# **CITY OF FAIRFIELD**

SHIP TO:

Building Maintenance

1000 Webster Street Fairfield CA 94533 P.O. NOUMBER: SC 10524

VENDOR NO:

B2519

SCHEDULED
DELIVERY DATE:

P.O. TYPE:

OPEN

VENDOR:

NOR-CAL COOLING TOWER SVC INC

9506 PATTE WAY ORANGEVALE CA 95662

# **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:** 

Wave Some

DATE

15/03/04

## **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

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 **Public Works Department**

SC 10524 B2519

Date:

February 17, 2015

To:

Wade Brown, Financial Service Manager

George Hicks, Public Works Director

Subject:

Services Agreement with Nor-Cal Cooling Tower Services

Recommended Action

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

Statement of Issue

The attached documents will facilitate an agreement with Nor-Cal Cooling Tower Services to perform maintenance and repair on the Cogeneration Plant Cooling Tower for the City of Fairfield.

Background

The City's Purchasing Officer has created a series of open purchase orders "Services Agreements" to streamline the binding contract process, such that certificates of liability insurance and endorsements are on file for each vendor. Additionally, the maximum not to exceed unit cost for the purchasing of goods and services is currently \$24,506.00. The Services Agreement allows for the purchases of goods and services to be approved without City Council action.

# **Discussion**

The two-page Services Agreement will establish an agreement with Nor-Cal Cooling Tower Services to perform maintenance and repair on the Cogeneration Plant Cooling Tower for the City of Fairfield.

Fiscal Impact

All services will be funded through the associated project account.

**Documents Attached** 

Attachment 1: Two page Services Agreement Attachment 2: Certificate of Liability Insurance

Attachment 3: EDD Form

**Staff Contact** 

Michael Allen **Building Maintenance Manager** 707-428-7563 mallen@fairfield.ca.gov

# CITY OF FAIRFIELD SERVICES AGREEMENT

2015 by and between the City of Fairfield ("the CITY") and THIS AGREEMENT is made at Fairfield, California, as of Nor-Cal Cooling Tower Services ("SERVICE PROVIDER").

#### 1. SCOPE OF SERVICE

SERVICE PROVIDER agrees to perform the following work: To perform maintenance and repair on the Cogeneration Plant Cooling Tower for the City of Fairfield. (See attached proposal.)

#### 2. PAYMENTS.

a. The total contract price for services rendered by SERVICE PROVIDER under this Agreement shall be as specified by the proposal and shall not exceed the currently adjusted maximum per unit cost for goods and services. The 14/15 fiscal year adjusted maximum per unit cost is \$24,506.00, this value is annually adjusted upward commiserate with the Consumer's Price Index (CPI). Please contact the Purchasing Officer at (707) 428-7596 for additional information.

b. Payment shall be made to SERVICE PROVIDER on a time and materials basis, and SERVICE PROVIDER shall submit

invoices when the installation process is finalized and approved by the site.

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 City of Fairfield.

#### INSURANCE.

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

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.

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 insurance effected by the CiTY or other named insureds will be called upon to cover a loss covered thereunder.

d. The general liability and automobile liability policies are to contain, or be endorsed to contain, the following provisions: i. The CITY, its officers, officials, employees and volunteers are to be covered as insureds as respects: liability arising out of work or operations performed by or on behalf of the SERVICE PROVIDER; products and completed operations of the SERVICE PROVIDER; premises owned, occupied or used by the SERVICE PROVIDER; and automobiles owned, leased, hired or borrowed by the SERVICE PROVIDER. The coverage shall contain no special limitations on the scope of anticology of the service of

protection afforded to the CITY, its officers, officials, employees or volunteers
Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII.

The minimum limits stated above shall not serve to reduce the SERVICE PROVIDER'S policy limits of coverage. Therefore, the requirements for coverage and limits shall be (1) the minimum coverage and limits specified in this Agreement, or (2) the broader coverage and maximum limits of coverage of any insurance policy or proceeds available to the power statement. coverage and maximum limits of coverage of any insurance policy or proceeds available to the named insured, whichever is

greater.

<u>CERTIFICATES OF INSURANCE</u>. SERVICE PROVIDER shall file with CITY'S Department of <u>Public Works</u> or the Designee upon the execution of this agreement, certificates of insurance which shall provide that no carcellation, 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. SERVICE PROVIDER shall file with the City of Fairfield or the Designee concurrent with the execution of this agreement, a standard endorsement form providing for each of the above requirements.

INDEMNIFY AND HOLD HARMLESS. To the fullest extent allowed by law, 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.

SERVICE PROVIDER'S responsibility for defense and indemnity shall survive termination or completion of this Agreement for the full period of time allowed by law.

#### 5. LABOR AND WAGE CODE GUIDELINES

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 <a href="http://www.dir.ca.gov/DLSR/statistics\_research.html">http://www.dir.ca.gov/DLSR/statistics\_research.html</a> 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.
- CONTRACTORS AND SUBCONTRACTORS. The SERVICE PROVIDER shall require all contractors and subcontractors to meet the
  requirements of this Agreement, including the indemnity and insurance requirements, for work performed under this Agreement.
- 7. <u>BUSINESS LICENSE</u>. 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).
- 8. <u>CANCELLATION.</u> 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.
- 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

NOR CAL COOLING TOWER SERVICES

City of Fairfield, a municipal corporation

By: Weed Brow

# Nor-Cal Cooling Tower Services

Lic. # CA 791791 / NV 75311 120K max.

# **Proposal**

\*\*INFORMATION CONTAINED HEREIN IS FOR PROSPECTIVE CLIENT ONLY...IT IS NOT TO BE USED FOR BIDDING PURPOSES NOR SHARED WITH COMPETING CONTRACTORS\*\*

2/3/15

Mr. Craig Rasmussen Engineer City of Fairfield Fairfield. CA. Re: Evapco AT series single unit rooftop location Fill and DE change

#### Mr. Rasmussen:

Nor-Cal Cooling Tower Services will provide drug-free and safety trained and conscious labor, materials and supplies for the following scope of work on your cooling tower(s).

- Lock out and Tag Out of all energy sources related to unit being worked on.
- Remove existing Drift Eliminators and fill media from unit
- > Remove any obstructions from spray distribution systems nozzles
- > Provide and install new 1/2" cross-fluted modular fill media in fill bay
- Provide and install new PVC Drift Eliminators in bays
- > Reassemble unit to operating status
- > Remove all job related rubbish and dispose of. Clean up of work area to broom clean.

PROJECT PRICE, Fill Media and Drift Eliminators ... \$ 14,355.00 Straight time Labor, supplies etc ... \$ 7,820.33 Freight, Estimate ... \$ 1,465.00 \$ 1,177.67 \$ 24,818.00

Work quoted on M-1' basis straight time prevaling wages rates. Tower to be off-line 2-3 days. Crew will need access to electrical outlets and water source. There are no Haz Mats generated from this project. Quote valid for 30 days, excluding freight rate. Lead time for materials 2-3 weeks

We want to thank you for the opportunity to provide this quotation.

David Lasky

Accepted by:

City of Fairfield, CA.

Date

Payment terms: Net 30, unless otherwise specified. All materials are guaranteed to be as specified in scope. All work to be completed in a professional manner according to industry standards. Warranty on all parts and labor for 1 year from completion of project. Any desired changes or deviations from scope of work by signed Change Order only. Pre-Lien information will be required for all projects. Quote valid 30 days.

# EDD REPORTING REQUIREMENTS CHECKLIST

requires the following. Please complete the	following: (To be cor	mplete by the department)						
Department/Division:	Public Works		Da	te of Contract:				
		Contract Expiration Date:						
Person Reviewing ED	D Requirements:	Laura Fussell	Phone:	(707) 428-7485				
EDD REPORTING R amount of \$600 (six h CITY to comply with E	undred dollars) or mo	ore in any one calendar ye	greement for or ar, CONSULTAN	makes payment to CONSULTAN T shall provide the following infor	NT in the mation to			
A. Whether COI limited liability	NSULTANT is doing by corporation, non-pro	ousiness as a sole propriet fit corporation or other for	orship, partnershi n of organization.	o, limited liability partnership, corp	oration,			
B. If CONSULTA social securit	ANT is doing business y number or federal ta	s as a sole proprietorship, ax identification number of	CONSULTANT si the sole proprieto	nall provide the full name, address r.	and			
C. If CONSULT, federal tax id	ANT is doing business entification number.	s as other than a sole prop	rletorship, CONS	ULTANT shall provide CONSULT	ANT's			
Durament to your conf	ract with the above-m	entioned City of Fairfield (	Department, you a	re required to complete box 1 AN	D box 2			
Please indicate the t	ype of business and p	provide the information re	quested:	re required to complete box 1 AN	D box 2			
below. Please indicate the t	ype of business and p	provide the information re	quested:		D box 2			
Please indicate the t	ype of business and p	provide the information re	quested:		D box 2			
below. Please indicate the t	ype of business and p	Nor - Cal Coul	equested:  OF TOWER  OF TOWER		D box 2			
Please indicate the to BOX 1  FULL NAME	ype of business and p	provide the information re	equested:  OF TOWER  OF TOWER	Services, Inc	D box 2			
Please indicate the to BOX 1  FULL NAME  ADDRESS	ype of business and p	Nor - Cal Could 9506 Patte Orangevale, C	quested:  One Tower  One Tower  One Wy  4. 95662	Services, Inc	D box 2			
Please indicate the to BOX 1  FULL NAME  ADDRESS  CITY, STATE, ZIP	ype of business and p	Nor-Cal Could 9506 Patte Orangevale, C	quested:  One Tower  One Tower  One Wy  4. 95662	Services, Inc	D box 2			
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Please indicate the to BOX 1  FULL NAME  ADDRESS  CITY, STATE, ZIP  PHONE NUMBER  BOX 2  SOLE PI  PARTNE	ROPRIETORSHIP	Nor-Cal Costs 9506 Patte Orangevale Costs AND	quested:  OR Tower  On Tower  4. 95662	Services, Inc				
Please indicate the to BOX 1  FULL NAME ADDRESS CITY, STATE, ZIP PHONE NUMBER  BOX 2  SOLE PI PARTNE LIMITED	ROPRIETORSHIP ERSHIP LIABILITY PARTNE	Nor-Cal Costs 9506 Patte Orangevale Costs AND	quested:  ORPS  ON TOWER  4. 95663  SSN only	Services, Inc				
Please indicate the to BOX 1  FULL NAME ADDRESS CITY, STATE, ZIP PHONE NUMBER  BOX 2  SOLE PI PARTNE LIMITED CORPO	ROPRIETORSHIP ERSHIP LIABILITY PARTNE	Nor-Cal Covide the information resource the information resource to the information re	quested:  OR Tower  A. 95662  SSN only  TIN	Services, Inc.  Name in box #1 must match SS				
Please indicate the to BOX 1  FULL NAME  ADDRESS  CITY, STATE, ZIP  PHONE NUMBER  BOX 2  SOLE PI  PARTNE  CORPO  LIMITED	ROPRIETORSHIP ERSHIP LIABILITY PARTNE	Nor-Cal Costs 9506 Patte Orangevale Costs AND  RSHIP	guested:  OR Tower  ON TOWER  SSN only  TIN  TIN	Services, Inc.  Name in box #1 must match SS				

# Form W-9

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)									
જં	Business name/disregarded entity name, if different from above									
	Nor-Cal Cooling Tower Service, Inc									
Ď	Check appropriate box for federal tax									
<b>36</b> on	classification (required): Individual/sole proprietor C Corporation S Corporation	Partne	rship		Trus	t/estate	,			
Print or type Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	<b></b>					[	] Exe	mpt p	ayee
Ę	☐ Other (see instructions) ▶						-			
_ ₹	Address (number, street, and apt. or suite no.)	Jester's	nam	e and	addr	ress (op	tional	)		
8	9506 Patte Way									
9	City, state, and ZIP code									
See	Orangevale, CA. 95662									
	List account number(s) here (optional)					_				
Par	Taxpayer Identification Number (TIN)					<u>.,</u>				
	your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line	So	cial s	ecuri	ty nı	ımber				
to avo	old backup withholding. For individuals, this is your social security number (SSN). However, for a sent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other				_[		]_			
entitie	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> n page 3.	L		Ш	L		1 [			
	. If the account is in more than one name, see the chart on page 4 for guidelines on whose	En	ploy	er ide	ntifi	cation	numb	er		
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Par										
	r penalties of perjury, I certify that:				4					
	e number shown on this form is my correct taxpayer identification number (or I am waiting for a nu								_	
Se	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I ha rivice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or di linger subject to backup withholding, and	ve not /idends	bee s, or	n noti (c) th	ified e IR	by the S has	) Inter notific	mall ed m	Reve ne tha	nue at I am
3. I a	m a U.S. citizen or other U.S. person (defined below).									
intere gener instru	fication instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction st paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an rally, payments other than interest and dividends, you are not required to sign the certification, but ctions on page 4.	ns, iten individ	n 2 c ual r	loes : etiren	not a nent	apply. arrang	For m geme	nortg int (IF	jage ₹A), a	and
Sign		Z	10	0//	:5	_				

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

# **Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

STAPLE HERE

# INSURANCE CHECKLIST

Renewal: x

New

DATE OF CONTRACT: P.O. #	STAFF PERSON & TELEPHONE NO: Laura Fussell - ext. 7485	Perform maintenance and repair on the Cogeneration Plant Cooling Tower.
Cooling Tower Service	/Building Maintenance	
Nor-Cal Co	Public Works	ECT / WORK:
CONTRACTOR:	DEPARTMENT: Public Works/Buildin	DESCRIBE PROJECT / WORK:

Required?	ired? No	Type of Insurance	Insurance Company Name and AM Best Rating	Policy Number	Expiration Date	Per Occurrence Insurance Limit	Endor	Endorsement Form	-orm Waived
×		General Liability	Associated Industries Insurance Co. A/XII	AES1024709 01	10/22/15	\$1,000,000		×	
×		Auto Liability	Peerless Insurance Company AXV	BAA56304131	01/06/16	\$1,000,000		×	
		Excess							
×		Workers' Compensation	State Comp Ins. Fund N/R	9027668-2014	10/01/15	\$1,000,000			
		Professional Liability							
		Rottv-lou	Digitally signed by Betty-Lou Woodhall						

Betty-Lou Woodhall

APPROVED:

nging, ngina ya estiyawa trooninii DN: cn=BethyLou Woodhali, o=City of Bairfield, oui=Risk Management, emailriainfield\_project@yahoo.com, c=US Date; 2015.02.12 06:56:23 -05'00'

DATE:

February 12, 2015



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/10/2015

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(les) 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).

certificate holder in lieu of such endor	3 <b>0</b> m	nt(s	).	i santia		OK 48 22% =	***			<del></del>
PRODUCER				CONTAI NAME:		REE FEDE		***		
MACKIE INSURANCE BROKERAGE				PHONE (A/C, Ho E-MAIL	Ext): 916	-933-9213		FAX IAIC, No):	916-	933-9437
P.O. BOX 5454	E702			ADDRE						
EL DORADO HILLS, CALIF. 9 License #0C52381	5762				ENS	URER(S) AFFOR	DING COVERAGE			NAIC #
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NOR-CAL COOLING TOWER SERV	ICE			MSURE	RC; STATE	COMPENSA	TON INSTUND			35076
9506 PATTE WAY				INSURE	RO:					<u> </u>
ORANGEVALE CA 95662				W\$URE	RE:					<u> </u>
				INSURE	RF:					
COVERAGES CER	MFI	CATE	NUMBER: 16,835				REVISION NUM			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLI	IEMEI AIN, CIES.	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER D DESCRIBED PAID CLAIMS.	OCUMENT WITH	KESPECT	10 V	VHICH THIS
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AUTOMOBILE LIABILITY	┼─	┼	BAA58304131		1/06/2015	1/06/2016	COMMINED SINGLE	LIMIT		1,000,000
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City of Fairfield, Its Officers, Employees.	Volun	teers	and Agencies are hereby	named	as additiona	i insuraos		ia Daller		
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CITY OF FAIRFIELD	· <del></del>			THI	E EXPIRATIO	N DATE TH	DESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.	HES BE CA	NÇEI E DE	LED BEFORE LIVERED IN
CITY HALL 1000 WEBSTER STREET				1	UUNDANUE W	.,,, ,,,,,,,,				

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Desiree Federici, Broker

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FAIRFIELD CA 94533

## 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
All persons or organizations where written contract with the Named insured requires completed perations coverage. This form does not apply to your work on "residential property".	
Information required to complete this Schedule, if not sh	own above, will be shown in the Declarations.

Section 11 – 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 "properly 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".

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured 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
  - The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily Injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - The preparing, approving, or falling to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.
- 2. "Bodily injury" or "property damage" occurring
  - a. 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
  - b. 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.

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# PRIMARY AND NON-CONTRIBUTING INSURANCE (THIRD-PARTY)

This endorsement modifies insurance provided under the following:

## **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

#### SCHEDULE

Third Party:

All persons or organizations where required by written contract with the Named Insured

(Absence of a specifically named Third Party above means that the provisions of this endorsement apply as required by written contractual agreement with any Third Party for whom you are performing work.)

Paragraph 4. of SECTION IV: COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

#### 4. Other insurance:

With respect to the Third Party shown above, this insurance is primary and non-contributing. Any and all other valid and collectable insurance available to such Third Party in respect of work performed by you under written contractual agreements with said Third Party for loss covered by this policy, shall in no instance be considered as primary, co-insurance, or contributing insurance. Rather, any such other insurance shall be considered excess over and above the insurance provided by this policy.

#### THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

#### BUSINESS AUTO COVERAGE ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### **BUSINESS AUTO COVERAGE FORM**

With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by the endorsement.

#### **COVERAGE INDEX**

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## SECTION II - LIABILITY COVERAGE is amended as follows:

## 1. BROAD FORM INSURED

SECTION II - LIABILITY COVERAGE, paragraph A.1. - WHO IS AN INSURED is amended to include the following as an insured:

- d. Any legally incorporated entity of which you own more than 50 percent of the voting stock during the policy period. However, "Insured" does not include any organization that:
  - (1) is a partnership or joint venture; or
  - (2) is an insured under any other automobile policy; or
  - (3) Has exhausted its Limit of insurance under any other automobile policy.
  - Paragraph d. (2) of this provision does not apply to a policy written to apply specifically in excess of this policy.
- e. Any organization you nawly acquire or form, other than a partnership or joint venture, of which you own more than 50 percent of the voting stock. This automatic coverage is afforded only for 180 days from the date of acquisition or formation. However, coverage under this provision does not apply:
  - (1) If there is similar insurance or a self-insured retention plan available to that organization;

- (2) If the Limits of Insurance of any other insurance policy have been exhausted; or
- (3) To "bodily injury" or "property damage" that occurred before you acquired or formed the organization.

# 2. EMPLOYEES AS INSUREDS

SECTION II - LIABILITY COVERAGE, paragraph A.1. - WHO IS AN INSURED is amended to include the following as an insured:

- f. Any "employee" of yours while using a covered "auto" you do not own, hire or borrow, but only for acts within the scope of their employment by you. Insurance provided by this endorsement is excess over any other insurance available to any "employee".
- g. An "employee" of yours while operating an "auto" hired or borrowed under a written contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business and within the scope of their employment. Insurance provided by this endorsement is excess over any other insurance available to the "employee".

# 3. ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT

SECTION II - LIABILITY COVERAGE, paragraph A.1. - WHO IS AN INSURED is amended to include the following as an insured:

h. 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 in a written contract, agreement, or permit issued to you by governmental or public authority, to add such person, or organization, or governmental or public authority to this policy as an "insured".

However, such person or organization is an "insured":

- (1) Only with respect to the operation, maintenance or use of a covered "auto";
- (2) Only for "bodily injury" or "property damage" caused by an "accident" which takes place after you executed the written contract or agreement, or the permit has been issued to you; and
- (3) Only for the duration of that contract, agreement or permit

#### 4. SUPPLEMENTARY PAYMENTS

SECTION II - LIABILITY COVERAGE, Coverage Extensions, 2.a. Supplementary Payments, paragraphs (2) and (4) are replaced by the following:

- (2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic violations ) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the insured at our request, including actual loss of earnings up to \$500 a day because of time off from work.

#### 5. AMENDED FELLOW EMPLOYEE EXCLUSION

In those jurisdictions where, by law, follow employees are not entitled to the protection afforded to the employer by the workers compensation exclusivity rule, or similar protection, the following provision is added:

SECTION II - LIABILITY, exclusion B.5. FELLOW EMPLOYEE does not apply if the "bodity injury" results from the use of a covered "auto" you own or hire.

# SECTION III - PHYSICAL DAMAGE COVERAGE is amended as follows:

## 6. HIRED AUTO PHYSICAL DAMAGE

Paragraph A.4. Coverage Extensions of SECTION III - PHYSICAL DAMAGE COVERAGE, is amended by adding the following:

If hired "autos" are covered "autos" for Liability Coverage, and if Comprehensive, Specified Causes of Loss or Collision coverage are provided under the Business Auto Coverage Form for any "auto" you own, then the Physical Damage coverages provided are extended to "autos":

a. You hire, rent or borrow; or



b. Your "employee" hires or rents under a written contract or agreement in that "employee's" name, but only if the damage occurs while the vehicle is being used in the conduct of your business,

subject to the following limit and deductible:

- A. The most we will pay for "loss" in any one "accident" or "loss" is the smallest of:
  - (1) \$50,000; or
  - (2) The actual cash value of the damaged or stolen property as of the time of the "loss"; or
  - (3) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality, minus a deductible.
- B. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage.
- C. Subject to the limit, deductible and excess provisions described in this provision, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.
- D. Subject to a maximum of \$1,000 per "accident", we will also cover the actual loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss.
- E. This coverage extension does not apply to:
  - (1) Any "auto" that is hired, rented or borrowed with a driver; or
  - (2) Any "auto" that is hired, rented or borrowed from your "employee".

For the purposes of this provision, SECTION V - DEFINITIONS is amended by adding the following: "Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

#### 7. TOWING AND LABOR

SECTION III - PHYSICAL DAMAGE COVERAGE, paragraph A.2. Towing, is amended by the addition of the following:

We will pay towing and labor costs incurred, up to the limits shown below, each time a covered "auto" classified and rated as a private passenger type, "light truck" or "medium truck" is disabled:

- a. For private passenger type vehicles, we will pay up to \$50 per disablement.
- b. For "light trucks", we will pay up to \$50 per disablement. "Light trucks" are trucks that have a gross vehicle weight (GVW) of 10,000 pounds or less.
- c. For "medium trucks", we will pay up to \$150 per disablement. "Medium trucks" are trucks that have a gross vehicle weight (GVW) of 10,001 20,000 pounds.

However, the labor must be performed at the place of disablement.

# B. PHYSICAL DAMAGE - ADDITIONAL TRANSPORTATION EXPENSE COVERAGE

Paragraph A.4.a., Coverage Extension of SECTION III - PHYSICAL DAMAGE COVERAGE, is amended to provide a limit of \$50 per day and a maximum limit of \$1,500

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#### 9. RENTAL REIMBURSEMENT

SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, is amended by adding the following:

- a. We will pay up to \$75 per day for rental reimbursement expenses incurred by you for the rental of an "auto" because of "accident" or "loss", to an "auto" for which we also pay a "loss" under Comprehensive, Specified Causes of Loss or Collision Coverages. We will pay only for those expenses incurred after the first 24 hours following the "accident" or "loss" to the covered "auto."
- b. Rental Reimbursement will be based on the rental of a comparable vehicle, which in many cases may be substantially less than \$75 per day, and will only be allowed for the period of time it should take to repair or replace the vehicle with reasonable speed and similar quality, up to a maximum of 30 days.
- c. We will also pay up to \$500 for reasonable and necessary expenses incurred by you to remove and replace your tools and equipment from the covered "auto".
- d. This coverage does not apply unless you have a business necessity that other "autos" available for your use and operation cannot fill.
- e. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Paragraph 4. Coverage Extension.
- 1. No deductible applies to this coverage.

For the purposes of this endorsement provision, materials and equipment do not include "personal effects" as defined in provision 11.

#### 10. EXTRA EXPENSE - BROADENED COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you. The maximum amount we will pay is \$1,000.

#### 11. PERSONAL EFFECTS COVERAGE

A. SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, is amended by adding the following:

If you have purchased Comprehensive Coverage on this policy for an "auto" you own and that "auto" is stolen, we will pay, without application of a deductible, up to \$600 for "personal effects" stolen with the "auto."

The insurance provided under this provision is excess over any other collectible insurance.

B. SECTION V - DEFINITIONS is amended by adding the following:

For the purposes of this provision, "personal effects" mean tangible property that is worn or carried by an insured." "Personal effects" does not include tools, equipment, jewelry, money or securities.

# 12. ACCIDENTAL AIRBAG DEPLOYMENT

SECTION III - PHYSICAL DAMAGE COVERAGE, B. EXCLUSIONS is amended by adding the following:

If you have purchased Comprehensive or Collision Coverage under this policy, the exclusion for "loss" relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

Any insurance we provide shall be excess over any other collectible insurance or reimbursement by manufacturer's warranty. However, we agree to pay any deductible applicable to the other coverage or warranty.

# 13. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE

SECTION III - PHYSICAL DAMAGE COVERAGE, B. EXCLUSIONS, exception paragraph a. to exclusions 4.c. and 4.d. is deleted and replaced with the following:

Exclusion 4.c. and 4.d. do not apply to:

a. Electronic equipment that receives or transmits audio, visual or data signals, whether or not designed solely for the reproduction of sound, if the equipment is permanently installed in the covered "auto" at the time of the "loss" and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto" and physical damage coverages are provided for the covered "auto"; or

If the "loss" occurs solely to audio, visual or data electronic equipment or accessories used with this equipment, then our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

#### 14. LOAN / LEASE GAP COVERAGE

A. Paragraph C., LIMIT OF INSURANCE of SECTION III - PHYSICAL DAMAGE COVERAGE is amended by adding the following:

The most we will pay for a "total loss" to a covered "auto" owned by or leased to you in any one "accident" is the greater of the:

- 1. Balance due under the terms of the loan or lease to which the damaged covered "auto" is subject at the time of the "loss" less the amount of:
  - a. Overdue payments and financial penalties associated with those payments as of the date of the "loss".
  - b. Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear.
  - c. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease,
  - d. Transfer or rollover balances from previous loans or leases,
  - e. Final payment due under a "Balloon Loan",
  - f. The dollar amount of any unrepaired damage which occurred prior to the "total loss" of a covered "auto",
  - g. Security deposits not refunded by a lessor,
  - h. All refunds payable or paid to you as a result of the early termination of a lease agreement or as a result of the early termination of any warranty or extended service agreement on a covered "auto",
  - I. Any amount representing taxes,
  - I. Loan or lease termination fees; or
- 2. The actual cash value of the damage or stolen property as of the time of the "loss".

An adjustment for depreciation and physical condition will be made in determining the actual cash value at the time of the "loss". This adjustment is not applicable in Texas.

#### B. ADDITIONAL CONDITIONS

This coverage applies only to the original loan for which the covered "auto" that incurred the loss serves as collateral, or lease written on the covered "auto" that incurred the loss.

C. SECTION V - DEFINTIONS is changed by adding the following:

As used in this endorsement provision, the following definitions apply:

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

A "balloon toan" is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

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#### 15. GLASS REPAIR - WAIVER OF DEDUCTIBLE

Paragraph D. Deductible of SECTION III - PHYSICAL DAMAGE COVERAGE is amended by the addition of the following:

No deductible applies to glass damage if the glass is repaired rather than replaced.

# 16. PARKED AUTO COLLISION COVERAGE (WAIVER OF DEDUCTIBLE)

Paragraph D. Deductible of SECTION III - PHYSICAL DAMAGE COVERAGE is amended by the addition of the following:

The deductible does not apply to "loss" caused by collision to such covered "auto" of the private passenger type or light weight truck with a gross vehicle weight of 10,000 lbs. or less as defined by the manufacturer as maximum loaded weight the "auto" is designed to carry while it is:

- In the charge of an "insured";
- Legally parked; and
- c. Unoccupied.

The "loss" must be reported to the police authorities within 24 hours of known damage.

The total amount of the damage to the covered "auto" must exceed the deductible shown in the Declarations.

This provision does not apply to any "loss" if the covered "auto" is in the charge of any person or organization engaged in the automobile business.

#### 17. TWO OR MORE DEDUCTIBLES

Under SECTION III PHYSICAL DAMAGE COVERAGE, if two or more company policies or coverage forms apply to the same accident, the following applies to paragraph D. Deductible:

- If the applicable Business Auto deductible is the smaller (or smallest) deductible it will be waived; or
- b. If the applicable Business Auto deductible is not the smaller (or smallest) deductible it will be reduced by the amount of the smaller (or smallest) deductible; or
- c. If the loss involves two or more Business Auto coverage forms or policies the smaller (or smallest) deductible will be waived.

For the purpose of this endorsement company means any company that is part of the Liberty Mutual Group.

## SECTION IV - BUSINESS AUTO CONDITIONS is amended as follows:

#### 18. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

SECTION IV- BUSINESS AUTO CONDITIONS, Paragraph B.2. is amended by adding the following:

If you unintentionally fail to disclose any hazards, exposures or material facts existing as of the inception date or renewal date of the Business Auto Coverage Form, the coverage afforded by this policy will not be prejudiced.

However, you must report the undisclosed hazard of exposure as soon as practicable after its discovery, and we have the right to collect additional premium for any such hazard or exposure.

# 19. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT, OR LOSS

SECTION IV - BUSINESS AUTO CONDITIONS, paragraph A.2.a. is replaced in its entirety by the following:

- In the event of "accident", claim, "suit" or "loss", you must promptly notify us when it is known to:
  - 1. You, if you are an individual;
  - 2. A partner, if you are a partnership;
  - 3. Member, if you are a limited liability company;
  - 4. An executive officer or the "employee" designated by the Named Insured to give such notice, if you are a corporation.

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To the extent possible, notice to us should include:

- (1) How, when and where the "accident" or "loss" took place;
- (2) The "insureds" name and address; and
- (3) The names and addresses of any injured persons and witnesses.

# 20. WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

SECTION IV - BUSINESS AUTO CONDITIONS, paragraph A.5., Transfer of Rights of Recovery Against Others to Us, is amended by the addition of the following:

If the person or organization has waived those rights before an "accident" or "loss", our rights are waived also.

#### 21. HIRED AUTO COVERAGE TERRITORY

SECTION IV - BUSINESS AUTO CONDITIONS, paragraph B.7., Policy Period, Coverage Territory, is amended by the addition of the following:

f. For "autos" hired 30 days or less, the coverage territory is anywhere in the world, provided that the insured's responsibility to pay for damages is determined in a "suit", on the merits, in the United States, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

This extension of coverage does not apply to an "auto" hired, leased, rented or borrowed with a driver.

#### SECTION V - DEFINITIONS is amended as follows:

#### 22. BODILY INJURY REDEFINED

Under SECTION V - DEFINTIONS, definition C. is replaced by the following:

"Bodily injury" means physical injury, sickness or disease sustained by a person, including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.

#### COMMMON POLICY CONDITIONS

#### 23. EXTENDED CANCELLATION CONDITION

COMMON POLICY CONDITIONS, paragraph A. - CANCELLATION condition applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation. This provision does not apply in those states which require more than 60 days prior notice of cancellation.