

CITY OF FAIRFIELD

P.O. NUMBER: SC 10380

SHIP TO: TRANSPORTATION DIVISION
2000 CADENASSO DR
FAIRFIELD CA 94533

VENDOR NO: B4828

SCHEDULED
DELIVERY DATE:

P.O. TYPE: OPEN

VENDOR: DUNCAN CONSTRUCTION & ELECTRIC
PO BOX 563
DIXON CA 95620-0563

PURCHASE ORDER

LINE	QUANTITY	UNIT	UNIT PRICE	AMOUNT	DESCRIPTION OF ITEM AND/OR SERVICES ORDERED
1	1	EA	200,000.00	200,000.00	The purchase of goods and services is limited to the currently adjusted maximum unit cost. Please contact the Purchasing Officer for the currently adjusted maximum.
TOTAL:				\$200,000.00	
				TERMS:	NET 30

AUTHORIZED PURCHASING SIGNATURE:

Wade Brown

DATE

10/11/02

SPECIAL PURCHASE ORDER INSTRUCTIONS:

1. For any information concerning this order contact purchasing division at (707) 428-7596
2. List Purchase Order number on all shipments and invoices.
3. Delivery of merchandise is considered acceptance of unit price as stated.
4. Prices considered F.O.B. Fairfield, CA unless stated otherwise. Freight collect shipments are not accepted.

INVOICE IN TRIPLICATE TO:

CITY OF FAIRFIELD
ACCOUNTS PAYABLE
1000 WEBSTER STREET
FAIRFIELD, CA 94533-4883

The seller hereby affirms that it shall not discriminate against any employee or applicant for employment because of race, color, national origin, religion, sex, physical handicap, or age. Violation of this clause may be cause for refusing to accept delivery of any such goods and/or services from the seller until the seller complies with said provision.



SL 10350
134828

MEMORANDUM

PUBLIC WORKS DEPARTMENT

DATE: October 11, 2010
TO: Wade Brown, Finance Services Manager
FROM: George R. Hicks, Public Works Director *GRH*
SUBJECT: Services Agreement (Open Purchase Order) with Duncan Construction and Electric

Recommended Action

Please establish an open purchase order and sign the attached Services Agreement.

Background

We understand that the current line item limit for Services Agreements is \$22,600 and that Services Agreement can be approved without City Council action. We have certificates of insurance and endorsements on file for this specific vendor and contractor and will follow Finance Department policies and procedures related to Services Agreement.

Discussion

The attached Services Agreement will allow Duncan Construction and Electric to perform general electrical Services for the City of Fairfield. This Services Agreement will allow the City to utilize this company as needed.

Fiscal Impact

No general fund impact. All operating and capital expenses for Fairfield and Suisun Transit are supported using specific State and Federal transportation revenue sources.

Alternative Action

Choose not to contract for these Services. Opt not to contract with this specific vendor or contractor.

RECEIVED

OCT 18 2010

CITY OF FAIRFIELD
PURCHASING

Memo to Wade Brown

Re: Services Agreement (Open Purchase Order) with Duncan Construction and
Electric

October 11, 2010

Documents Attached

Attachment 1: One Page Services Agreement
Attachment 2: Insurance documents with approved checklist
Attachment 3: EDD Form

STAFF CONTACT

George Fink, Transit Manager
(707) 428-7768
gfink@fairfield.ca.gov

CITY OF FAIRFIELD SERVICES AGREEMENT

THIS AGREEMENT is made at Fairfield, California, as of 10/14, 2010, by and between the City of Fairfield ("CITY") and Duncan Construction and Electric ("SERVICE PROVIDER").

1. **SCOPE OF SERVICE**
 - a. SERVICE PROVIDER agrees to perform general electrical services for the City of Fairfield in accordance with the Scope of Service (Exhibit "A").
 - b. SERVICE PROVIDER agrees to perform overtime work and additional services in accordance with the attached Payments (Exhibit "B").
2. **PAYMENTS**
 - a. The price for services rendered by SERVICE PROVIDER shall be as specified in the attached Rate Schedule (Exhibit "B").
 - b. Payment shall be made to SERVICE PROVIDER and SERVICE PROVIDER shall submit monthly invoices to CITY.
 - c. Any additional meetings or work required beyond that set forth in Exhibit "A" shall be mutually agreed to by CITY and SERVICE PROVIDER, and shall be billed as specified in the attached Rate Schedule (Exhibit "B").
3. **INSURANCE**
 - a. **WORKERS' COMPENSATION.** During the term of this Agreement, SERVICE PROVIDER shall fully comply with the terms of the law of California concerning workers' compensation. Said compliance shall include, but not be limited to, maintaining in full force and effect one or more policies of insurance insuring against any liability SERVICE PROVIDER may have for workers' compensation. Said policy shall also include employer's liability coverage no less than \$1,000,000 per accident for bodily injury or disease.
 - b. **GENERAL LIABILITY INSURANCE.** SERVICE PROVIDER shall obtain at its sole cost and keep in full force and effect during the term of this agreement commercial general liability insurance in the amount of \$ 1,000,000 per occurrence for bodily injury, personal injury, and property damage. Said insurance shall provide (1) that the CITY, its officers, agents, employees and volunteers shall be named as additional insureds under the policy, and (2) that the policy shall operate as primary insurance, and (3) that no other insurance effected by the CITY or other named insureds will be called upon to cover a loss covered thereunder.
 - c. **AUTOMOBILE LIABILITY INSURANCE.** SERVICE PROVIDER shall obtain at its sole cost and keep in full force and effect during the term of this agreement automobile liability insurance in the amount of \$ 1,000,000 per occurrence for bodily injury and property damage. Said insurance shall provide (1) that the CITY, its officers, agents, employees and volunteers shall be named as additional insureds under the policy, and (2) that the policy shall operate as primary insurance, and (3) that no other insurance effected by the CITY or other named insureds will be called upon to cover a loss covered thereunder.
 - d. **CERTIFICATES OF INSURANCE.** SERVICE PROVIDER shall file with CITY'S Director of Public Works upon the execution of this agreement, certificates of insurance which shall provide that no cancellation, major change in coverage, expiration, or nonrenewal will be made during the term of this agreement, without thirty (30) days written notice to the Director of Public Works prior to the effective date of such cancellation, or change in coverage.
 - e. SERVICE PROVIDER shall file with the Director of Public Works concurrent with the execution of this agreement, a standard endorsement form providing for the insurance requirements.
4. **INDEMNIFY AND HOLD HARMLESS.** SERVICE PROVIDER shall indemnify, defend, and hold harmless the CITY, its officers, agents, employees and volunteers from all claims, suits, or actions of every name, kind and description, brought forth on account of injuries to or death of any person or damage to property arising from or connected with the willful misconduct, negligent acts, errors or omissions, ultra-hazardous activities, activities giving rise to strict liability, or defects in design by the SERVICE PROVIDER or any person directly or indirectly employed by or acting as agent for SERVICE PROVIDER in the performance of this Agreement, including the concurrent or successive passive negligence of the CITY, its officers, agents, employees or volunteers.

It is understood that the duty of SERVICE PROVIDER to indemnify and hold harmless includes the duty to defend as set forth in Section 2778 of the California Civil Code.

Acceptance of insurance certificates and endorsements required under this Agreement does not relieve SERVICE PROVIDER from liability under this indemnification and hold harmless clause. This indemnification and hold harmless clause shall apply whether or not such insurance policies shall have been determined to be applicable to any of such damages or claims for damages.
5. **LABOR AND WAGE CODE GUIDELINES**
 - a. Attention is directed to Section 1777.5 of the Labor Code as it applies to apprenticeship standards.
 - b. SERVICE PROVIDER, as defined for this agreement, shall pay prevailing wages to the extent required by California Labor Code Section 1771. The general prevailing wage rates for each craft, classification, or type of workman shall be as determined by the Director of Industrial Relations (available online at http://www.dir.ca.gov/DLSR/statistics_research.html) select the appropriate wage decision and then collect the wage decision for Statewide, Northern California and Solano County). A copy of these wage rate determinations are kept on file and are available for review at the Office of the City Engineer located at 1000 Webster Street.
 - c. In accordance with the provision of Section 1860 of the California Labor Code, attention is directed to the requirement that in accordance with the provisions of Section 3700 of the California Labor Code, every SERVICE PROVIDER will be required to secure the payment of compensation of his or her employees.
6. **BUSINESS LICENSE.** The SERVICE PROVIDER shall obtain a business license for work within the City of Fairfield pursuant to Chapter 10B of the Fairfield City Code, with respect to the gross receipts received pursuant to this Agreement. No payments shall be made to any SERVICE PROVIDER until such business license has been obtained, and all fees paid therefore, by the SERVICE PROVIDER. Business license applications and information may be obtained from the Finance Department, Fairfield City Hall, 1000 Webster Street, Fairfield, CA 94533-4883, (707)428-7509
7. **CANCELLATION.** This agreement may be canceled at any time by CITY for its convenience upon written notice to SERVICE PROVIDER: provided, however, that the SERVICE PROVIDER shall be entitled to receive full payment for all services performed and all costs incurred to the date of its receipt of written notice to cease work.
8. **COMPLETE AGREEMENT/AMENDMENT.** This Agreement constitutes the complete agreement between the parties as to the subject matter hereof and may not be amended or changed except by a written agreement signed by both parties.

SERVICE PROVIDER

By: Dave Duncan

City of Fairfield, a municipal corporation

By: Wade Brown

WAB

**EXHIBIT A
SCOPE OF SERVICE**

General Electrical Services

SERVICE PROVIDER shall provide general electrical services to CITY. SERVICE PROVIDER shall submit written quotations for any work to be completed under this agreement and said quotation shall be approved by CITY in writing before the commencement of work.

EXHIBIT B
Duncan Construction and Electric
Payments

1. Pricing for work completed under this agreement shall be based on the written quotation submitted by SERVICE PROVIDER and approved by CITY.

2. Additional Services. All extra work shall be approved in advance in writing by the City. The extra work proposal shall include the following: scope of work; cost of work; and time of completion. **Unauthorized work shall be at the SERVICE PROVIDER's expense.**

EDD REPORTING REQUIREMENTS CHECKLIST

As per SB 542 (Burton/Schiff 09-27-1999), effective January 1, 2001, the State Employment Development Department (EDD) requires the following:

Please complete the following: (To be completed by the department)

Department/Division: _____ Date of Contract: _____

Authorized by Res. No.: _____ Contract Expiration Date: _____

Person Reviewing EDD Requirements: _____ Phone: _____

EDD REPORTING REQUIREMENTS. When CITY executes an agreement for or makes payment to CONSULTANT in the amount of \$600 (six hundred dollars) or more in any one calendar year, the CONSULTANT who is doing business as a sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, non-profit corporation, or other form of organization shall provide the following information to CITY to comply with EDD reporting requirements.

- A. If CONSULTANT is doing business as a sole proprietorship, then CONSULTANT shall provide the full name, address, social security number, and home/business phone number.
- B. If CONSULTANT is doing business as other than a sole proprietorship, then CONSULTANT shall provide CONSULTANT's business/organization name, address, federal tax identification number, and business/organization phone number.

Dear Contracting Company:

Pursuant to your contract with the above-mentioned City of Fairfield Department, we require you to complete Box 1 AND Box 2 below. Please indicate the type of business and provide the information requested:

Box 1

NAME AND ADDRESS	
FULL NAME	David Allen Duncan / Duncan Construction And Electrical
ADDRESS	PO Box 563
CITY, STATE, ZIP	Dixon CA 95620
PHONE NUMBER	207-310-3054

Box 2

✓ BOX	TYPE OF BUSINESS	SSN/TIN	SOCIAL SECURITY NUMBER AND/OR FEDERAL ID NUMBER
<input checked="" type="checkbox"/>	SOLE PROPRIETORSHIP	SSN only	Name is box 1 must match SSN 551-63-2603
<input type="checkbox"/>	PARTNERSHIP	TIN	
<input type="checkbox"/>	LIMITED LIABILITY PARTNERSHIP	TIN	
<input type="checkbox"/>	CORPORATION	TIN	
<input type="checkbox"/>	LIMITED LIABILITY CORPORATION	TIN	
<input type="checkbox"/>	NON-PROFIT CORPORATION	TIN	
<input type="checkbox"/>	OTHER FORM OF ORGANIZATION	TIN	

PLEASE RETURN THIS FORM WITH THE SIGNED CONTRACT TO THE CITY OF FAIRFIELD

INSURANCE CHECKLIST

New	<input type="checkbox"/>
Renewal	<input checked="" type="checkbox"/>

CONTRACTOR: Duncan Construction and Electric DATE OF CONTRACT: _____ P.O.# _____

DEPARTMENT: Public Works - Transportation STAFF PERSON & TELEPHONE NO: Debbie Whitbeck x6294

DESCRIBE PROJECTWORK: Electrical Work at the FIC

Required? Yes No	Type of Insurance	Insurance Company	AM Best Rating	Policy Number	Expiration Date	Per Occurrence Insurance Limit	Endorsement Form		
							City	Other	Waived
	General Liability	Navigators	A:X	04-10118834	6/26/2011	\$ 1,000,000.00			
	Auto Liability	Mercury Casualty	A+XIII	CCA0017827	9/1/2011	\$ 1,000,000.00			
	Excess Liability								
	Workers' Comp.	State Fund		713-31282-2008	6/29/2011	\$ 1,000,000.00			
	Professional Liability								


 Authorized Risk Management Signature

DATE: 9/27/10

APPROVED: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/1/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gateway Professional Insurance 1990 Alamo Drive, Suite 1 Lic #0695062 Vacaville CA 95687		CONTACT NAME: Melissa Koch PHONE (A/C No. Ext): (707) 446-9864 FAX (A/C No.): (707) 446-3264 E-MAIL ADDRESS: melissa@gatewayinsurance.com PRODUCER CUSTOMER ID#: 00006671	
INSURED Dave Duncan, DBA: Duncan Electric PO Box 563 Dixon CA 95620		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Navigators	
		INSURER B: Mercury Casualty	11908
		INSURER C: State Fund	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: Master 10/11 REVISION NUMBER:

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

LINE	TYPE OF INSURANCE	ADD. SUBR. INSR. WORD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		04-10118834	6/26/2010	6/26/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY		00A0017827	9/1/2010	9/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		713-31282-2008	6/29/2010	6/29/2011	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>				OTHER
		N/A				E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 ***10 days notice of cancellation for non payment of premium.

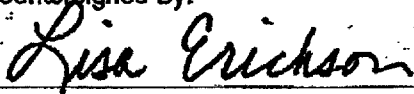
CERTIFICATE HOLDER City of Fairfield 1000 Webster St Fairfield, CA 94533	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Melissa Koch/MEL. <i>Melissa Koch</i>
--	---

ACORD 25 (2009/09)
INS025 (200909)

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BLANKET ADDITIONAL INSUREDS-- OWNERS, LESSEES OR CONTRACTORS

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

Policy Number: 04-10118834	Endorsement Effective: 06/26/10 12:01 a.m.
Named Insured DAVID ALLEN DUNCAN	Countersigned By: 

SCHEDULE

Name of Person or Organization: Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by this policy.
Location:

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

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only to the extent that the person or organization shown in the Schedule is held liable for your acts or omissions arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

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 site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. The words "you" and "your" refer to the Named Insured shown in the Declarations.

D. "Your work" means work or operations performed by you or on your behalf, and materials, parts or equipment furnished in connection with such work or operations.

Primary Wording

If required by written contract or agreement: Such insurance as is afforded by this policy shall be primary insurance, and any insurance or self-insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the named insured and shall not contribute to it.

Waiver of Subrogation

If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an additional insured per the terms of this endorsement because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization.



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-01-2010

GROUP: 000713
POLICY NUMBER: 0031282-2008
CERTIFICATE ID: 2
CERTIFICATE EXPIRES: 07-01-2011
07-01-2010/07-01-2011

CITY OF FAIRFIELD
1000 WEBSTER ST
FAIRFIELD CA 94533-4836

NF

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
Authorized Representative

Douglas V Stewart
Interim President and CEO

UNLESS INDICATED OTHERWISE BY ENDORSEMENT, COVERAGE UNDER THIS POLICY EXCLUDES THE FOLLOWING: THOSE NAMED IN THE POLICY DECLARATIONS AS AN INDIVIDUAL EMPLOYER OR A HUSBAND AND WIFE EMPLOYER; EMPLOYEES COVERED ON A COMPREHENSIVE PERSONAL LIABILITY INSURANCE POLICY ALSO AFFORDING CALIFORNIA WORKERS' COMPENSATION BENEFITS; EMPLOYEES EXCLUDED UNDER CALIFORNIA WORKERS' COMPENSATION LAW.

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

DUNCAN, DAVID ALLEN
PO BOX 583
DIXON CA 95620

NF

[B11,NF]

PRINTED : 09-01-2010

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Best's Ratings

Financial Strength Ratings [View Definitions](#) **Issuer Credit Ratings** [View Definitions](#)

Rating: **A (Excellent)**

Financial Size Category: **X (\$500 Million to \$750 Million)**

Outlook: **Stable**

Action: **Affirmed**

Effective Date: **June 22, 2010**

* Denotes Under Review Ratings See rating definitions

Reports and News

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AMB Credit Report - Insurance Professional - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data
Report Revision Date: 07/02/2010 (represents the latest significant change).
Historical Reports are available in [AMB Credit Report - Insurance Professional Archive](#)

Best's Executive Summary Reports (Financial Overview) - available in three versions, these presentation style reports feature balance sheet, income statement, key financial performance tests including profitability, liquidity and reserve analysis.
Data Status: 2010 Best's Statement File - P/C, US. Contains data compiled as of 8/31/2010 (Quality Cross Checked).

- **Single Company** - five years of financial data specifically on this company.
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- **Composite** - evaluate this company's financials against a peer group composite. Report displays both the average and total composite of your selected peer group

AMB Credit Report - Business Professional - provides three years of key financial data presented with colorful charts and tables. Each report also features the latest Best's Ratings, Rating Rationale and an excerpt from our Business Review commentary.
Data Status: Contains data compiled as of 8/31/2010 (Quality Cross Checked).

Best's Key Rating Guide Presentation Report - includes Best's Financial Strength Rating and financial data as provided in Best's Key Rating Guide products
Data Status: 2009 Financial Data (Quality Cross Checked).

Financial and Analytical Products

[Best's Key Rating Guide - P/C, US & Canada](#)

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[Best's Insurance Reports - P/C, US & Canada](#)

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[Best's Insurance Expense Exhibit \(IEE\) - P/C, US](#)

[Best's Schedule F \(Reinsurance\) - P/C, US](#)

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This rating is assigned to companies that have, in our opinion, an excellent ability to meet their ongoing obligations to policyholders.

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For service or questions call: 707-446-9864
Claims Number: 1-800-503-3724

California Commercial Auto Policy

Effective Date 09/02/2010

Page 1

Amended Declaration:

ITEM ONE

Named Insured: DAVE DUNCAN DBA DUNCAN CONSTRUCTION & ELECTRICAL

Additional Insured	Insured
CITY OF FAIRFIELD 1000 WEBSTER ST FAIRFIELD CA 94533	DAVE DUNCAN DBA DUNCAN CONSTRUCTION & ELE PO BOX 563 DIXON CA 95620-0563

Policy Number	Policy Period From To	Company Name	Agent No.	Agency Phone
CCA0017827	09/02/2010 - 09/02/2011	Mercury Casualty Company	74023 CA	707-446-9864
At 12:01AM Standard Time At Your Mailing Address Shown Above.			GATEWAY PROFESSIONAL INS	

You are listed as an additional insured on the above named policy. The named policy applies to the following vehicle(s) and coverage(s):

Additional Insured

VEH1 2003 CHEVROLET Slvr 15 Crew LS 4x2 VIN: 1GCGC13U83F244913

Liability	\$1,000,000 Combined Single Limit
Medical	\$5000
UM	\$100,000 Per Person/\$300,000 Per Accident
Comp	\$500
Coll	\$500
CDW	Yes

Policy #: 04-10118834

Insured Name: DUNCAN ELECTRIC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS -
COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):	Location and Description of Completed Operations
CITY OF FAIRFIELD 1000 WEBSTER STREET FAIRFIELD, CA 94533	ELECTRICAL REPAIR IN SOLANO COUNTY, CA

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

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".