# PROPOSAL PACKAGE INFORMATION SHEET

## SPECIFICATION NO. 1385

I-215 FWY & PLACENTIA AVE INTERCHANGE WATER AND SEWER RELOCATION PROJECT

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**NOTICE TO BIDDERS:** The attached Proposal Package, when completed by you and returned to this District, constitutes your Bid on this specification. Please do not submit the bound copy of the specifications or addenda with your Bid.

The envelope enclosing the proposal **MUST** be sealed and addressed as follows:

**Regular or Express Mail**
- General Manager, EMWD
- Attention: Field Engineering Department
- P.O. Box 8300 / Perris, CA 92572-8300

**FedEx or Hand-Deliver**
- General Manager, EMWD
- Attention: Field Engineering Department
- 2270 Trumble Rd / Perris, CA 92570

The envelope **MUST** be plainly marked in the upper left hand corner with the name and address of the bidder, and bear the words:

- **Proposal For:**
  - (Specification No.)
  - (Name of Project)
  - (Date and Hour)

---

**SIGN, COMPLETE, AND SUBMIT THE FOLLOWING:**

- **Proposal Sheet (C3) Signature required!**
- **Bidding Sheets & Total Bid Price - Unit Price Written In Words, Equipment/Materials List (BS)**
- **Bidder’s Reference (C4)**
- **Subcontractors List (C5)**
- **Public Works Contractor Registration Extracts (C22) Attach extracts of Bidder & Subs listed on C-5 Designation of Subcontractors form. Go to: [https://efiling.dir.ca.gov/PWCR/Search](https://efiling.dir.ca.gov/PWCR/Search)**
- **Contractor’s Licensing Statement (C6)**
- **Non-Collusion Declaration (C7)**
- **Iran Contracting Act Certification (C13) (required if bid is over $1 million)**
- **Cal Osha Form 300A (C16)**
- **Contractor’s Cal Osha Compliance History and SIC Code (C17)**
- **Contractor’s Sample Certificate of Insurance**
- **Original Bid Bond (B8)**

**Bid Bond to be signed By You And Your Surety Company—Surety Seal required.**

**Notary Acknowledgement required for Surety and Contractor**

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**PLEASE COMPLETE & SIGN ALL REQUIRED AREAS. SUBMIT AND ATTACH ANY ADDITIONAL DOCUMENTATION WHICH CONSTITUTES YOUR BID**

**FAILURE TO COMPLETE THIS PROPOSAL PACKAGE MAY RENDER YOUR BID "NON-RESPONSIVE"**

*Please Remove This Information Sheet Prior to Submitting Your Bid*
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: Mamco, Inc. dba Alabbasi
Address: 764 Ramona Expressway, Suite C, Perris, CA 92571
Date: 02/04/2020

By: Rumzi Alabbasi
(Print Name) (Name should appear below) (Signature of Owner or Officer required)

<p>| Name(s) and Title of Member of Firm or Office of Corporation authorized to enter into a binding Contract: |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marwan Alabbasi</td>
<td>President</td>
</tr>
<tr>
<td>Rumzi Alabbasi</td>
<td>Vice President</td>
</tr>
</tbody>
</table>

Name: Rumzi Alabbasi
Address: 764 Ramona Expressway, Suite C
Email Address: estimating@alabbasi.biz
Telephone: 951-776-9300
EASTERN MUNICIPAL WATER DISTRICT
SPECIFICATION NO. 1385
I-215 FWY AND PLACENTIA AVE INTERCHANGE
WATER AND SEWER RELOCATION PROJECT

BIDDING SHEETS

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).
## 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/Demobilize and Approved: Bonds, Insurance, Schedule of Values (see Section 01026) and Preliminary Project Schedule (PPS) (see section 01310)</td>
<td>Eighty Nine Thousand Dollars</td>
<td>$ PRESET $89,000</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>LS</td>
<td>West Frontage Road Full Street Closure: Furnish and install all necessary advanced signage, complete k-rail barrier at Placentia Ave, and k-rail barrier with an access gate for all construction traffic access to West Frontage Road, per SC-31.</td>
<td>Forty Eight Thousand and Five Hundred Dollars</td>
<td>$ Lump Sum $48,500.00</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>LS</td>
<td>8-inch Potable Water Facilities: Furnish and install all necessary material and equipment for the construction of the proposed potable water pipeline including but not limited to bends, valves, pipe, asphalt concrete; all related work as required; all in accordance with the Contract Drawings and Specifications, complete and in place.</td>
<td>One Hundred and Five Thousand Dollars</td>
<td>$ Lump Sum $105,000</td>
</tr>
</tbody>
</table>

BS-2

C0020 Bidding Sheets
<table>
<thead>
<tr>
<th>Bid Item</th>
<th>Qty</th>
<th>Unit</th>
<th>Description</th>
<th>Unit Price (Unit Price Written in Words)</th>
<th>Total Amount (Figures)</th>
<th>Lump Sum (Figures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
<td>LS</td>
<td>24-inch Potable Water Facilities: Furnish and install all necessary material and equipment for the construction of the proposed potable water pipeline including but not limited to bends, valves, pipe, asphalt concrete; all related work as required; all in accordance with the Contract Drawings and Specifications, complete and in place.</td>
<td>Ninety-Five Thousand Dollars</td>
<td>$ 95,000</td>
<td>$ 95,000</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>LS</td>
<td>Gravity Sewer Pipeline Facilities: Furnish and install all necessary material and equipment for the construction of the proposed gravity sewer pipeline facilities including but not limited to manholes, pipe, asphalt concrete, constructing fencing; all related work as required; all in accordance with the Contract Drawings and Specifications, complete and in place.</td>
<td>One Million, One Hundred Thousand Dollars</td>
<td>$ 1,050,000</td>
<td>$ 1,050,000</td>
</tr>
<tr>
<td>Bid Item</td>
<td>Qty</td>
<td>Unit</td>
<td>Description</td>
<td>Unit Price (Figures)</td>
<td>Total Amount (Figures)</td>
<td></td>
</tr>
<tr>
<td>----------</td>
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<td>-----------------------------------------------------------------------------</td>
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<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>LS</td>
<td>Abandonment of Existing Facilities: Furnish and install all necessary material and equipment for the abandonment of sewer facilities including but not limited to removal of manholes, appurtenances, filling of pipe, core drill holes, and other demolition; all related work as required; all in accordance with the Contract Drawings and Specifications, complete and in place.</td>
<td></td>
<td>$50,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fifity Thousand Dollars</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(words)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PHASE 2 (Water)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>LS</td>
<td>Remobilize/Demobilize:</td>
<td></td>
<td>$12,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Twelve Thousand and Five Hundred Dollars</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(words)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### ASTERN MUNICIPAL WATER DISTRICT
**SPECIFICATION NO. 1385**
I-215 FWY AND PLACENTIA AVE INTERCHANGE
WATER AND SEWER RELOCATION PROJECT

### 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>8</td>
<td>1</td>
<td>LS</td>
<td>Potable Water Facilities: Furnish and install all necessary material and equipment for the construction of the proposed potable water pipeline including but not limited to valves, pipe, asphalt concrete; all related work as required; demolition and abandon all in accordance with the Contract Drawings and Specifications, complete and in place.</td>
<td>$88,000</td>
<td>88,000</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>LS</td>
<td>Remobilize/Demobilize:</td>
<td>$12,000</td>
<td>12,000</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>LS</td>
<td>Potable Water Facilities: Furnish and install all necessary material and equipment for the construction of the proposed potable water pipeline including but not limited to valves, pipe, asphalt concrete; all related work as required; all in accordance with the Contract Drawings and Specifications, complete and in place.</td>
<td>$59,999</td>
<td>59,999</td>
</tr>
</tbody>
</table>

**PHASE 3 (Water)**
<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>11</td>
<td>1</td>
<td>LS</td>
<td>ADDITION OR DEDUCTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Addition (+)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Deduction (-)</td>
<td>$ 1,709,999.00</td>
</tr>
</tbody>
</table>

TOTAL BID (Basis of award) $1,709,999.00
**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.

**Addenda and/or Letter of Clarification**

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.

<table>
<thead>
<tr>
<th>Addenda received:</th>
<th>#1 - 1/30/2020</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of Clarification received:</td>
<td></td>
<td>----</td>
<td>----</td>
</tr>
</tbody>
</table>

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)*

<table>
<thead>
<tr>
<th>Han Sohn</th>
<th>01/14/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name)</td>
<td>(Date of inspection)</td>
</tr>
</tbody>
</table>
EQUIPMENT AND MATERIAL

No substitution will be permitted without written justification and the approval of the District prior to the bid opening.

PRODUCTS OF MANUFACTURERS LISTED AS EQUALS TO THOSE SPECIFIED IN THE CONTRACT DOCUMENTS MUST BE SUBMITTED FOR REVIEW AND APPROVAL BY THE DISTRICT NO LATER THAN THE TENTH (10TH) DAY PRECEDING THE DATE SET FOR RECEIPT OF BIDS.
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>2018</td>
<td>Colorado and Toyon Water Main Replacement 8,000' of DIP Water</td>
<td>$1,2000,000</td>
<td>Riverside</td>
<td>Riverside Public Utilities / Matthew Sternisha 951-313-7880</td>
<td>Riverside Public Utilities / Matthew Sternisha 951-313-7880</td>
</tr>
<tr>
<td>2017</td>
<td>Arlington Ave Water Main Extension 6,900' of 16&quot; Water</td>
<td>$1,077,777</td>
<td>Riverside</td>
<td>City of Riverside / Tamrat Seyoum 951-826-5672</td>
<td>City of Riverside / Tamrat Seyoum 951-826-5672</td>
</tr>
<tr>
<td>2017</td>
<td>Arlington Sewer Main Extension 1,540' of 8&quot; Sewer at 20+ Depth</td>
<td>$880,000</td>
<td>Riverside</td>
<td>City of Riverside / Steve Howard 951-288-3632</td>
<td>City of Riverside / David Hatch 951-288-3632</td>
</tr>
<tr>
<td>2016</td>
<td>9th Street Sewer Replacement Remove and Replace 8,400' of Sewer + 35 Sewer Manholes</td>
<td>$1,905,000</td>
<td>Riverside</td>
<td>City of Riverside / Steve Howard 951-288-3632</td>
<td>City of Riverside / David Hatch 951-288-3632</td>
</tr>
</tbody>
</table>
# LIST OF DESIGNATED SUBCONTRACTORS

<table>
<thead>
<tr>
<th>SPEC #</th>
<th>1385</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT TITLE:</td>
<td>I-215 FWY AND PLACENTIA AVE INTERCHANGE WATER AND SEWER RELOCATION PROJECT</td>
</tr>
<tr>
<td>NAME OF CONTRACTOR:</td>
<td>Mamco, Inc. dba Alabbasi</td>
</tr>
</tbody>
</table>

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: Golden State Boring &amp; Pipe Jacking, Inc.</td>
<td>License #: 678500</td>
<td>JACK AND BORE</td>
<td>8%</td>
</tr>
<tr>
<td>Address: 7000 Merrill Ave., Box 40, Chino, CA 91710</td>
<td>DIR Registration #: 1000005788</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address: <a href="mailto:info@goldenstateboring.com">info@goldenstateboring.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Name: Cell-Crete Corporation</td>
<td>License #: 243404</td>
<td>PIPE ABANDONMENT</td>
<td>1%</td>
</tr>
<tr>
<td>Address: 135 E. Railroad Ave, Monrovia, CA 91016</td>
<td>DIR Registration #: 1000000262</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address: <a href="mailto:info@cell-crete.com">info@cell-crete.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C-5(d) 00028 Designation of Subcontractors
<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: Underground Manholes</td>
<td>License #:</td>
<td>659134</td>
<td>SEWER MANHOLES</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7639 McKinley Ave, San Bernardino, CA 92410</td>
<td>DIR Registration #:</td>
<td>1000010700</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:office@undergroundmanholes.com">office@undergroundmanholes.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Name:</td>
<td>License #:</td>
<td>215952</td>
<td>ASPHALT ROAD REPAIR</td>
</tr>
<tr>
<td>Hardy &amp; Harper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Rancho Circle, Lake Forest, CA 92630</td>
<td>DIR Registration #:</td>
<td>1000000076</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:thambright@hardyandharper.com">thambright@hardyandharper.com</a></td>
<td></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)

Rev: 6/3/19 C22-1 00057 Contractor Registration
<table>
<thead>
<tr>
<th>Date</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2019</td>
<td>6/30/2020</td>
<td></td>
</tr>
<tr>
<td>6/30/2015</td>
<td>6/22/2015</td>
<td></td>
</tr>
<tr>
<td>6/30/2017</td>
<td>6/1/2017</td>
<td></td>
</tr>
<tr>
<td>6/30/2018</td>
<td>6/6/2018</td>
<td></td>
</tr>
<tr>
<td>6/30/2019</td>
<td>6/6/2019</td>
<td></td>
</tr>
</tbody>
</table>
### Contractor Information

<table>
<thead>
<tr>
<th>CSLB Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6259134</td>
<td>7/1/2019</td>
<td>6/30/2021</td>
</tr>
<tr>
<td>2/19/2015</td>
<td>6/30/2015</td>
<td></td>
</tr>
<tr>
<td>7/14/2016</td>
<td>7/1/2019</td>
<td></td>
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<tr>
<td>6/30/2017</td>
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<tr>
<td>6/30/2019</td>
<td>7/1/2019</td>
<td></td>
</tr>
</tbody>
</table>

**Registration Information**

- License Number: 6259134
- Unregistered Name: MANNHOLS
- Trade Name: DBA
- Email Address:
- Physical Address: 7639 MCKINLEY AVENUE SAN BERNARDINO 92410 CA United States
- Mailing Address: 7639 MCKINLEY AVENUE SAN BERNARDINO 92410 CA United States
- Registration Expiration Date: 7/1/2019
- Registration Effective Date: 6/30/2015
- Registration Number: 10000107000
- Active Status
- Corporation Legal Entity Type
- Undesignated Builders, Inc. Legal Entity Name
Contractor Information

Contractor Name: Golden State Boring & Pipe Jacking, Inc.

Address: 7000 Meridian Ave. Box 46 Chino 91710 CA United States of America

Email Address: info@gspbj.com

Physical Address: 9119 Schaeffer Ave. Ontario 91761 CA United States of America

License Number (s): 13B-678500

Trade Name/DBA: Golden State Boring & Pipe Jacking, Inc.

Registration Status: Active

Registration Date/Expiration Date:

- Effective Date: 5/7/2019
- Expiration Date: 6/30/2022
- Effective Date: 6/15/2015
- Expiration Date: 6/30/2015
- Effective Date: 6/30/2015
- Expiration Date: 6/30/2016
- Effective Date: 6/30/2016
- Expiration Date: 6/17/2017
- Effective Date: 6/16/2017
- Expiration Date: 6/30/2017
- Effective Date: 6/30/2018
- Expiration Date: 6/30/2019

Registration History

- 6/30/2012
- 7/1/2015
- 3/1/2020
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 Type A

LICENSE NUMBER 883649 TYPE A EXPIRATION DATE 09/30/2020

A. INDIVIDUAL CONTRACTOR

NAME OF INDIVIDUAL CONTRACTOR: 

BUSINESS ADDRESS: 

PHONE NUMBER: 

SIGNATURE OF OWNER: 

B. FIRM OR PARTNERSHIP

NAME OF FIRM OR PARTNERSHIP: 

BUSINESS ADDRESS: 

PHONE NUMBER: 

SIGNATURE(S) & TITLE OF MEMBERS SIGNING ON BEHALF OF THE PARTNERSHIP:

SIGNATURE: ___________________________ TITLE: ___________________________

SIGNATURE: ___________________________ TITLE: ___________________________

SIGNATURE: ___________________________ TITLE: ___________________________

C. CORPORATION

NAME OF CORPORATION: Mamco, Inc. dba Alabbasi

BUSINESS ADDRESS: 764 Ramona Expressway, Suite C, Perris, CA 92571

PHONE NUMBER: 951-776-9300

SIGNATURE OF AUTHORIZED OFFICER OF CORPORATION:

SIGNATURE: ___________________________ TITLE: Vice President

C6-1 00030 Contractors Licensing Statement
NON-COLLUSION DECLARATION

TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID

The undersigned declares:

I am the Vice President of Mamco, Inc. dba Alabbasi, 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 02/04/2020, at Perris, California.

Signed: ____________________________

Name: Rumzi Alabbasi

(Print Name Here)
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>Mamco, Inc. dba Alabbasi</td>
<td>72-1535984</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By (Authorized Signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name and Title of Person Signing</th>
<th>Date Executed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rumzi Alabbasi, Vice President</td>
<td>02/04/2020</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>
### OSHA's Form 300A (Rev. 01/2004)

**Summary of Work-Related Injuries and Illnesses**

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the log to verify that the entries are complete.

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 OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

#### Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(K)</td>
<td>(L)</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of...</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injury</td>
<td>0</td>
</tr>
<tr>
<td>(2) Skin Disorder</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory Condition</td>
<td>0</td>
</tr>
<tr>
<td>(4) Poisoning</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>

### Establishment Information

- **Your establishment name**: Marwan Alabassi
- **Street**: 764 Panama Expressway St C
- **City**: Plant City
- **State**: FL
- **Zip**: 33567

#### Industry description

- **Standard Industrial Classification (SIC)**, if known (e.g., SIC 3715): 2 3 7 3
- **North American Industry Classification (NAICS)**, if known (e.g., 333212): 2 3 7 3 1 0

#### Employment Information

- **Annual average number of employees**: 156
- **Total hours worked by all employees last year**: 240,420

### 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.

- **Marwan Alabassi**: Company executive
- **Phone**: 951-776-9300
- **Date**: 1/1/2016

**Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments regarding this burden of or any aspects of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistics, Room N 1644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.**
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>02/05/2020</th>
<th>Contractor’s Standard Industry Code:</th>
<th>237310</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specification No.</td>
<td>1385</td>
<td>Project Name:</td>
<td></td>
</tr>
<tr>
<td>Contractor name</td>
<td>Mamco, Inc. dba Alabbasi</td>
<td>Project:</td>
<td></td>
</tr>
<tr>
<td>Contractor Address:</td>
<td>764 Ramona Expressway, Suite C, Perris, CA 92571</td>
<td>1-215 FWY AND PLACENTIA AVE INTERCHANGE WATER AND SEWER RELOCATION PROJECT</td>
<td></td>
</tr>
<tr>
<td>Contractor License No.</td>
<td>883649</td>
<td>Phone No:</td>
<td>951-776-9300</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Rumzi Alabbasi</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 [x] Yes [ ]

   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? No [x] Yes [ ]

   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] Date: 02/04/2020

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) [Signature] Date: [Date]

Return to (Field Eng.CAR) By: [By]

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

C17-2 00052 CalOsha Compliance History & SIC Code
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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFRS 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
Newport Beach-Alliant Insurance Services, Inc.
1301 Dove St Ste 200
Newport Beach CA 92660

CONTACT
NAME: Philip Arzu
PHONE: 949-756-0271
FAX: 
E-MAIL: parzu@alliant.com

INSURED
Mamco, Inc.
dba Alabbasi
764 West Ramona Expressway, Suite C
Perris CA 92571

INSURER(S) AFFORDING COVERAGE
INSURER A: Starr Indemnity & Liability Company
NAIC # 38318

INSURER B: Executive Risk Indemnity Inc
NAIC # 35181

INSURER C: Federal Insurance Company
NAIC # 20281

COVERAGES
CERTIFICATE NUMBER: 632394820

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.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>EACH OCCURRENCE: $1,000,000</td>
</tr>
<tr>
<td>C</td>
<td>AUTOMOBILE LIABILITY</td>
<td>COUPLED SINGLE LIMIT (Ex occurrence) $1,000,000</td>
</tr>
<tr>
<td>A</td>
<td>UMBRELLA LIABILITY</td>
<td>EACH OCCURRENCE: $10,000,000</td>
</tr>
<tr>
<td>C</td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>E.L. ENH ACCIDENT $1,000,000</td>
</tr>
</tbody>
</table>

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

CERTIFICATE HOLDER

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

© 1988-2015 ACORD CORPORATION. All rights reserved.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

BLANKET ADDITIONAL INSURED
(CONTRACTORS)

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. SECTION II – WHO IS AN INSURED is amended to include any person or organization that you agree in a "written contract requiring insurance" to include as an insured on this Coverage Part, but:
   a. Only with respect to liability for "bodily injury", "property damage" or "personal injury"; and
   b. If, and only to the extent that, the injury or damage is caused by acts or omissions of you or your subcontractor in the performance of "your work" to which the "written contract requiring insurance" applies. The person or organization does not qualify as an insured with respect to the independent acts or omissions of such person or organization.

2. The insurance provided to the insured by this endorsement is limited as follows:
   a. In the event that the Limits of Insurance of this Coverage Part shown in the Declarations exceed the limits of liability required by the "written contract requiring insurance", the insurance provided to the insured shall be limited to the limits of liability required by that "written contract requiring insurance". This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.
   b. The insurance provided to the insured does not apply to damages, loss, cost or expense arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services, including:
      (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders or change orders, or the preparing, approving, or failing to prepare or approve, drawings and specifications; and
      (2) Supervisory, inspection, architectural or engineering activities.
   c. The insurance provided to the insured does not apply to "bodily injury" or "property damage" caused by "your work" and included in the "products-completed operations hazard" unless the "written contract requiring insurance" specifically requires you to provide such coverage for that insured, and then the insurance provided to the insured applies only to such "bodily injury" or "property damage" that occurs before:
      (1) The end of the period of time for which the "written contract requiring insurance" requires you to provide such coverage; or
      (2) The end of the policy period;
   whichever is earlier.

3. The insurance provided to the insured by this endorsement is excess over any valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the insured for a loss we cover under this endorsement. However, if the "written contract requiring insurance" specifically requires that this insurance apply on a primary basis or a primary and non-contributory basis, this insurance is primary to other insurance available to the insured which covers that person or organization as a named insured for such loss, and we will not share with that other insurance. But the insurance provided to the insured by this endorsement still is excess over any other valid and collectible insurance, whether primary, excess, contingent or on any other basis, that is available to the insured when that person or organization is an additional insured under such other insurance.

4. As a condition of coverage provided to the insured by this endorsement:
   a. The insured must give us written notice as soon as practicable of an "occurrence" or an
offense which may result in a claim. To the extent possible, such notice should include:

(1) How, when and where the "occurrence" or offense took place;

(2) The names and addresses of any injured persons and witnesses; and

(3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

b. If a claim is made or "suit" is brought against the insured, the insured must:

(1) Immediately record the specifics of the claim or "suit" and the date received; and

(2) Notify us as soon as practicable.

The insured must see to it that we receive written notice of the claim or "suit" as soon as practicable.

c. The insured must immediately send us copies of all legal papers received in connection with the claim or "suit", cooperate with us in the investigation or settlement of the claim or defense against the "suit", and otherwise comply with all policy conditions.

d. The insured must tender the defense and indemnity of any claim or "suit" to any provider of other insurance which would cover the insured for a loss we cover under this endorsement. However, this condition does not affect whether the insurance provided to the insured by this endorsement is primary to other insurance available to the insured which covers that person or organization as a named insured as described in paragraph 3. above.

5. The following definition is added to SECTION V
   - DEFINITIONS:

"Written contract requiring insurance" means that part of any written contract or agreement under which you are required to include a person or organization as an additional insured on this Coverage Part, provided that the "bodily injury" and "property damage" occurs and the "personal injury" is caused by an offense committed:

a. After the signing and execution of the contract or agreement by you;

b. While that part of the contract or agreement is in effect, and

c. Before the end of the policy period.
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

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s)</th>
<th>Location(s) Of Covered Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PERSONS OR ORGANIZATIONS AS ON FILE WITH US</td>
<td>ALL LOCATIONS WHERE REQUIRED BY WRITTEN CONTRACT</td>
</tr>
</tbody>
</table>

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.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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.
C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) or Organization(s)</th>
<th>Location And Description Of Completed Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PERSONS OR ORGANIZATIONS AS ON FILE WITH US</td>
<td>WHERE REQUIRED BY WRITTEN CONTRACT, BUT ONLY WHERE THE CONTRACT SPECIFIES COVERAGE FOR COMPLETED OPERATIONS</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY INSURANCE FOR SCHEDULED ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Additional Insured: Location Of Covered Operations:
WHERE REQUIRED BY WRITTEN CONTACT. ALL LOCATIONS

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect only to the Additional Insured and at the Location Of Covered Operations shown in the Schedule, the following is added to SECTION IV — COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 4. Other Insurance and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to the Additional Insured with respect to the Location Of Covered Operations shown in the Schedule under this policy provided that:

(1) The Additional Insured is a named insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the Additional Insured.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Construction Project(s):

ALL OF YOUR DESIGNATED CONSTRUCTION PROJECTS WHERE REQUIRED BY CONTRACT.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage A, and for all medical expenses caused by accidents under Section I – Coverage C, which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:

1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.

2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under Coverage C regardless of the number of:
   a. Insureds;
   b. Claims made or "suits" brought; or
   c. Persons or organizations making claims or bringing "suits".

3. Any payments made under Coverage A for damages or under Coverage C for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.

4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.
B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage A, and for all medical expenses caused by accidents under Section I – Coverage C, which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:

1. Any payments made under Coverage A for damages or under Coverage C for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-completed Operations Aggregate Limit, whichever is applicable; and

2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.

C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.

D. If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.

E. The provisions of Section III – Limits Of Insurance not otherwise modified by this endorsement shall continue to apply as stipulated.
NOTICE OF CANCELLATION OR NON-RENEWAL TO SPECIFIED PERSONS OR ORGANIZATIONS

This endorsement modifies the following:

COMMON POLICY CONDITIONS

SCHEDULE

Name(s) and Address(es):

ALL PERSONS OR ORGANIZATIONS AS ON FILE WITH US

The following Condition is added:

Notice Of Cancellation Or Non-Renewal To Specified Persons Or Organizations

1. If we cancel or non-renew this policy for any reason other than non-payment, we will deliver notice of the cancellation or non-renewal to any Person(s) or Organization(s) shown in the Schedule thirty (30) days prior to the effective date of cancellation or non-renewal.

2. If we cancel this policy for non-payment, we will deliver notice of the cancellation to any Person(s) or Organization(s) shown in the Schedule Ten (10) days prior to the effective date of cancellation.

3. If notice is mailed, proof of mailing will be sufficient proof of notice.

4. Any failure by us to notify such person(s) or organization(s) will not invalidate such cancellation or non-renewal with respect to any other person(s) or organization(s).
c. **Method Of Sharing**

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer’s share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

5. **Premium Audit**

a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.

b. We may audit your books and records as they relate to this insurance at any time during the term of this policy and up to three years afterwards.

c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

6. **Representations**

By accepting this policy, you agree:

a. The statements in the Declarations are accurate and complete;

b. Those statements are based upon representations you made to us; and

c. We have issued this policy in reliance upon your representations.

7. **Separation Of Insureds**

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

a. As if each Named Insured were the only Named Insured; and

b. Separately to each insured against whom claim is made or “suit” is brought.

8. **Transfer Or Waiver Of Rights Of Recovery Against Others To Us**

We will waive the right of recovery we would otherwise have had against another person or organization, for loss to which this insurance applies, provided the insured has waived their rights of recovery against such person or organization in a contract or agreement that is executed before such loss.

To the extent that the insured’s rights to recover all or part of any payment made under this Coverage Part have not been waived, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring “suit” or transfer those rights to us and help us enforce them.

This condition does not apply to Coverage C.

9. **When We Do Not Renew**

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

**SECTION V – DEFINITIONS**

1. “Advertising” means an electronic, oral, written or other notice, about goods, products or services, designed for the specific purpose of attracting the general public or a specific market segment to use such goods, products or services.

   “Advertising” does not include any e-mail address, Internet domain name or other electronic address or metalanguage.

2. “Advertising injury” means injury, other than “bodily injury,” “property damage” or “personal injury”, sustained by a person or organization and caused by an offense of infringing, in that particular part of your “advertisement” about your goods, products or services, upon their:

   a. Copyrighted “advertisement”; or

   b. Registered collective mark, registered service mark or other registered trademarked name, slogan, symbol or title.

3. “Asbestos” means asbestos in any form, including its presence or use in any alloy, by-product, compound or other material or “waste”.

4. “Auto” means:

   a. A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or

   b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged.

   However, “auto” does not include “mobile equipment”.

5. “Bodily injury” means physical:

   a. Injury;

   b. Sickness; or

   c. Disease;
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<table>
<thead>
<tr>
<th>Named Insured: Mamco, Inc. dba Alabbasi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endorsement Effective Date: 6/18/2019</td>
</tr>
</tbody>
</table>

SCHEDULE

<table>
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<tr>
<th>Name Of Person(s) Or Organization(s):</th>
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</thead>
<tbody>
<tr>
<td>WHERE REQUIRED BY WRITTEN CONTRACT.</td>
</tr>
<tr>
<td>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</td>
</tr>
</tbody>
</table>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NON-CONTRIBUTORY LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<table>
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</thead>
<tbody>
<tr>
<td>WHERE REQUIRED BY WRITTEN CONTRACT.</td>
</tr>
</tbody>
</table>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Item 5. – “Other Insurance” of Item B. – “General Conditions” under Section IV – “Business Auto Conditions”:

e. Regardless of the provisions of Paragraph 5.a. through d. above, for any liability arising out of the ownership, maintenance, use, rental, lease, loan, hire or borrowing by an “insured” of a covered “auto” for which an “insured” is contractually obligated to provide primary insurance coverage to a client, this Coverage Form will be primary and non-contributory with respect to the Persons or Organizations in the schedule, regardless of the availability or existence of other collectible insurance under any other Coverage Form or policy that applies on a primary basis.
NOTICE OF CANCELLATION OR NON-RENEWAL TO SPECIFIED PERSONS OR ORGANIZATIONS

This endorsement modifies the following:

COMMON POLICY CONDITIONS

SCHEDULE

Name(s) and Address(es):

ALL PERSONS OR ORGANIZATIONS AS ON FILE WITH US.

The following Condition is added:

Notice Of Cancellation Or Non-Renewal To Specified Persons Or Organizations

1. If we cancel or non-renew this policy for any reason other than non-payment, we will deliver notice of the cancellation or non-renewal to any Person(s) or Organization(s) shown in the Schedule 30 days prior to the effective date of cancellation or non-renewal.

2. If we cancel this policy for non-payment, we will deliver notice of the cancellation to any Person(s) or Organization(s) shown in the Schedule 10 days prior to the effective date of cancellation.

3. If notice is mailed, proof of mailing will be sufficient proof of notice.

4. Any failure by us to notify such person(s) or organization(s) will not invalidate such cancellation or non-renewal with respect to any other person(s) or organization(s).
COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
This endorsement modifies the Business Auto Coverage Form.

1. EXTENDED CANCELLATION CONDITION
   Paragraph A.2.b. – CANCELLATION - of the
   COMMON POLICY CONDITIONS form IL 00 17 is
   deleted and replaced with the following:
   b. 60 days before the effective date of cancellation if
      we cancel for any other reason.

2. BROAD FORM INSURED
   A. Subsidiaries and Newly Acquired or Formed
      Organizations As Insureds
      The Named Insured shown in the Declarations is
      amended to include:
      1. Any legally incorporated subsidiary in which
         you own more than 50% of the voting stock on
         the effective date of the Coverage Form. However, the Named Insured does not include
         any subsidiary that is an “insured” under any other automobile policy or would be an
         “insured” under such a policy but for its
         termination or the exhaustion of its Limit of Insurance.
      2. Any organization that is acquired or formed by
         you and over which you maintain majority
         ownership. However, the Named Insured does not include any newly formed or acquired
         organization:
         (a) That is an “insured” under any other
             automobile policy;
         (b) That has exhausted its Limit of Insurance
             under any other policy; or
         (c) 180 days or more after its acquisition or
             formation by you, unless you have given
             us written notice of the acquisition or
             formation.
      Coverage does not apply to “bodily injury” or
      “property damage” that results from an “accident”
      that occurred before you formed or acquired the
      organization.

   B. Employees as Insureds
      Paragraph A.1. – WHO IS AN INSURED – of
      SECTION II - LIABILITY COVERAGE is amended to
      add the following:
      d. Any “employee” of yours while using a
         covered “auto” you don’t own, hire or
         borrow in your business or your personal
         affairs.

   C. Lessors as Insureds
      Paragraph A.1. – WHO IS AN INSURED – of
      SECTION II - LIABILITY COVERAGE is
      amended to add the following:
      e. The lessor of a covered “auto” while the
         “auto” is leased to you under a written
         agreement if:
            (1) The agreement requires you to
                provide direct primary insurance for
                the lessor; and
            (2) The “auto” is leased without a driver.
                Such leased “auto” will be considered a
                covered “auto” you own and not a covered
                “auto” you hire.

                However, the lessor is an “insured” only
                for “bodily injury” or “property damage”
                resulting from the acts or omissions by:
                1. You;
                2. Any of your “employees” or agents;
                or
                3. Any person, except the lessor or
                   any “employee” or agent of the
                   lessor, operating an “auto” with the
                   permission of any of 1. and/or 2.
                   above.

   D. Persons And Organizations As Insureds
      Under A Written Insured Contract
      Paragraph A.1 – WHO IS AN INSURED – of
      SECTION II - LIABILITY COVERAGE is
      amended to add the following:
      f. Any person or organization with respect to
         the operation, maintenance or use of a
         covered “auto”, provided that you and
         such person or organization have agreed
         under an express provision in a written
         “insured contract”, written agreement or a
         written permit issued to you by a
governmental or public authority to add
such person or organization to this policy
as an “insured”.

   However, such person or organization is
an “insured” only:
(1) with respect to the operation, maintenance or use of a covered "auto"; and
(2) for "bodily injury" or "property damage" caused by an "accident" which takes place after:
   (a) You executed the "insured contract" or written agreement; or
   (b) The permit has been issued to you.

3. FELLOW EMPLOYEE COVERAGE
   EXCLUSION B.5. - FELLOW EMPLOYEE -- of SECTION II -- LIABILITY COVERAGE does not apply.

4. PHYSICAL DAMAGE – ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE
   Paragraph A.4.a. – TRANSPORTATION EXPENSES -- of SECTION III – PHYSICAL DAMAGE
   COVERAGE is amended to provide a limit of $50 per day for temporary transportation expense, subject to a maximum limit of $1,000.

5. AUTO LOAN/LEASE GAP COVERAGE
   Paragraph A.4. – COVERAGE EXTENSIONS - of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:
   c. Unpaid Loan or Lease Amounts
      In the event of a total "loss" to a covered "auto", we will pay any unpaid amount due on the loan or lease for a covered "auto" minus:
      1. The amount paid under the Physical Damage Coverage Section of the policy; and
      2. Any:
         a. Overdue loan/lease payments at the time of the "loss";
         b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
         c. Security deposits not returned by the lessor;
         d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
         e. Carry-over balances from previous loans or leases.
      We will pay for any unpaid amount due on the loan or lease if caused by:
      1. Other than Collision Coverage only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
      2. Specified Causes of Loss Coverage only if the Declarations indicate that Specified Causes of Loss Coverage is provided for any covered "auto"; or
      3. Collision Coverage only if the Declarations indicate that Collision Coverage is provided for any covered "auto ".

6. RENTAL AGENCY EXPENSE
   Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:
   d. Rental Expense
      We will pay the following expenses that you or any of your "employees" are legally obligated to pay because of a written contract or agreement entered into for use of a rental vehicle in the conduct of your business:
      MAXIMUM WE WILL PAY FOR ANY ONE CONTRACT OR AGREEMENT:
      1. $2,500 for loss of income incurred by the rental agency during the period of time that vehicle is out of use because of actual damage to, or "loss" of, that vehicle, including income lost due to absence of that vehicle for use as a replacement;
      2. $2,500 for decrease in trade-in value of the rental vehicle because of actual damage to that vehicle arising out of a covered "loss"; and
      3. $2,500 for administrative expenses incurred by the rental agency, as stated in the contract or agreement.
      4. $7,500 maximum total amount for paragraphs 1, 2, and 3 combined.

7. EXTRA EXPENSE – BROADENED COVERAGE
   Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:
   e. Recovery Expense
      We will pay for the expense of returning a stolen covered "auto" to you.

8. AIRBAG COVERAGE
   Paragraph B.3.a. - EXCLUSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE does not apply to the accidental or unintended discharge of an airbag. Coverage is excess over any other collectible insurance or warranty specifically designed to provide this coverage.

9. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT - BROADENED COVERAGE
   Paragraph C.2. – LIMIT OF INSURANCE - of SECTION III - PHYSICAL DAMAGE is deleted and replaced with the following:
   2. $2,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
      a. Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
      b. Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
      c. An integral part of such equipment.
10. GLASS REPAIR – WAIVER OF DEDUCTIBLE
Under Paragraph D. - DEDUCTIBLE – of SECTION III – PHYSICAL DAMAGE COVERAGE the following is added:
No deductible applies to glass damage if the glass is repaired rather than replaced.

11. TWO OR MORE DEDUCTIBLES
Paragraph D. - DEDUCTIBLE – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:
If this Coverage Form and any other Coverage Form or policy issued to you by us that is not an automobile policy or Coverage Form applies to the same “accident”, the following applies:
1. If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived; or
2. If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

12. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS
Paragraph A.2.a. - DUTIES IN THE EVENT OF AN ACCIDENT, CLAIM, SUIT OR LOSS of SECTION IV - BUSINESS AUTO CONDITIONS is deleted and replaced with the following:
a. In the event of “accident”, claim, “suit” or “loss”, you must promptly notify us when the “accident” is known to:
   (1) You or your authorized representative, if you are an individual;
   (2) A partner, or any authorized representative, if you are a partnership;
   (3) A member, if you are a limited liability company; or
   (4) An executive officer, insurance manager, or authorized representative, if you are an organization other than a partnership or limited liability company.
Knowledge of an “accident”, claim, “suit” or “loss” by other persons does not imply that the persons listed above have such knowledge. Notice to us should include:
   (1) How, when and where the “accident” or “loss” occurred;
   (2) The “insured’s” name and address; and
   (3) To the extent possible, the names and addresses of any injured persons or witnesses.

13. WAIVER OF SUBROGATION
Paragraph A.5. - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:
5. We will waive the right of recovery we would otherwise have against another person or organization for “loss” to which this insurance applies, provided the “insured” has waived their rights of recovery against such person or organization under a contract or agreement that is entered into before such “loss”.
To the extent that the “insured’s” rights to recover damages for all or part of any payment made under this insurance has not been waived, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after “accident” or “loss” to impair them. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.

14. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS
Paragraph B.2. - CONCEALMENT, MISREPRESENTATION or FRAUD of SECTION IV – BUSINESS AUTO CONDITIONS - is deleted and replaced with the following:
If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not void coverage under this Coverage Form because of such failure.

15. AUTOS RENTED BY EMPLOYEES
Paragraph B.5. - OTHER INSURANCE of SECTION IV – BUSINESS AUTO CONDITIONS - is amended to add the following:
e. Any “auto” hired or rented by your “employee” on your behalf and at your direction will be considered an “auto” you hire. If an “employee’s” personal insurance also applies on an excess basis to a covered “auto” hired or rented by your “employee” on your behalf and at your direction, this insurance will be primary to the “employee’s” personal insurance.

16. HIRED AUTO – COVERAGE TERRITORY
Paragraph B.7.b.(5)(e) - POLICY PERIOD, COVERAGE TERRITORY of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:
(a) A covered “auto” of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 45 days or less; and

17. RESULTANT MENTAL ANGUISH COVERAGE
Paragraph C. of - SECTION V – DEFINITIONS is deleted and replaced by the following:
“Bodily injury” means bodily injury, sickness or disease sustained by any person, including mental anguish or death as a result of the “bodily injury” sustained by that person.

Form: 16-02-0292 (Rev. 4-11)
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 06 62

NOTICE OF CANCELLATION OR NON-RENEWAL TO SPECIFIED PERSONS OR ORGANIZATIONS

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

This endorsement effective on 6/18/2019 (DATE) at 12:01 A.M. standard time, forms a part of

Policy No. 54303148 of the Federal Insurance Company (NAME OF INSURANCE COMPANY)

Issued to Mamco, Inc. dba Alabbasi

Authorized Representative

The following Condition is added to PART SIX - CONDITIONS:

Notice Of Cancellation Or Non-Renewal To Specified Persons Or Organizations

1. If we cancel or non-renew this policy for any reason other than non-payment, we will deliver notice of the cancellation or non-renewal to any Person(s) or Organization(s) shown in the Schedule ten days (10 days) prior to the effective date of cancellation or non-renewal.

2. If we cancel this policy for non-payment, we will deliver notice of the cancellation to any Person(s) or Organization(s) shown in the Schedule thirty days (30 days) prior to the effective date of cancellation.

3. If notice is mailed, proof of mailing will be sufficient proof of notice.

4. Any failure by us to notify such person(s) or organization(s) will not invalidate such cancellation or non-renewal with respect to any other person(s) or organization(s).

SCHEDULE

Name(s) and Address(es):

ALL PERSONS OR ORGANIZATIONS AS ON FILE WITH US.
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

WC 99 03 04 (Ed. 7-08)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need to be completed only when this endorsement is issued subsequent to preparation of the policy)

This endorsement, effective on 6/18/19 (DATE) at 12:01 A. M. standard time, forms a part of

Policy No. 54303148 of the Federal Insurance Company

(NAME OF INSURANCE COMPANY)

issued to Mamco, Inc. dba Alabbasi

Endorsement No. [Signature]

Authorized Representative

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. The additional premium for the blanket waiver offered by this endorsement shall be 0.00 % of total California premium.

Schedule

<table>
<thead>
<tr>
<th>Person or Organization</th>
<th>Job Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where required by written contract.</td>
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</table>
EXCESS LIABILITY POLICY FORM

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

Throughout this Policy, the words you and your refer to the Named Insured as shown in ITEM 1. of the Declarations. The words we, us and our refer to the Company shown in the Declaration providing this insurance.

The word Insured means the Named Insured and any person or organization qualifying as an Insured in the First Underlying Insurance Policy(ies), but only to the extent to which such person(s) or organization(s) qualify as an Insured in the First Underlying Insurance Policy(ies) at the inception date of this Policy. Newly acquired or formed organizations must comply with SECTION IV. CONDITIONS, D. Changes in order to qualify for coverage.

Words and phrases that appear in quotation marks have special meaning. Refer to SECTION III. DEFINITIONS, or to the specific section, of this Policy where such words appear.

SECTION I. COVERAGE

A. We will pay on behalf of the Insured, the "Ultimate Net Loss" in excess of the "Underlying Insurance" as shown in ITEM 5. of the Declarations, that the Insured becomes legally obligated to pay for loss or damage to which this insurance applies and that takes place in the Coverage Territory. Except for the terms, definitions, conditions and exclusions of this Policy, the coverage provided by this Policy shall follow the terms, definitions, conditions and exclusions of the applicable First Underlying Insurance Policy(ies) shown in ITEM 5.A. of the Declarations.

B. Regardless of any other warranties, terms, conditions, exclusions or limitations of this Policy, if any applicable Underlying Insurance Policy(ies) does not cover "Ultimate Net Loss" for reasons other than exhaustion of its limit of liability by payment of claims or suits, then this Policy will not cover such "Ultimate Net Loss".

C. The amount we will pay for the "Ultimate Net Loss" is limited as described in SECTION II. LIMITS OF INSURANCE.

SECTION II. LIMITS OF INSURANCE

A. The Limits of Insurance shown in the Declarations and the rules below describe the most we will pay regardless of the number of:

1. Insureds;
2. Claims made or suits brought; or
3. Persons or organizations making claims or bringing suits.

B. The Limits of Insurance of this Policy will apply as follows:

1. This Policy applies only in excess of the "Underlying Insurance" scheduled in ITEM 5. of the Declarations.

2. If our Limits of Insurance stated in ITEM 4. of the Declarations are less than the total Limits of Insurance stated in ITEM 4. of the Declarations, then our Limits of Insurance shall be that proportion of the "Ultimate Net Loss" to which our Limits of Insurance apply to the total Limits of Insurance stated in ITEM 4. of the Declarations and apply only in excess of the total Limits of "Underlying Insurance" scheduled in ITEM 5. of the Declarations.
EASTERN MUNICIPAL WATER DISTRICT
BID BOND

Bid Bond No. N/A

KNOW ALL MEN BY THESE PRESENTS, that we

Mamco, Inc. dba Alabbasi

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

764 West Ramona Expressway, Suite C, Perris, CA 92571 as Principal, hereinafter called the Principal, and

Fidelity and Deposit Company of Maryland, 777 South Figueroa Street, Suite 3900, Los Angeles, CA 90017

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

a corporation duly organized under the laws of the State of Illinois, 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 of the total amount bid Dollars (10% of the total amount bid), for the payment of which 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 February 5, 20 20, for I-215 Fwy and Placentia Ave Interchange Water and Sewer Relocation Project, Work Order # 419195

(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 31st day of January, 2020

CONTRACTOR AS PRINCIPAL

Company: Mamco, Inc. dba Alabbasi

Signature: 

Name: Rumzi Alabbasi

Title: Vice President

SURETY

Company: (Corporate Seal)

Fidelity and Deposit Company of Maryland

Signature: Rhonda C. Abel

Name: Rhonda C. Abel

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 ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California
County of Orange

On JAN 3 2020 before me, Reece Joel Diaz, Notary Public
personally appeared Rhonda C. Abel

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

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

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: ___________________________ Other: ___________________________

Signer Is Representing: ___________________________ Signer Is Representing: ___________________________

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EXTRACT FROM BY-LAWS OF THE COMPANIES

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

CERTIFICATE

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

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

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

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

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

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this ____ day of JAN 31 2020.

By: Brian M. Hodges
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

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

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

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 5th day of December, A.D. 2019.

ATTEST:

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

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 5th day of December, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

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

Constance A. Dunn, Notary Public
My Commission Expires July 9, 2023
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 Riverside }

On January 31, 2020 before me, Kim A. DeRosia, Notary Public, personally appeared Rumzi Alabbasi, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) appear 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)

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 to 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 amades, 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.
Mamco, Inc. dba Alabbasi Corporate Resolution to Execute Contracts

At a meeting of the corporation today, after considerable discussion, the following resolution was moved, seconded, and unanimously adopted;

Resolved that any of the following persons, Marwan AlAbbasi, Elizabeth AlAbbasi, or Rumzi M. AlAbbasi be; and they hereby are, authorized without further authorization of the board of directors to enter into and execute on behalf of the corporation any and all contracts to do corporate business for Mamco, Inc.

In witness whereof, I have hereunto set my hand as such secretary and affixed the corporate seal of said corporation this 21st day of December, 2018.

AUTHORIZED SIGNATURES

Marwan S. AlAbbasi

Elizabeth AlAbbasi

Rumzi M. AlAbbasi

Elizabeth AlAbbasi- Secretary