 [date], at Santa Fe Springs [city], California [state] [state]

Signed: ______________________

Name: Steve Watts ______________________

(Print Name Here)

C7-1 00032 Non-Collusion Declaration
IRAN CONTRACTING ACT CERTIFICATION

Pursuant to the Iran Contract Act of 2010 (Public Contract Code 2200-2208), Vendors/Bidders are ineligible to bid on or submit a proposal for any contract with a public entity for goods or services of one million dollars ($1,000,000) or more if the Vendor/Bidder engages in investment activities in Iran.

MUST BE SUBMITTED WITH BID PROPOSAL IF BID AMOUNT IS $1,000,000 OR MORE

Prior to bidding on, submitting a proposal, or executing a contract or renewal for a public entity contract for goods or services of $1,000,000 or more, a vendor must either: a) certify it is not on the current list of persons engaged in investment activities in Iran created by the California Department of General Services ("DGS") pursuant to Public Contract Code section 2203(b) and is not a financial institution extending $20,000,000 or more in credit to another person, for 45 days or more, if that other person will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS; or b) demonstrate it has been exempted from the certification requirement for that solicitation or contract pursuant to Public Contract Code section 2203(c) or (d).

To comply with this requirement, please insert your vendor or financial institution name and Federal ID Number (if available) and complete one of the options below. Please note: California law establishes penalties for providing false certifications, including civil penalties equal to the greater of $250,000 or twice the amount of the contract for which the false certification was made, contract termination, and three-year ineligibility to bid on contracts. (Pub. Cont. Code § 2205.)

OPTION #1 - CERTIFICATION

I, the official named below, certify I am duly authorized to execute this certification on behalf of the vendor/financial institution identified below, and the vendor/financial institution identified below is not on the current list of persons engaged in investment activities in Iran created by DGS and is not a financial institution extending twenty million dollars ($20,000,000) or more in credit to another person/vendor, for 45 days or more, if that other person/vendor will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<table>
<thead>
<tr>
<th>Vendor Name/Financial Institution (Printed)</th>
<th>Federal ID Number (or n/a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSI Electrical Contractors Inc.</td>
<td>84-1788580</td>
</tr>
</tbody>
</table>

By (Authorized Signature)


<table>
<thead>
<tr>
<th>Printed Name and Title of Person Signing</th>
<th>Date Executed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Watts</td>
<td>12/18/2019</td>
</tr>
</tbody>
</table>
OPTION #2 – EXEMPTION

Pursuant to Public Contract Code sections 2203(c) and (d), a public entity may permit a vendor/financial institution engaged in investment activities in Iran, on a case-by-case basis, to be eligible for, or to bid on, submit a proposal for, or enters into or renews, a contract for goods and services.

If you have obtained an exemption from the certification requirement under the Iran Contracting Act, please fill out the information below, and attach documentation demonstrating the exemption approval.

<table>
<thead>
<tr>
<th>Vendor Name/Financial Institution (Printed)</th>
<th>Federal ID Number (or n/a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By (Authorized Signature)</td>
<td></td>
</tr>
<tr>
<td>Printed Name and Title of Person Signing</td>
<td>Date Executed</td>
</tr>
</tbody>
</table>
All establishments covered by CCR Title 8 Section §4300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you’ve added the entries from every page of the Log. If you had no cases, write “0.”

Employees, former employees, and their representatives have the right to review the Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

**Facility Information**

- Establishment name: CS1 Electrical Contractors
- Street: 10623 Valley Wells Ave
- City: San Diego
- State: CA
- Zip: 92126
- Industry description (e.g., Manufacturer of motor truck trailers): ELECT. CABLE

- Standard Industrial Classification (SIC), if known (e.g., SIC 3715): 1731

**Employment Information**

(If you don’t have these figures, use the optional Worksheet to estimate.)

- Annual average number of employees: 165
- Total hours worked by all employees last year: 2,012,093

**Sign here**

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive: [Signature]
Date: 12/14/2009

---

**Number of Cases**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>0</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>6</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>3</td>
</tr>
</tbody>
</table>

**Number of Days**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>0</td>
</tr>
<tr>
<td>Total number of days away from work</td>
<td>132</td>
</tr>
</tbody>
</table>

**Injury and Illness Types**

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>9</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>0</td>
</tr>
<tr>
<td>(4) Poisonings</td>
<td>0</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
<td>0</td>
</tr>
<tr>
<td>(6) All other Illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.
C-17 Contractor's Cal/OSHA Compliance History and SIC Code
THIS DOCUMENT IS TO BE SUBMITTED WITH THE PROPOSAL PACKAGE AT TIME OF BID

<table>
<thead>
<tr>
<th>Bid Date:</th>
<th>12/19/2019</th>
<th>Contractor's Standard Industry Code:</th>
<th>1731</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specification No.</td>
<td>1349S Rebid</td>
<td>Project Name:</td>
<td>Pala Lift Station Electrical Equipment Upgrade</td>
</tr>
<tr>
<td>Contractor name:</td>
<td>CSI Electrical Contractors Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractor Address:</td>
<td>10623 Fulton Wells Avenue, Santa Fe Springs, CA 90670</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractor License No.</td>
<td>1055811</td>
<td>Phone No:</td>
<td>562-946-0700</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>George Bone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer the following questions:

1. Has the Contractor been cited by Cal/OSHA or any regulatory agency for a violation related to safety or environmental issues within the past seven (7) years? No [ ] Yes [x]
   
   If yes, please attach all documentation specific to each violation and what actions have been taken to ensure that there is not a repeat violation.

2. Has the Contractor had a fatality or serious incident per Cal/OSHA on a jobsite within the past ten (10) years? Under legal review due to potential third party liability. No [ ] Yes [x]
   
   Please see attached. Please contact George Bone for any questions 562-322-4537
   
   If yes, please attach all documentation specific to each violation and what actions have been taken to ensure that there is not a repeat violation.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Contractor's Representative signature: [Signature]  
Steve Watts / CEO  
Date: 12/18/2019

Failure to fully divulge, complete and submit this form “may” deem your bid non-responsive

FOR EMWD USE ONLY:  
Field Engineering to forward to Risk Management for review

Approved:  
No [ ] Yes [ ]

Reviewed by Risk Management (signature required)  
Date:  
By:  

cc: Construction Administrator
File: C-17 Contractor's Compliance History

C17-2  00052 CalOsha Compliance History & SIC Code
Cal / Osha Compliance History-Supporting Documents for question 1

1. Has the Contractor been cited by Cal/OSHA or any regulatory agency for a violation related to safety or environmental issues within the past seven (7) years?

Response: Yes, Citation currently under appeal. See attached.
SAFETY ACTION PLAN

Cal-OSHA Citations

Date of citation notice: 5/31/2017
Inspection Number: 1231617
Citation 1 (General): Title 8 CCR Section 3395 Heat Illness Prevention

Inspection Site: 1900 E. Lambert Rd.
Brea, CA 92821

During the course of a Cal-OSHA inspection on 4/21/17, CSI Supervision was unable to provide training records for Heat Illness Prevention.

Immediate Corrective Actions:
The training records were not located on site and were provided to Cal-OSHA from the CSI main office the following day.

Root Cause:
Training records are not kept on site.

Additional Corrective Actions:
Heat Illness Prevention Training records will be easily accessible to all Supervisors via BOX files and or by reaching the CSI Safety Department.

Additional Actions:
CSI has filed an appeal to this citation.
Date of citation notice: 5/31/2017
Inspection Number: 1231617
Citation 2 (Serious): Title 8 CCR 3646 Operating Instructions (Elevating Work Platforms)

Inspection Site: 1900 E. Lambert Rd.
               Brea, CA 92821

During the course of a Cal-OSHA inspection on 4/21/2017, a CSI employee was found to be working while standing on the mid-rail of an elevating work platform (Scissor lift- Skyjack SJ8831 RT). The employee was wearing a harness and fall restraint lanyard to ensure the employee could not fall outside the guard rail system.

Immediate Corrective Actions:
The employee halted his work and an immediate stand down with the crew performed to discuss modifying the job steps to complete the work without standing on the mid-rail.

Root Cause:
Employee needed to reach farther than the lift would allow while standing on the platform floor.
The module installation was poorly designed by the manufacturer.

Additional Corrective Actions:
All employees at this site were given additional remedial operator training.

CSI communicated citation to all Site Supervision and requested a stand-down with their crews to discuss safe Elevated Work Platform operations.

CSI Management has presented this citation to the Safety Committee for review. The Safety Committee has recommended:
- Filing for a variance with Cal-OSHA if extended reach is needed.
- Contacting the module manufacturer to encourage changing the poor design and installation method.

Additional Actions:
CSI has filed an appeal to this citation.
Case Status: VIOLATIONS UNDER CONTEST

Notes: The following inspection has not been indicated as closed. Please be aware that the information shown may change, e.g., violations may be added or deleted. For open cases, in which a citation has been issued, the citation information may not be available for 5 days following receipt by the employer for Federal Inspections or for 30 days following receipt by the employer for State Inspections.

Inspection: 1231617.015 - Csi Electrical Contractors, Inc.

Case Status: VIOLATIONS UNDER CONTEST

Violation Summary

<table>
<thead>
<tr>
<th>Violation Type</th>
<th>Willful</th>
<th>Repeat</th>
<th>Other</th>
<th>Unclass</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Violations</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Current Violations</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Initial Penalty</td>
<td>$8,435</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Penalty</td>
<td>$420</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FTA Amount</td>
<td>$420</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Violation Items

<table>
<thead>
<tr>
<th>#</th>
<th>ID</th>
<th>Type</th>
<th>Standard</th>
<th>Issuance</th>
<th>Abate</th>
<th>Cur$</th>
<th>Ini$</th>
<th>fla$</th>
<th>Contest</th>
<th>LastEvent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01001</td>
<td>Other</td>
<td>3935(h)(1)</td>
<td>05/17/2017</td>
<td>07/26/2017</td>
<td>$420</td>
<td>$20</td>
<td>$0</td>
<td>06/11/2017</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>02001</td>
<td>Serious</td>
<td>3646(h)</td>
<td>05/17/2017</td>
<td></td>
<td>$8,435</td>
<td>$420</td>
<td>$0</td>
<td>06/11/2017</td>
<td>-</td>
</tr>
</tbody>
</table>
CITATION AND NOTIFICATION OF PENALTY

To:
CSI ELECTRICAL CONTRACTORS, INC.
and its successors
10623 Fulton Wells Ave.
Santa Fe Springs, CA 90670

Inspection Site:
1900 E. Lambert Rd.
Brea, CA 92821

Inspection #: 1231617
Inspection Date(s): 04/21/2017 - 05/31/2017
Issuance Date: 05/31/2017
CSHO ID: Y7043
Optional Report #: 053-17
Reporting ID: 0950631

This Citation and Notification of Penalty (hereinafter Citation) is being issued in accordance with California Labor Code Section 6317 for violations that were found during the Inspection/Investigation. This Citation or a copy must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer. Violations of Title 8 of the California Code of Regulations or of the California Labor Code may result in some instances in prosecution for a misdemeanor.

YOU HAVE A RIGHT to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you must contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

Informal Conference - You may request an informal conference with the manager of the district office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation, classification of the violation, abatement date or proposed penalty.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Citation and Notification of Penalty
Page 1 of 9

Cal/OSHA-2 V1 Rev 2/2015
Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

APPEAL RIGHTS

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Division) and employs experienced attorneys as administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of a Citation. After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, for each contested citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board
2520 Venture Oaks Way, Suite 300
Sacramento, CA 95833
Telephone: (916) 274-5751 or (877) 252-1987
Fax: (916) 274-5785

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. You must also attach to the appeal form a legible copy of the Citation you are appealing. In addition, please send a copy of Page 1 of this Citation and Notification of Penalty, the cover sheet.

Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

Important: You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with the Division does not constitute an appeal and does not stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, at (916) 274-5751 or (877) 252-1987.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
PENALTY PAYMENT OPTIONS

Penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. If you are appealing any item of the citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form for payment.

If you are paying electronically, please have the Penalty Remittance Form on-hand when you are ready to make your payment. The company name, inspection number, and Citation number(s) will be required in order to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html to access the secure payment processing site. Additionally, you must also mail the Penalty Remittance Form to the address below.

If you are paying by check, return one copy of the Citation, along with the Notice of Proposed Penalties Sheet and the Penalty Remittance Form and mail to:

Department of Industrial Relations
Cashier, Accounting Office
P. O. Box 420603
San Francisco, CA 94142-0603

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

NOTIFICATION OF CORRECTIVE ACTION

For violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the district office listed on the Citation by submitting the Cal/OSHA 160 form with the abatement steps you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for general violations has already been reduced by 50% on the presumption that the employer will correct the violations by the abatement date. The adjusted penalty for serious violations, if any, has already been reduced by 50% because abatement of those violations has been completed.

Note: Return the Cal/OSHA 160 form to the district office listed on the Citation and as shown below:

Division of Occupational Safety and Health
Santa Ana District Office
2000 E. McFadden Avenue, Suite 122
Santa Ana, CA 92705
Telephone: (714) 558-4451
Fax: (714) 558-2035

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Citation and Notification of Penalty Page 3 of 9 Cal/OSHA-2 V1 Rev 2/2015
EMPLOYEE RIGHTS

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

Employee Appeals - An employee or authorized employee's representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a district office of the Division.

Employees Participation in Informal Conference - Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

DISABILITY ACCOMMODATION

Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Occupational Safety and Health, should contact the Disability Accommodation Coordinator at the local district office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The Statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY - Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign-language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing or conference.
Citation and Notification of Penalty

Company Name: CSI ELECTRICAL CONTRACTORS, INC.
Establishment DBA: and its successors
Inspection Site: 1900 E. Lambert Rd.
Brea, CA 92821

Citation 1 Item 1 Type of Violation: General

California Code of Regulations, Title 8 Section 3395. Heat Illness Prevention

(h) Training.

(1) Employee training. Effective training in the following topics shall be provided to each supervisory and non-supervisory employee before the employee begins work that should reasonably be anticipated to result in exposure to the risk of heat illness:

(A) The environmental and personal risk factors for heat illness, as well as the added burden of heat load on the body caused by exertion, clothing, and personal protective equipment.
(B) The employer's procedures for complying with the requirements of this standard, including, but not limited to, the employer's responsibility to provide water, shade, cool-down rests, and access to first aid as well as the employees' right to exercise their rights under this standard without retaliation.
(C) The importance of frequent consumption of small quantities of water, up to 4 cups per hour, when the work environment is hot and employees are likely to be sweating more than usual in the performance of their duties.
(D) The concept, importance, and methods of acclimatization pursuant to the employee's procedures under subsection (1)(4).
(E) The different types of heat illness, the common signs and symptoms of heat illness, and appropriate first aid and/or emergency responses to the different types of heat illness, and in addition, that heat illness may progress quickly from mild symptoms and signs to serious and life threatening illness.
(F) The importance to employees of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers.
(G) The employer's procedures for responding to signs or symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary.
(H) The employer's procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider.
(I) The employer's procedures for ensuring that, in the event of an emergency, clear and precise
directions to the work site can and will be provided as needed to emergency responders. These procedures shall include designating a person to be available to ensure that emergency procedures are invoked when appropriate.

Prior to and during the course of the inspection, including, but not limited to, on April 21, 2017, the employer failed to ensure effective training was provided to each supervisory and non-supervisory employee before the employee begins work that should reasonably be anticipated to result in exposure to the risk of heat illness.

Date By Which Violation Must be Abated: July 05, 2017

Proposed Penalty: $20,000
Citation and Notification of Penalty

Company Name: CSI ELECTRICAL CONTRACTORS, INC.
Establishment DBA: and its successors
Inspection Site: 1900 E. Lambert Rd.
               Brea, CA 92821

Citation 2 Item 1  Type of Violation: Serious

Title 8 California Code of Regulations 3646. Operating Instructions (Elevating Work Platforms).

(e) Employees shall not sit, stand or climb on the guardrails of an elevating work platform or use planks, ladders, or other devices to gain greater working height or reach.

Prior to and during the course of the inspection, including but not limited to, on April 21, 2017, the Employer failed to ensure that Employees would not stand on the guardrails of an elevating work platform (Skyjack SJ8831 RT) to gain greater working height or reach.

Date By Which Violation Must be Abated: Corrected During Inspection
Proposed Penalty: $8435.00

Tom Birkett / Richard Fazooli
Compliance Officer / District Manager

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Citation and Notification of Penalty  Page 7 of 9  Cal/OSHA 2 V1 Rev 2/2015
NOTICE OF PROPOSED PENALTIES

Company Name: CSI ELECTRICAL CONTRACTORS, INC.
Establishment DBA: and its successors
Inspection Site: 1900 E. Lambert Rd., Brea, CA 92821
Mailing Address: 10623 Fulton Wells Ave., Santa Fe Springs, CA 90670
Issue Date: 05/31/2017
Reporting ID: 0950631
CSHO ID: Y7043

Summary of Penalties for Inspection Number 1231617

<table>
<thead>
<tr>
<th>Citation</th>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Item 1</td>
<td>General</td>
<td>$420.00</td>
</tr>
<tr>
<td>2</td>
<td>Item 1</td>
<td>Serious</td>
<td>$8435.00</td>
</tr>
<tr>
<td><strong>TOTAL PROPOSED PENALTIES</strong></td>
<td></td>
<td></td>
<td><strong>$8855.00</strong></td>
</tr>
</tbody>
</table>

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form.

If you are paying electronically: Please have this form on-hand when you are ready to make your payment. The company name, reporting ID and Citation number(s) will be required to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html to access the secure payment processing site. Additionally, you must also mail the Penalty Remittance Form to the address below.

If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

DEPARTMENT OF INDUSTRIAL RELATIONS
CASHIER, ACCOUNTING OFFICE
P. O. BOX 420603
SAN FRANCISCO, CA, 94142-0603

Cal/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions or endorsements do not exist.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Citation and Notification of Penalty Page 8 of 9

Cal/OSHA-2 V1 Rev 2/2015
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH – CAL/OSHA
Accounting Office - Cashiering Unit
P.O. Box 420603
San Francisco, CA 94142-0603
Phone (415) 703-4291 or (415) 703-4308  Fax (415) 703-3037

Please mail or fax this form back to the above address to properly credit your payment.

### PENALTY REMITTANCE FORM

<table>
<thead>
<tr>
<th>CIVIL PENALTY INFO</th>
<th>INSPECTION NO.:</th>
<th>REPORTING ID:</th>
<th>ESTABLISHMENT NAME:</th>
<th>CSI ELECTRICAL CONTRACTORS, INC.</th>
<th>FEIN/SEIN:</th>
<th>UNKNOWM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT PERSON:</td>
<td>Richard Samanieg</td>
<td></td>
<td>PHONE NO.:</td>
<td>UNKNOWN</td>
<td>FAX NO.:</td>
<td>UNKNOWN</td>
</tr>
<tr>
<td>SITE ADDRESS:</td>
<td>1900 E. Lambert Rd., Brea, CA 92821</td>
<td></td>
<td>MAILING ADDRESS:</td>
<td>10623 Fulton Wells Ave., Santa Fe Springs, CA 90670</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CITATION INFORMATION:** Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this Citation, remittance is still due on all items that are not appealed.

**PAYMENT INSTRUCTIONS:**
- Put a "✓" next to the Citation(s) that you are paying.
- Write the amount paid in the "AMOUNT PAID" column.
- Please indicate the "TOTAL AMOUNT PAID".

<table>
<thead>
<tr>
<th>✓ SUMMARY OF PENALTIES PAID</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation 1 Item 1, General</td>
<td>$</td>
</tr>
<tr>
<td>Citation 2 Item 1, Serious</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT PAID**

$  

**TYPE OF PAYMENT ENCLOSED**

Fill in the check, e-check reference, or money order information below:

<table>
<thead>
<tr>
<th>CHECK # ENCLOSED IN THE AMOUNT OF:</th>
<th>$</th>
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</thead>
<tbody>
<tr>
<td>E-CHECK REFERENCE # PAID IN THE AMOUNT OF:</td>
<td>$</td>
</tr>
<tr>
<td>MONEY ORDER # ENCLOSED IN THE AMOUNT OF:</td>
<td>$</td>
</tr>
</tbody>
</table>

Please make check or money order payable to Department of Industrial Relations - Cal/OSHA and mail to the Cashier, Accounting Office, at the above address. Reference the Inspection Number on the "memo" portion of your check or money order. Note: For your convenience, the Department of Industrial Relations accepts electronic payments at [www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html](http://www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html). Again, please mail or fax this form to the above address or fax

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Citation and Notification of Penalty  Page 9 of 9  Cal/OSHA-2 V1 Rev 2/2015
NOTICE OF VERIFICATION OF ABATEMENT OF SERIOUS VIOLATIONS

CSI ELECTRICAL CONTRACTORS, INC.
10623 Fulton Wells Ave.
Santa Fe Springs, CA 90670

During the course of an inspection or re-inspection at a place of employment located at:

1900 E. Lambert Rd.
Brea, CA 92821

The Division has verified abatement of the following Citation(s) alleging a serious violation or Special Orders(s) or Orders(s) to Take Special Action:

<table>
<thead>
<tr>
<th>Citation or Order No.</th>
<th>Number of Instances</th>
<th>Date Division Verified Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation 2 Item 1</td>
<td>1</td>
<td>April 21, 2017</td>
</tr>
</tbody>
</table>

Signature: ___________________________ Date of Issuance: May 31, 2017

Compliance Safety and Health Officer

This notice is provided to the employer in accordance with the provisions of California Labor Code Section 6318(b). The employer is required to post this notice for three (3) working days at or near the location of the alleged violation.

0950631 1231617 Y7043 053-17
RID Inspection Nr. CSHO ID Optional Report Nr.
EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF REGULATORY AND/OR GENERAL VIOLATIONS

CSI ELECTRICAL CONTRACTORS, INC.
10623 Fulton Wells Ave.
Santa Fe Springs, CA 90670

The law requires that violations observed during the inspection completed on 05/31/2017 at the place of employment located at 1900 E. Lambert Rd., Brea, CA be corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected by returning this completed form. Your response by completing, signing and mailing this form to the issuing office on or before the compliance date may avoid a follow-up inspection of your facilities. Failure to timely complete and return this form may result in issuance of a citation and civil penalty for violation of 8 CCR 340.4(c).

NOTE: This form does not serve as a request for a time extension. If there are serious problems beyond your control that prevent meeting a specified abatement date, contact the Division early, well within the 15-day limit allowed for an appeal.

PLEASE COMPLETE AND MAIL BY June 5, 2017

LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO CORRECT EACH CITATION & ITEM NUMBER OF THE UNSAFE CONDITIONS AND DATE OF ABATEMENT.

☐ Continued on additional page

All affected employees and their representatives have been informed about abatement activities referenced in this document in conformance with 8 CCR Section 340.4(g). ☐ Yes ☐ No

This certifies that all the unsafe conditions listed in the Division’s citation dated UNKNOWN have now been corrected and all submitted abatement information is accurate.

Signature: _______________________________ Date: _______________________________

Name: _______________________________ Title: _______________________________

OFFICE USE ONLY

Compliance Safety and Health Officer: _______________________________ Date: _________________

District Manager: _______________________________ Date: _________________

☐ Close/Comments

RID: 0950631 Inspection Nr: 1231617 CSHO ID: Y7048 Optional Report Nr: 053-17

Date mailed or delivered: May 31, 2017

Cal/OSHA 160 (09/22/14)
Cal / Osha Compliance History-Supporting Documents for question 2

2. Has the Contractor had a fatality or serious incident per Cal/OSHA on a jobsite within the past ten (10) years?

Response: Yes, Under legal review due to potential third-party liability. Please see attached. Contact George Bone for any questions 562-322-4537
Please return to the attention of: Stan Rodriguez

**DOCUMENT REQUEST**

**EMPLOYER:** CSI Electrical Contractors Inc.  
**DATE:** 5/15/2019  
**Postmark by:** 5/21/2019

**RECEIVED BY:** Amy Arnold, Project Manager  
**Cal/OSHA Inspector:** Stan Rodriguez

As discussed during the inspection on 5/8/2019, it has been determined that copies of the following documents are required for review. Please provide the Cal/OSHA inspector with the required copies by the "postmark" date noted above. If the copies are not provided by that date, it will be interpreted as an admission that the documents do not exist, and possible citations and monetary penalties could result.

<table>
<thead>
<tr>
<th>Federal ER ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licenses &amp; Permits: Business License</td>
</tr>
</tbody>
</table>
| Facility Layout (floor plan, evacuation routes, etc) | CSI Electrical  
| OSHA Log 300 (from 2014 to 2018)  |  
| OSHA 5020 (Employer's First Report of Injury) | Kelly Maggio  
| 5021 (Doctor's First Report of Injury) | Kelly Maggio  
| Supervisor's Accident Report for injuring accident involving Kelly Maggio occurring on 4/17/2019 |  
| DWC Form 1 (Worker's Compensation Claim) | Kelly Maggio  
| Worker's Compensation Insurance Carrier |  
| Injury and Illness Prevention Program (written safety program) |  
| Safety Inspection Records on facility, Cal Solar Flats for work conducted by CSI Electrical |  
| Employee Training Records for employees Kelly Maggio, Rafael Castro and Romero Gonzalez |  
| Safety Instructions / Equipment Manuals |  
| Code of Safe Practices specific to Cal Flats Solar Project |  
| Heat Illness Prevention Program |  
| Hazardous Energy Control Procedures (Lockout/Tagout) for working at Cal Flats Solar Project |  
| Emergency Action Plan |  
| Respiratory Protection Program |  
| Hazard Communication Program |  
| Material Safety Data Sheets, for |  
| Hearing Conservation Program (Noise) |  
| Exposure Control Plan / Bloodborne Pathogens |  
| Workplace Exposure Records/Monitoring Results |  
| Tailgate safety meeting reports for the 6 months prior to 4/17/2019 |  
| Other |  

If you require an extension of time in order to satisfy this request, please contact the Cal/OSHA inspector identified with your inspection at the phone numbers above before the deadline.
PROOF OF INSURANCE CERTIFICATE

The Contractor and his subcontractors shall take out and maintain insurance, with coverage acceptable to the District, at his sole cost and expense at all times during the life of the Contract, including the entire time of the Contractor's guarantee.

Note: An Aggregate limit (cap), Professional Employer Organization (PEO), or Self Insurance Plan is not acceptable.

Contractor to insert sample Insurance Certificate showing proof of acceptable Insurance.
## CERTIFICATE OF LIABILITY INSURANCE

**DATE:** 7/19/2019

**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
Bolton & Company
3475 E. Foothill Blvd., Suite 100
Pasadena, CA 91107

www.boltonco.com
0008309

### INSURER
CSI Electrical Contractors, Inc.
CSI, Inc.
P.O. Box 2887
Santa Fe Springs, CA 90670

### COVERAGE

<table>
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<tr>
<th>INSR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL/ SUBWR</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
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<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>GLO 0625286-00</td>
<td>7/15/2019</td>
<td>7/15/2020</td>
<td>EACH OCCURRENCE $1,000,000</td>
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<tr>
<td></td>
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<td></td>
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<td></td>
<td>MED EXP (Any one person) $10,000</td>
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<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY $1,000,000</td>
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<td></td>
<td>GENERAL AGGREGATE $2,000,000</td>
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<td>PRODUCTS - COMPO/PROP AGG $2,000,000</td>
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<td>A</td>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>BAP 0625288-00</td>
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<td>7/15/2020</td>
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<td>OWNED Autos Only</td>
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<td>BODILY INJURY (Per person) $</td>
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<td>SCHEDULED Autos Only</td>
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<td></td>
<td></td>
<td>BODILY INJURY (Per accident) $</td>
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<td>NON-OWNED Autos Only</td>
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<td></td>
<td>PROPERTY DAMAGE (Per accident) $</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>B</td>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR</td>
<td>ZUP-81N16287-19-NF</td>
<td>7/15/2019</td>
<td>7/15/2020</td>
<td>EACH OCCURRENCE $1,000,000</td>
</tr>
<tr>
<td></td>
<td>CLAIMS-MADE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AGGREGATE $1,000,000</td>
</tr>
<tr>
<td>A</td>
<td>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>ANY PROPER/EMPLOYEE/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in RI)</td>
<td>WC 0625287-00</td>
<td>7/15/2019</td>
<td>7/15/2020</td>
<td>PER STATUTE $</td>
</tr>
</tbody>
</table>

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

**Proof of Insurance**

**CERTIFICATE HOLDER**

Proof of Insurance $1M Umb

**CANCELLATION**

**AUTHORIZED REPRESENTATIVE**

Chau Tran

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EASTERN MUNICIPAL WATER DISTRICT

BID BOND

Know all men by these presents, that we

CSI Electrical Contractors, Inc.

(Here insert full name and address or legal title of Contractor)

10629 Fulton Wells Ave., Santa Fe Springs, CA 90670

as Principal, hereinafter called the Principal, and

Great American Insurance Company, 750 The City Drive South, Suite 470, Orange, CA 92868

(Here insert full name and address or legal title of Surety)

a corporation duly organized under the laws of the State of Ohio, as Surety, hereinafter called the Surety, are held and firmly bound unto Eastern Municipal Water District.

Obligee, hereinafter called the Obligee, in the sum of Ten Percent The Amount Bid in Dollars ($100,000.00), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

WHEREAS, the Principal has submitted a bid, dated December 19, 2019, for Pala Lift Station Electrical Upgrade, 44987 Old Town Front St., Temecula, CA 92599

(Here insert full name, address and description of Project)

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding of Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

In the event suit is brought upon this Bond by Obligee and judgement is recovered, the Surety shall pay all costs incurred by Obligee in such suits to be fixed by the court.

Signed and sealed this 17th day of December, 2019

CONTRACTOR AS PRINCIPAL

Company:

CSI Electrical Contractors, Inc.

Signature: Steven Watts

Name: Steven Watts

Title: CEO

SURETY

Company: Great American Insurance Company

Signature: Mary Smith

Name: MARY SMITH

Title: Attorney-in-Fact

This Bid Bond (BB-1) form shall be submitted to be considered a responsive bid

Notary Public Acknowledgment required for Surety and Contractor

Rev:04/06/16 BB-1 00040 Bid Bond
CALIFORNIA 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 Los Angeles
On December 18, 2019 before me, Tamaraj. Peppas, Notary Public
personally appeared Steve Watts

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 capacities, 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.

Place Notary Seal and/or Stamp Above

Signature

Signature of Notary Public

Optional

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintentional document.

Description of Attached Document
Title or Type of Document:

Document Date: December 17th, 2019 Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)
Signer's Name: Street Watts

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

Signer(s) is Representing: CSJ Electrical

©2018 National Notary Association
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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

State of California
County of Los Angeles

On December 17, 2019 before me, Emily Preciado, Notary Public

Date

personally appeared MARY SMITH

Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though 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: ______________________ Signer’s Name: ______________________

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

Signer Is Representing: ______________________

Signer Is Representing: ______________________

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GREAT AMERICAN INSURANCE COMPANY®
Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than FOUR

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Limit of Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEVEN L. BROCKMEYER</td>
<td>ALL OF</td>
<td>$100,000,000</td>
</tr>
<tr>
<td>MARY SMITH</td>
<td>PASADENA, CA</td>
<td></td>
</tr>
<tr>
<td>EMILY PRECIADO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RONALD C. WANGLIN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 16TH day of SEPTEMBER, 2019.

GREAT AMERICAN INSURANCE COMPANY

Attest

Assistant Secretary

M. Vicario
Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - se:

On this 16TH day of SEPTEMBER, 2019, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument, that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 06-16-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008:

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, or any two of them, is hereby authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company at any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, to perform their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile by any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually signed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 17th day of December, 2019.

Assistant Secretary

G.123926 (07/19)