

CITY OF FAIRFIELD

P.O. NUMBER: SC 10304

SHIP TO: Senior Center
1200 Civic Center Drive
Fairfield CA 94533

VENDOR NO: B2843

SCHEDULED
DELIVERY DATE:

P.O. TYPE: OPEN

VENDOR: KENS APPLIANCE REPAIR SHOP
218 1/2 DOBBINS ST
VACAVILLE CA 95688-3932

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 service and goods 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 09/01/30

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.

Hi Wade,

December 11, 2008

I will give you a little background on the open P.O that I am requesting. Matt Treiman originally did this contract and insurance. However he neglected to get it to you for an open P.O. #. Hence I am sending those forms as well as the renewal ones. I spoke with you previously several months back about an invoice that was coming during the 2007 paperwork. You had said to give it to you. I am going to pick up the invoice tomorrow.

Do we get P.O. # for both of the years or are they different? Do I still send you the invoice that is coming?

If you have questions please contact me @7078.

Thank you
Pennie Toney

132843
SC 10304

RECEIVED
CITY OF FAIRFIELD
JAN 1 2009
BY JA

RECEIVED

DEC 19 2008

CITY OF FAIRFIELD
PURCHASING

New:
Renewal:

STAPLE HERE

INSURANCE CHECKLIST

CONTRACTOR: Ken's Appliance Repair DATE OF CONTRACT: June 1, 2007 P.O. # _____

DEPARTMENT: Community Services STAFF PERSON & TELEPHONE NO: Matt Treiman x 7796

DESCRIBE PROJECTWORK: Appliance Repair and Service

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	Allstate Insurance Co. A+ / XV	50569647	4/1/08	\$1,000,000		✓	
	Auto Liability	Allstate Insurance Co. A+ / XV	650423710	4/1/08	\$500,000			PL
	Excess Liability	Waived						
	Workers' Compensation	Statutory						
	Professional Liability	Waived						

APPROVED: Robyn Kain DATE: 7/20/07
Authorized Risk Management Signature

July 11, 2007

To:
The City of Fairfield

RE: Ken's Appliance Repair Shop

My husband & I are the owners & sole employees of this Company, which is incorporated. We are aware that at such time we hire an employee we are to notify & show proof of Workman's Comp Ins. to the City of Fairfield

FAXED to 429-5687
7-11-2007
@ 5:10pm

Jennie Crawley
Doug Crawley

FAXED 6-5-2007

FAXED 5-23-2007

CITY OF FAIRFIELD SERVICES AGREEMENT

Signed Contract JK

Refer to Ken's

THIS AGREEMENT is made at Fairfield, California, as of the June 1, 2007, by and between the City of Fairfield ("the CITY") and Ken's Appliance Repair ("SERVICE PROVIDER").

1. SCOPE OF SERVICE

SERVICE PROVIDER agrees to perform the following work (This space is to be used when you don't have a proposal letter from the contractor to use. If you have a proposal letter that you wish to use for Exhibit A - Simply type "Exhibit A" at the top of the proposal letter.) Provide parts and labor for service to ovens, as requested by the City of Fairfield.

2. PAYMENTS.

- a. The total contract price for services rendered by SERVICE PROVIDER under this Agreement shall be as specified below.
b. Payment shall be made to SERVICE PROVIDER on a time and materials basis, and SERVICE PROVIDER shall submit monthly invoices to the Community Services Department for the same.
c. Any additional meetings or work required beyond that set forth in Exhibit 'A' shall be mutually agreed to by the CITY and SERVICE PROVIDER, and shall be billed on a time and materials basis to the Community Services Department.

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 Community Services 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 Community Services prior to the effective date of such cancellation, or change in coverage.
e. SERVICE PROVIDER shall file with the Director of Community Services 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 1777.6 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 workmen 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 Stanislaus, 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 1880 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 108 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 94533-4893, (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 Jennie Crawley

City of Fairfield, a municipal corporation

By [Signature]

EDD REPORTING REQUIREMENTS CHECKLIST

Effective July 1, 2001 the State Employment Development Department (EDD) requires the following.

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

Department/Division: Community Services/ Adult Services Date of Contract: June 1, 2007
 Authorized by Res. No.: _____ Contract Expiration Date: N/A
 Person Reviewing EDD Requirements: Wade Brown, Financial Services Supervisor Phone: (707) 428-7596

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, CONSULTANT shall provide the following information to CITY to comply with EDD reporting requirements:

- A. Whether CONSULTANT is doing business as a sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, non-profit corporation or other form of organization.
- B. If CONSULTANT is doing business as a sole proprietorship, CONSULTANT shall provide the full name, address and social security number or federal tax identification number of the sole proprietor.
- C. If CONSULTANT is doing business as other than a sole proprietorship, CONSULTANT shall provide CONSULTANT's federal tax identification number.

Dear Contracting Company:

Pursuant to your contract with the above-mentioned City of Fairfield Department, you are required 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	Ken's Appliance Repair Shop
ADDRESS	218 1/2 Dobbins Street
CITY, STATE, ZIP	Vacaville, CA 95688 - 3932

AND

BOX 2

√ BOX	TYPE OF BUSINESS	SSN only TIN	SOCIAL SECURITY NUMBER AND/OR FEDERAL ID NUMBER
<input type="checkbox"/>	SOLE PROPRIETORSHIP	SSN only	
<input type="checkbox"/>	PARTNERSHIP	TIN	
<input type="checkbox"/>	LIMITED LIABILITY PARTNERSHIP	TIN	
<input checked="" type="checkbox"/>	CORPORATION	TIN	94-3292228
<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

JUL 2 2007 3:08PM ALLSTATE

NO. 505 - P. 1



CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INTERESTED PARTY TYPE: ADDITIONAL INSURED
Comments:

CERTIFICATE HOLDER		NAMED INSURED	
Name and Address of Party to Whom this Certificate is Issued		Name and Address of Insured	
CITY OF FAIRFIELD 1000 WEBSTER ST FAIRFIELD CA 94533		MERVIN CRAWLEY DBA KENS APPLIANCE REPAIR SHOP 218 1/2 DOBBINS ST VACAVILLE CA 95688	
		Location Address (if different than above)	
		218 1/2 DOBBINS ST VACAVILLE CA 95688	

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS
Policy Number: 50569647 Effective Date: 4/1/07 Expiration Date: 4/1/08

COVERAGE SUMMARY		AMOUNT
BUSINESS LIABILITY		
COMPREHENSIVE LIABILITY		
FIRE and SPECIFIED PERIL LEGAL LIABILITY		\$ 1,000,000 Each Accidental Event
ADVERTISING INJURY LIABILITY		\$ 300,000 Each Accidental Event
MEDICAL PAYMENTS		\$ 100,000
PROPERTY INSURANCE		\$ 5,000 Each Person \$ 25,000 Each Accident

POLICY TYPE
 SPECIAL FORM NAMED PERIL FORM BUILDERS RISK SPECIAL FORM

BUILDING \$ Replacement Cost Actual Cash Value
 CONTENTS \$ Replacement Cost Actual Cash Value Replacement Cost Safeguard
Deductible \$
Wind Deductible % Exclude Wind YES NO

ADDITIONAL COVERAGE'S:

MORTGAGE CLAUSE - The policy contains a Mortgage Clause in favor of:
Mortgagee
Address

CERTIFICATE PERIOD
THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.
POLICY INCEPTION DATE: 4/1/07 12:01 AM 12:00 NOON
Standard Time at the location of the insured premises.

PROVISIONS
This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.
IT IS AGREED THAT SHOULD THE INSURANCE PROTECTION EVIDENCED HEREIN TERMINATE, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL NOTICE OF SUCH TERMINATION WITHIN 10 DAYS FOR THE FOLLOWING INTERESTED PARTIES: MORTGAGEE, LIEN HOLDER, ADDITIONAL INSURED AND ADDITIONAL INTERESTED PARTY.

DENNIS KARTHAUSER
Authorized Representative 6/29/07
Date



ALLSTATE INSURANCE COMPANY
BUSINESS INSURANCE R999 ENDORSEMENTS

INSURED NAME: kens appliance
POLICY NUMBER : 050569647
INSURANCE TYPE: 55

REQUESTED DATE: 07-02-07 12:56 PM
BOUND EFF DATE: 07-02-07 12:56 PM

** R999 - MTG/LPC/AI/ADDITIONAL INTERESTS **

ADD/

DEL TYPE . LOC# BLDG# REASON FOR ADDITIONAL INTERESTS
A A 0001 001 WORK PERFORMED BY INSURED

NAME1 : CITY OF FAIRFIELD

ADDRESS : 1000 WEBSTER ST

CITY : FAIRFIELD

PROP COV: AIP

STATE: CA ZIP: 94533

TYPE OF ADDL INSURED: DP

JUN. 5. 2007 9:56AM

ALLSTATE

NO. 230

P. 2/3



CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INTERESTED PARTY TYPE: CERTIFICATE HOLDER

Comments:

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
CITY OF FAIRFIELD CITY HALL 1000 WEBSTER STREET FAIRFIELD, CA 94533	MERVIN CRAWLEY DBA KENS APPLIANCE REPAIR 218 1/2 DOBBINS ST VACAVILLE, CA 95688-3922

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS

GENERAL LIABILITY	Policy Number	Effective Date	Expiration Date
	Limit		Amount
GENERAL AGGREGATE LIMIT (Other than Products - Completed Operations)		\$	
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT		\$	
PERSONAL AND ADVERTISING INJURY LIMIT		\$	
EACH OCCURRENCE LIMIT		\$	
PHYSICAL DAMAGE LIMIT		\$	ANY ONE LOSS
MEDICAL EXPENSE LIMIT		\$	ANY ONE PERSON
AUTOMOBILE LIABILITY	Policy Number 65042710	Effective Date 4/1/07	Expiration Date 4/1/08
Coverage Basis		Limits	
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SPECIFIED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> OWNED PRIVATE PASSENGER AUTOS <input type="checkbox"/> OWNED AUTOS OTHER THAN PRIVATE PASSENGER		Combined Single Limit of Liability BODILY INJURY & PROPERTY DAMAGE \$ 500,000 EACH ACCIDENT Split Liability Limits Bodily Injury Property Damage Each \$ \$ PERSON \$ \$ ACCIDENT	
UMBRELLA LIABILITY	Policy Number	Effective Date	Expiration Date
EACH OCCURRENCE	GENERAL AGGREGATE	PRODUCTS - COMPLETED OPERATIONS AGGREGATE	
\$	\$	\$	
OTHER Policy Type	Policy Number	Effective Date	Expiration Date
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS			
IT IS AGREED THAT SHOULD THE INSURANCE PROTECTION EVIDENCED HEREIN TERMINATE, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL NOTICE OF SUCH TERMINATION WITHIN 10 DAYS FOR THE FOLLOWING INTERESTED PARTIES: MORTGAGEE, LIEN HOLDER, ADDITIONAL INSURED AND ADDITIONAL INTERESTED PARTY.			
DENNIS KARTHAUSER Authorized Representative			6/5/07 Date



ALLSTATE INSURANCE COMPANY
Home Office Northbrook, Illinois
Calendar Date : 06/04/2007
CALIFORNIA

CUSTOMER SERVICE REQUEST
COMMERCIAL AUTO POLICY
Policy Number: 650423710 04/01

BUSINESS NAME : MERVIN CRAWLEY
BUSN ADDRESS : 218 1/2 DOBBINS ST
CITY : VACAVILLE ST: CA ZIP: 95688
HOME PHONE : (707) 451 - 9537 BUSINESS PHONE : (707) 448 - 5435

ADD POLICY ADDITIONAL INSURED
Dir Code: 000000
Name: CITY OF FAIRFIELD CITY HALL
Address: 1000 WEBSTER STREET
City: FAIRFIELD State: CA Zip: 94533

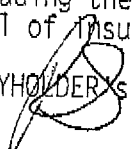
THIS ENDORSEMENT HAS AFFECTED THE FOLLOWING POLICY FORMS:
Forms Added: CA2001 1001 ADDITIONAL INSURED

THIS REQUEST IS SUBJECT TO POLICY TERMS AND IS EFFECTIVE ONLY IF
THE POLICY NOTED IS CURRENTLY IN FORCE

_____ EFFECTIVE 12:28 PM 06/04/2007

Notice: it is a crime to knowingly provide false, incomplete or
misleading information to an insurance company for the purpose of
defrauding the company. Penalties include imprisonment, fines and
denial of insurance benefits.

POLICYHOLDER'S Signature



AGENT'S Signature

NO: 083970 LOC: 975

707-448-8330
Agent's Phone#

July 11, 2007

To:
The City of Fairfield

RE: Ken's Appliance Repair Shop

My husband & I are the owners & sole employees of this Company, which is incorporated. We are aware that at such time we hire an employee we are to notify & show proof of Workman's Comp Ins. to the City of Fairfield

FAXED to 429-5687
7-11-2007
@ 5:10pm

Jennie Crawley
Doug Crawley

KAIN, ROBYN

From: TREIMAN, MATTHEW L
Sent: Friday, July 13, 2007 10:50 AM
To: KAIN, ROBYN
Subject: Ken's appliance letter

Robyn,

Attached is the letter from Ken's Appliance re: sole proprietor/worker's comp. Let me know if you need anything else. Thanks



kens appliance
letter.pdf (224...

Matt

Memo

RECEIVED
CITY OF FAIRFIELD

JUL 05 2007

HUMAN RESOURCES

To: Robyn Kain, Benefits and Risk Manager
From: ^{WCT} Matt Treiman, Program Coordinator
Date: 7/2/07
Re: Ken's Appliance Insurance Requirements

Attached, please find the Consultant Services Agreement for Ken's Appliance, an appliance repair shop based in Vacaville. Community Services/Adult Services would like to add Ken's Appliance to the approved vendor list so they can provide service to the kitchen ovens/stoves. Attached is a copy of their contract with certificates for General Liability and Automobile Liability with endorsements. Please sign the insurance checklist and return the contract to me at your earliest convenience. Let me know if you have any questions. Thank you.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the bottom.

STAPLE HERE

INSURANCE CHECKLIST

New:
Renewal:

CONTRACTOR Ken's Appliance Repair DATE OF CONTRACT: June 1, 2007 P.O. # _____
DEPARTMENT: Community Services STAFF PERSON & TELEPHONE NO: Pennie Toney @7078
DESCRIBE PROJECT / WORK: Appliance Repair and Service

Required?	Type of Insurance	Insurance Company Name and AM Best Rating	Policy Number	Expiration Date	Per Occurrence Insurance Limit	Endorsement Form	
						City	Other Waivec
X	General Liability	Allstate A+XV	050569647	04/01/09	1,000,000	X	
X	Auto Liability	Allstate A+XV	650423710	04/01/09	500,000		
	Excess Liability	Waived					
	Workers' Compensation	Statutory					
	Professional Liability	Waived					

APPROVED: *Pennie Toney* DATE: 12/9/08
Authorized Risk Management Signature



CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL

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INTERESTED PARTY TYPE: CERTIFICATE HOLDER

Comments:

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
CITY OF FAIRFIELD 1000 WEBSTER ST FAIRFIELD CA 94533	MERVIN CRAWLEY DBA KENS APPLIANCE REPAIR SHOP 218 1/2 DOBBINS ST VACAVILLE, CA 95688
	Location Address (if different than above)

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS

Policy Number: 050-569647	Effective Date: 4/1/08	Expiration Date: 4/1/09
COVERAGE SUMMARY		
BUSINESS LIABILITY	AMOUNT	
COMPREHENSIVE LIABILITY	\$ 1,000,000 Each Accidental Event	
FIRE and SPECIFIED PERIL LEGAL LIABILITY	\$ 300,000 Each Accidental Event	
ADVERTISING INJURY LIABILITY	\$ 300,000	
MEDICAL PAYMENTS	\$ 5,000 Each Person	
	\$ 25,000 Each Accident	
PROPERTY INSURANCE		
POLICY TYPE		
<input checked="" type="checkbox"/> SPECIAL FORM <input type="checkbox"/> NAMED PERIL FORM <input type="checkbox"/> BUILDERS RISK SPECIAL FORM		
<input type="checkbox"/> BUILDING \$ <input checked="" type="checkbox"/> CONTENTS \$ 23,000 Deductible \$ 250 Wind Deductible %	<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Replacement Cost Safeguard
Exclude Wind: <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDITIONAL COVERAGE'S:		
MORTGAGE CLAUSE - The policy contains a Mortgage Clause in favor of:		
Mortgagee		
Address		
CERTIFICATE PERIOD		
THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.		
POLICY INCEPTION DATE: 4/1/08	<input checked="" type="checkbox"/> 12:01 AM	<input type="checkbox"/> 12:00 NOON
Standard Time at the location of the insured premises.		
PROVISIONS		
This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.		
IT IS AGREED THAT SHOULD THE INSURANCE PROTECTION EVIDENCED HEREIN TERMINATE, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL NOTICE OF SUCH TERMINATION WITHIN 10 DAYS FOR THE FOLLOWING INTERESTED PARTIES: MORTGAGEE, LIEN HOLDER, ADDITIONAL INSURED AND ADDITIONAL INTERESTED PARTY.		
DENNIS KARTHAUSER		8/14/08
Authorized Representative		Date



Print Key Output
5722SS1 V5R4M0 060210 A4000080

Page 1
11/21/08 09:39:44

Display Device : QPADEV01TJ
User : SCA97510

Insured: MERVIN CRAWLEY DBA KENS Pol. No.: 050569647
Phone: (707) 448 - 5435 **BUILDING LOCATION** Agent: 147215
Ins. Line: CUSTOMIZER 11/10/08 Status: ACTIVE

Loc: 001 Build: 001 Add: 218 1/2 DOBBINS ST City: VACAVILLE State: CA

Item Code	Item Limit	Item Premium
BUSINESS PERSONAL PROPERTY	\$23,000	\$1,178.00
FIRE LEGAL LIABILITY	\$300,000	\$134.00
COMPREHENSIVE LIAB PROPERTY	\$1,000,000	\$51.00
ADDITIONAL INSURED	ADD INSD: 3	\$54.00
FULL TERRORISM		\$1.00

INCLUDED LIMITS:

TOTAL: \$1,418.00

(ENTER)CONTINUE

(F1)HELP (F3)QUIT (F4)BACK SCREEN (F6)LIST LAST



Print Key Output Page 1
5722SS1 V5R4M0 060210 A4000080 11/21/08 09:39:48

Display Device : QPADEV01TJ
User : SCA97510

Insured: MERVIN CRAWLEY DBA KENS Pol. No.: 050569647
Phone: (707) 448 - 5435 ****BUILDING LOCATION**** Agent: 147215
Ins. Line: CUSTOMIZER 11/10/08 Status: ACTIVE

Loc No: 001 Build No: 001 Address: 218 1/2 DOBBINS ST City: VACAVILLE
State: CA Zipcode: 95688

Build Class: Bus Prop Class: 0940 Town Class: 05 Terr: 43
City Code: 0021 County Code: 0048 Insured Type: INDIV Year Built: 1960

Construct Type: MASONRY Stories: Units Per Fire Div:
Units Per Building: PIA Flag: N Sprinkler:
Type: SPECIAL Boiler/Heating Ind:

LOI Building: LOI Contents: Y Repl Cost Safeguard: Earthquake Zone:
Supplemental Cov: Blanket Coverage: Sch Rating Fac: 00.00
EX Wind: Deductible Code: 250 DED
Earthquake Class:
Building Valuation: Contents Valuation: REPLACEMENT COST

(ENTER)CONTINUE (F1)HELP (F3)QUIT (F4)BACK SCREEN (F6)LIST MORE



5722SS1 V5R4M0 060210 Print Key Output A4000080

11/21/08 Page 1 09:37:43

Display Device : QPADEV01TJ
User : SCA97510

Insured: MERVIN CRAWLEY Pol. No.: 650423710 04/01
Home: (707) 451 - 9537 ** ITEM COVERAGES ** Bus.: (707) 448 - 5435

Table with columns for Item No., 1998 ECONOL, and 2008 EXPRES. Rows include AB Combined BI & PD, SS UM Bodily Injury, PD UM Property Damage, CC Medical Payments, DD Collision (Ded), HH Comprehensive (Ded), HP Spec Perils (Opt), LG Lease/Loan/Gap, JJ Towing, Labor (Occ), UU Rental (Days/Amt), ZA Sound System (Occ), and ZZ Tape Coverage.

Make Limits Consistent: N
(ENTER) CONTINUE (F1) HELP (F3) QUIT (F4) BACK SCREEN (F6) PEND



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19232

MERVIN CRAWLEY
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VACAVILLE CA 95688

POLICY NUMBER
650423710

YEAR/MAKE/MODEL
1998 ECONOLINE

EFFECTIVE DATE
04/01/2008

VEHICLE ID NUMBER
1FTNE24L9WHB15441

EXPIRATION DATE
04/01/2009

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Contact your Allstate agent or broker as soon as possible.

Dave LeGoullon
707-448-8330
350 Merchant St.
Vacaville CA 95688

- If you are unable to contact your agent or broker, call the Allstate Claim Office nearest to your home (check the phone book). If you are out of town, contact the nearest Allstate office.

THIS POLICY MEETS THE REQUIREMENTS OF THE APPLICABLE CALIFORNIA
FINANCIAL RESPONSIBILITY LAW(S).



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MERVIN CRAWLEY
218 1/2 DOBBINS ST
VACAVILLE CA 95688

POLICY NUMBER
650423710

YEAR/MAKE/MODEL
2008 EXPRESS G25

EFFECTIVE DATE
04/01/2008

VEHICLE ID NUMBER
1GCGG25C081109685

EXPIRATION DATE
04/01/2009

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Contact your Allstate agent or broker as soon as possible.

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Allstate Insurance Company

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A.M. Best #: 02017 NAIC #: 19232 FEIN #: 360719665

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Phone: 847-402-5000

Fax: 847-402-9116

Web: www.allstate.com

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

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Best's Ratings

Financial Strength Ratings [View Definitions](#)

Rating: **A+ (Superior)**

Affiliation Code: **g (Group)**

Financial Size Category: **XV** (\$2 Billion or greater)

Outlook: **Stable**

Action: **Affirmed**

Effective Date: **October 23, 2008**

* Denotes Under Review Ratings. See rating definitions.

Issuer Credit Ratings [View Definitions](#)

Long-Term: **aa-**

Outlook: **Stable**

Action: **Downgraded**

Date: **October 23, 2008**

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AMB Credit Report - Insurance Professional (Unabridged) (formerly known as Best's Company Report) - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 10/23/2008 (represents the latest significant change).

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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 11/22/2008 (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: 2007 Financial Data (Quality Cross Checked).

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