

CITY OF FAIRFIELD

P.O. NUMBER: SC 10498

SHIP TO: INFORMATION TECHNOLOGY
1000 WEBSTER STREET
FAIRFIELD CA 94533-4883

VENDOR NO: 01452

SCHEDULED
DELIVERY DATE:

P.O. TYPE: OPEN

VENDOR: HYTEK COMPUTER SOLUTIONS
2791-I N TEXAS
FAIRFIELD CA 94533-7308

PURCHASING COPY PURCHASE ORDER

LINE	QUANTITY	UNIT	UNIT PRICE	AMOUNT	DESCRIPTION OF ITEM AND/OR SERVICES ORDERED
1	200,000	EA	1.00	200,000.00	The purchase of goods and services is limited to the current adjusted maximum unit cost. Please contact the Purchasing Officer for the current adjusted maximum.
TOTAL:				\$200,000.00	
				TERMS:	NET 30

AUTHORIZED PURCHASING SIGNATURE:

Wade Brown

DATE

14/07/11

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.

MEMORANDUM

TO: Wade Brown
FROM: Joann Wilken, I.T. JW
DATE: July 9, 2014
SUBJECT: SC Request

SC 10498
01452

I'm requesting a Service Contract for HYTEK Computer Solutions. They are an established vendor with the City (Vendor #01452). We purchase computer equipment from them and on occasion, they repair printers.

Thank you.

CITY OF FAIRFIELD SERVICES AGREEMENT

THIS AGREEMENT is made at Fairfield, California, as of June 19, 2014 by and between the City of Fairfield ("the CITY") and Hyltek Computer Solutions ("SERVICE PROVIDER").

1. SCOPE OF SERVICE

SERVICE PROVIDER agrees to perform the following work:

Printer repair, as needed as authorized in advance by City Information Technology Division staff.
Purchase and on-site delivery of computer equipment.

2. PAYMENTS

- a Payment shall be made to SERVICE PROVIDER on a time and materials basis, and SERVICE PROVIDER shall submit invoices to the CITY Information Technology Division for the same.
- b Any parts, additional meetings or work required beyond that set forth above shall be mutually agreed to by the CITY and SERVICE PROVIDER, and shall be billed on a time and materials basis to the CITY Information Technology Division.

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 no less than \$1,000,000 per occurrence for bodily injury, personal injury, products and completed operations, 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 no less than \$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 named insureds will be called upon to cover a loss covered thereunder.
- d **CERTIFICATES OF INSURANCE** SERVICE PROVIDER shall file with CITY'S Department of or the Designee 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 City of Fairfield or the Designee prior to the effective date of such cancellation, or change in coverage.
- e SERVICE PROVIDER shall file with the City of Fairfield or the Designee concurrent with the execution of this agreement, the City's standard endorsement form (attached hereto) providing for each of the above 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 contractor will be required to secure the payment of compensation of his or her employees.

- 6. **BUSINESS LICENSE** The CONSULTANT 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 CONSULTANT. 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: 

City of Fairfield, a municipal corporation

By: 

New:
Renewal: X

INSURANCE CHECKLIST



CONTRACTOR: Hytek Computer Solutions DATE OF CONTRACT: 6/19/14 P.O. # SC ####
 DEPARTMENT: Finance/IT STAFF PERSON & TELEPHONE NO: Steve Garrison X7582 by Joann Wilken X7539
 DESCRIBE PROJECT / WORK: Purchase and delivery of computer equipment, printer repairs.

Required? Yes No	Type of Insurance	Insurance Company Name and AM Best Rating	Policy Number	Expiration Date	Per Occurrence Insurance Limit	Endorsement Form		
						City	Other	Waived
	General Liability	Hartford Casualty Insurance XV A	57SBAAU9321	8/8/14	2,000,000			
	Auto Liability	State Farm Mutual Auto Ins Company XV A++	299 9117-A26-05	7/26/14				
	Umbrella Liability							
	Professional Liability							
	Workers' Compensation							

APPROVED: *B. City* DATE: JUL 8 2014
 Authorized Risk Management Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/23/2013

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 Global General Insurance 683 Commercial Street San Francisco CA 94111		CONTACT NAME: Jody Chen PHONE (A/C No. Ex): (415) 981-0896 FAX (A/C No.): (415) 981-4811 EMAIL ADDRESS: jody@globalgenins.com	
INSURED CHERI ERBERT D/B/A HYTEK COMPUTER SOLUTIONS 740 MADISON ST. FAIRFIELD CA 94533		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Casualty Insurance NAIC #: 29424 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL139900420 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDRESS (INSR LTR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		578BAAT9321	8/8/2013	8/8/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH. ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks: Schedule, if more space is required)
 Property at 740 Madison Street, Fairfield, CA 94533.

Certificate holder is named additional insured per endorsement.
 Certificate for related interest only.

CERTIFICATE HOLDER

Arthur J. & Virginia L. Engell
 Trustees for The Engell Family Trust
 PO Box GG
 900 C North Texas Street
 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

Michael Chung/JODY

IMPORTANT - IDENTIFICATION CARDS

MUTL VOL

STATE FARM®

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

State Farm



CALIFORNIA INSURANCE CARD

State Farm Mutual Automobile Insurance Company
900 Old River Road Bakersfield CA 93311-9501
INSURED ERBERT, CHERI & CRAIG

MUTL
VOL

POLICY NUMBER 299 9117-A26-05 EFFECTIVE
YR 2009 MAKE FORD JAN 26 2014 TO JUL 26 2014
MODEL FUSION VIN 3FAHP07109R160244
AGENT KEN STEWART 2071-ASD
PHONE (707) 428-0070 NAIC 25178
COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS
PRESCRIBED BY LAW
COVERAGES A C D500 G500 H U LI
SEE REVERSE SIDE FOR AN EXPLANATION.

State Farm



CALIFORNIA INSURANCE CARD

State Farm Mutual Automobile Insurance Company
900 Old River Road Bakersfield CA 93311-9501
INSURED ERBERT, CHERI & CRAIG

MUTL
VOL

POLICY NUMBER 299 9117-A26-05 EFFECTIVE
YR 2009 MAKE FORD JAN 26 2014 TO JUL 26 2014
MODEL FUSION VIN 3FAHP07109R160244
AGENT KEN STEWART 2071-ASD
PHONE (707) 428-0070 NAIC 25178
COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS
PRESCRIBED BY LAW
COVERAGES A C D500 G500 H U LI
SEE REVERSE SIDE FOR AN EXPLANATION.

KEEP A CARD IN YOUR CAR.
SUBMIT THIS CARD, OR A PHOTOCOPY OF THIS CARD, WITH YOUR VEHICLE REGISTRATION RENEWAL.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

41/00942

141666.1 05-09-2012 (o1pcca1b)

M 52513-1-D
Non PI

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Hartford Casualty Insurance Company

A.M. Best #: 002229 NAIC #: 29424 FEIN #: 060294398

Administrative Office
One Hartford Plaza
Hartford, CT 06155-0001
[United States](#)

[View Additional Address Information](#)

Web: www.thehartford.com
Phone: 860-547-5000
Fax: 860-723-4289

Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



Based on A.M. Best's analysis, [058707 - Hartford Financial Services Group Inc](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

View all of the [companies](#) assigned this rating as a part of an [AMB Rating Unit](#).

Financial Strength Rating	View Definition
Rating:	A (Excellent)
Affiliation Code:	p (Pooled)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Positive
Action:	Affirmed
Effective Date:	April 03, 2014
Initial Rating Date:	June 30, 1930

Best's Credit Rating Analyst

Office: A.M. Best Company, Oldwick NJ
Senior Financial Analyst: Gordon McLean
Assistant Vice President: Jennifer Marshall, CPCU, ARM

Long-Term Issuer Credit Rating View Definition

Long-Term:	a+
Outlook:	Positive
Action:	Affirmed
Effective Date:	April 03, 2014
Initial Rating Date:	July 14, 2005

Disclosure Information

- [View A.M. Best's Rating Disclosure Statement](#)
- [A.M. Best Revises Outlook to Positive for The Hartford Financial Services Group, Inc. and Its Property/Casualty Subsidiaries](#)
April 03, 2014

u Denotes [Under Review Best's Rating](#)

Reports and News

Visit Best's News and Analysis site for the latest [news and press releases](#) for this company and its A.M. Best Group.



AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
Report Revision Date: 4/3/2014 (represents the latest significant change).



Historical Reports are available in [AMB Credit Report 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: 2014 Best's Statement File - P/C, US Contains data compiled as of 7/8/2014 Quality Cross Checked.

- **Single Company** - five years of financial data specifically on this company.
- **Comparison**
 - side-by-side financial analysis of this company with a peer group of up to five other companies you select.
- **Composite**
 - evaluate this company's financials against a peer group composite. Report displays both the average and total composite of your selected peer group.



Best's Key Rating Guide Presentation Report - includes Best's Financial Strength Rating and financial data as provided in the most current edition of Best's Key Rating Guide products. (Quality Cross Checked).

Financial and Analytical Products

- [Best's Insurance Reports - Online - P/C, US & Canada](#)
- [Best's Key Rating Guide - P/C, US & Canada](#)
- [Best's Statement File - P/C, US](#)
- [Best's Executive Summary Report - Comparison - Property/Casualty](#)
- [Best's Executive Summary Report - Composite - Property/Casualty](#)
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7/8/2014

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State Farm Mutual Automobile Insurance Company

A.M. Best #: 002479 NAIC #: 25178 FEIN #: 370533100

Domiciliary Address
 One State Farm Plaza
 Bloomington, IL 61710
[United States](#)

Web: www.statefarm.com
 Phone: 309-766-2311
 Fax: 309-766-4655

Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, [002479 - State Farm Mutual Automobile Ins Co](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. [View a list of operating insurance entities](#) in this structure.

Best's Credit Ratings

View all of the [companies](#) assigned this rating as a part of an [AMB Rating Unit](#).

Financial Strength Rating [View Definition](#)

Rating: A++ (Superior)
 Financial Size Category: XV (\$2 Billion or greater)
 Outlook: Stable
 Action: Affirmed
 Effective Date: May 30, 2014
 Initial Rating Date: June 30, 1927

Best's Credit Rating Analyst

Office: A.M. Best Company, Oldwick NJ
 Senior Financial Analyst: Raymond Thomson, ARE, ARM
 Assistant Vice President: Gregory T. Williams

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: aa+
 Outlook: Stable
 Action: Affirmed
 Effective Date: May 30, 2014
 Initial Rating Date: June 11, 2007

Disclosure Information



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A.M. Best Upgrades ICR of State Farm General; Affirms Ratings of State Farm Mutual, Its Subsidiaries and Affiliate
 May 30, 2014

u Denotes [Under Review](#) Best's Rating

Related Financial and Analytical Data

The following links provide access to related data records that A.M. Best utilizes to provide financial and analytical data on a consolidated or branch basis.

AMB #	Company Name	Company Description
000088	State Farm Group (G) Rating Unit	Represents the A.M. Best Consolidated financials for the Property/Casualty business of this legal entity.
019754	State Farm Group (C)	Represents the "as filed" Company Consolidated financials for the Property/Casualty business of this legal entity.
020013	State Farm Group (G)	Represents the A.M. Best Consolidated financials for the Multi-Line business of this legal entity.
070126	State Farm Life Group (G) Rating Unit	Represents the A.M. Best Consolidated financials for the Life, Annuity, and Accident business of this legal entity.
087096	State Farm Mutual Automobile Ins Co CAB	Represents financials for the Canada Branch of this legal entity.

Reports and News

Visit Best's News and Analysis site for the latest [news](#) and [press releases](#) for this company and its A.M. Best Group.



AMB Credit Report - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
 Report Revision Date: 6/23/2014 (represents the latest significant change).



Historical Reports are available in [AMB Credit Report Archive](#).



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Data Status: 2014 Best's Statement File - P/C, US Contains data compiled as of 7/8/2014 Quality Cross Checked.

- [Single Company](#) - five years of financial data specifically on this company.
- [Comparison](#) - side-by-side financial analysis of this company with a peer group of up to five other companies you select.
- [Composite](#) - evaluate this company's financials against a peer group composite. Report displays both the average and total composite of your selected peer group.



Best's Key Rating Guide Presentation Report - includes Best's Financial Strength Rating and financial data as provided in the most current edition of Best's Key Rating Guide products. (Quality Cross Checked).