

REQUEST FOR PROPOSAL RFP NO. 16-05



Richard Moore

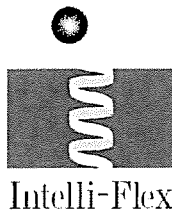
City of Carson

701 E. Carson Street

Carson, CA 90745

August 12, 2016
Pat Flores
Senior Partner In Knowledge
Intelli-Flex Inc.
562.999.8013





EXECUTIVE SUMMARY

Government, municipalities and enterprise entities require their communications infrastructure to be robust and resilient. Technical issues can arise in the most reliable voice networks. When they do, it is always best practice to have the most current software and hardware platform that is easily supported by the manufacturer and vendor.

Intelli-Flex is the customer's first line of defense when technical support is required, but when escalations are required there should be an optimum environment and software level available in place to ensure quick issue resolution.

Intelli-Flex is pleased to provide a proposal to ensure that the City of Carson has the best platform and software level for support.

The proposal includes the following:

Proposed Solution:

Intelli-Flex is proposing the Avaya IP Phone maintenance and support which addresses the City of Carson's RFP requirements. The response to the RFP includes:

1. The pricing per the quantities listed in the actual RFP
2. Executed required forms
3. Insurance certificates
4. Alternate pricing for the actual quantities of the IP Office solution
 - a. An email was previously sent to Robert Eggleston & Richard Moore to call out the discrepancies in the quantities of certain items

By **selecting** Intelli-Flex, your organization will realize many benefits including:

- A local, full-service award winning Certified Gold Avaya Partner
- Collaborating with a partner that is trained and certified in both the Avaya Blue and Avaya Red product portfolios
- Avaya Innovator of the year recipient
- Avaya Partner in Customer Excellence Award Winner, 2012
- An extensive network of national partnerships for regional support

We appreciate the opportunity to provide the City of Carson with a, IP Office maintenance proposal.

Thank you for selecting Intelli-Flex as a consulting partner.



5696 Corporate Avenue | Cypress, CA 90630 | (562)999-8000 www.iflex.com

City of Carson
701 E. Carson
Carson, CA 90745
Robert Eggleston
310-952-1734
regglest@carson.ca.us

Pat Flores
562-999-8013
562-999-8100 (F)
pflores@iflex.com
Quote Date: 08/12/2016
Valid Through: 09/11/2016

City of Carson RFP 16-05

QTY	Months	Part #	Description	Customer Unit Price	Customer Ext. Price
Avaya Maintenance and Support					\$5,732.87
Carson, CA					
2	12	271611T	IPO TOKEN REM TECH SUPT 24X7 APR NBD-IP500 V2 1YPP	\$449.73	included
1	12	271613T	IPO TOKEN REM TECH SUPT 24X7 APR NBD-HP DL120G7 1YPP	\$938.40	included
	1 Year	Platinum Support Advanced Parts Replacement, Next Business Day, Maintenance & Support- 41 Users		\$3,895.00	included

Subtotal	\$5,732.87
Sales Tax	TBD
Shipping	TBD
Misc. Hardware	TBD*
Total	\$5,732.87

Signature:

Title:

Date:



5696 Corporate Avenue | Cypress, CA 90630 | (562)999-8000 www.iflex.com

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701 E. Carson
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City of Carson RFP 16-05

QTY	Months	Part #	Description	Customer Unit Price	Customer Ext. Price
Avaya Maintenance and Support					\$8,207.87
Carson, CA					
2	12	271611T	IPO TOKEN REM TECH SUPT 24X7 APR NBD-IP500 V2 1YPP	\$449.73	\$899.47
1	12	271613T	IPO TOKEN REM TECH SUPT 24X7 APR NBD-HP DL120G7 1YPP	\$938.40	\$938.40
1	1 Year	Platinum Support Advanced Parts Replacement, Next Business Day, Maintenance & Support- 180 Users		\$6,370.00	\$6,370.00

Subtotal	\$8,207.87
Sales Tax	TBD
Shipping	TBD
Misc. Hardware	TBD*
Total	\$8,207.87

Signature: _____

Title: _____

Date: _____

**CITY OF CARSON
REQUEST FOR PROPOSAL RFP NO. P16-05**

AFFIDAVIT OF NON-COLLUSION

The undersigned, as proposer declares that this proposal is made without collusion with any other person, firm or corporation and that the only person or parties interested as principals are named herein. Having carefully examined the Request for Proposal, the Specifications and the Terms and Conditions, we do hereby propose and agree, in the event of acceptance hereof, to enter into the required agreement with the City of Carson.

Dated this 12th day of August 2016. I certify
(or declare) under penalty of perjury that the
foregoing is true and correct.

Intell-Flex
COMPANY NAME

[Signature]
SIGNATURE

Jill Williams
NAME (PRINTED)

CO-founder
TITLE

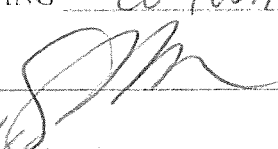
JWilliams@i flex.com
EMAIL ADDRESS

**REQUEST FOR PROPOSAL RFP NO. P16-05
CERTIFICATE OF NON-DISCRIMINATION BY CONTRACTORS**

As suppliers of goods or services to the Owner, the firm listed below certifies that it does not discriminate in its employment with regard to race, color, religion, ancestry, age, sexual orientation, sex, or national origin; that it is in compliance with all applicable federal, state, and local directives, and executive orders regarding non-discrimination in employment; and that it agrees to pursue positively and aggressively the principle of equal opportunity in employment.

We agree specifically:

1. To establish or observe employment policies which affirmatively promote opportunities for minority persons at all job levels.
2. To communicate this policy to all persons concerned, including all company employees, outside recruiting services, especially those serving minority communities, and to the minority communities at large.
3. To take affirmative steps to hire minority employees within the company.

FIRM Intelli-Flex
TITLE OF PERSON SIGNING Co-founder
SIGNATURE 
DATE 8/12/88

Please include any additional information available regarding equal opportunity employment programs now in effect within your company:

•

In compliance with the "Subletting and Subcontracting Fair Practices Act" being Sections 4100-4113 of the Government Code of the State of California, and any amendments thereto, each proposer shall set forth below the name and location of the place of business of each subcontractor who will perform work or labor or render service to the prime contractor in or about the construction of the work or improvement in an amount in excess of one-half (1/2) of one percent (1%) of the prime contractor's total bid, and shall further set forth the portion of the work which will be done by each subcontractor. Only one subcontractor for each such portion shall be listed.

If the contractor fails to specify a subcontractor for any portion of the work to be performed under the contract, he shall be deemed to have agreed to perform such portion himself, and he shall not be permitted to subcontract that portion of the work except under the conditions hereinafter set forth.

Subletting or subcontracting of any portion of the work to which subcontractor was designated in the original bid shall only be permitted in cases of public emergency or necessity, and then only after a finding reduced to writing as a public record of the legislative body of the Owner.

Portion Of Work%	State Subcontractor's Name and Address	License Number	Class
NA			

INSURANCE REQUIREMENTS
GENERAL COMPREHENSIVE LIABILITY
ADDITIONAL INSURED ENDORSEMENT

NAME OF ADDRESS OF INSURED:

Intelli-Flex Inc.

General description of agreement(s) and/or activity (ies) insured:

Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or in any endorsement now or hereafter attached thereto, it is agreed as follows:

1. The Owner, consisting of the following described public entity:

[X] ■ The City of Carson, California

and its or their elected officials, officers, agents and employees are insured thereunder in relation to those activities described generally above with regard to operations performed by or on behalf of the named insured.
2. Such insurance shall be primary, and not contributing with any other insurance maintained by the Owner.
3. The policy to which this endorsement is attached shall apply separately to each insured against whom claim is made or suit is brought except with respect to the limits of the company's liability.
4. The policy to which this endorsement is attached shall not be subject to cancellation, change in coverage, reduction of limits or non-renewal except after written notice to Risk Management, City of Carson, by certified mail, return receipt requested, not less than thirty (30) days prior to the effective date thereto.

CANCELLATION NOTICE AND ENDORSEMENT TO BE SENT TO:

Risk Management
City of Carson
P.O. Box 6234
Carson, CA 90749
(310) 952-1700

Except as stated above and not in conflict with this endorsement, nothing contained herein shall be held to waive, alter or extend any of the limits, agreements, or exclusions of the policy to which this endorsement is attached.

Endorsement No. 002 Effective Date 8/12/16 Policy No. 33 SBA GC4358

TYPE OF COVERAGES TO WHICH THIS ENDORSEMENT ATTACHES POLICY PERIOD FROM 2/21/16 TO 2/21/17 LIMITS OF LIABILITY

Scheduled items or locations are to be identified on an attached sheet.

The following inclusions relate to the above coverages includes:

- | | |
|---|---|
| <input type="checkbox"/> Premises & Operations | <input type="checkbox"/> Explosion Hazard |
| <input type="checkbox"/> Contractual Liability | <input type="checkbox"/> Collapse |
| <input type="checkbox"/> Independent Contractors | <input type="checkbox"/> Underground Hazard |
| <input type="checkbox"/> Products/Completed Operations | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Broad Form Property Damage | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Broad Form Liability Endorsement | |

A deductible or self-insured retention (strike out one) of _____ applies to _____ coverage.

DEDUCTIBLE APPLIES PER CLAIM _____, PER OCCURRENCE 2,000,000.

CBIA INC / PHS
INSURANCE COMPANY
ADDRESS: PO Box 29611
Charlotte, NC 28229

I, _____, (print name) hereby declare under penalty of perjury, under the laws of the State of California, that I have the authority to bind the above-named insurance company to this endorsement and by my execution hereof, do so bind said company.

Signature of Authorized Representative (Original Signature only; No facsimile signature or initialed signature accepted)

Executed at _____, _____ on _____, 2016

Phone No.: (____) _____

**AUTOMOBILE LIABILITY
ADDITIONAL INSURED ENDORSEMENT**

NAME OF ADDRESS OF INSURED:

Intelli-Flex Inc.

General description of agreement(s) and/or activity (ies) insured:

Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or in any endorsement now or hereafter attached thereto, it is agreed as follows:

1. The Owner, consisting of the following described public entity:

[X] ■ The City of Carson, California

and its or their elected officials, officers, agents and employees are insureds thereunder in relation to those activities described generally above with regard to operations performed by or on behalf of the named insured.

2. Such insurance shall be primary, and not contributing with any other insurance maintained by the Owner.
3. The policy to which this endorsement is attached shall apply separately to each insured against whom claim is made or suit is brought except with respect to the limits of the company's liability.
4. The policy to which this endorsement is attached shall not be subject to cancellation, change in coverage, reduction of limits or non-renewal except after written notice to Risk Management, City of Carson, by certified mail, return receipt requested, not less than thirty (30) days prior to the effective date thereto.

CANCELLATION NOTICE AND ENDORSEMENT TO BE SENT TO:

Risk Management
City of Carson
P.O. Box 6234
Carson, CA 90749
(310) 952-1700

Except as stated above and not in conflict with this endorsement, nothing contained herein shall be held to waive, alter or extend any of the limits, agreements, or exclusions of the policy to which this endorsement is attached.

Endorsement No. <u>003</u>	Effective Date <u>8/21/16</u>	Policy No. <u>33 SBA 6C4358</u>
TYPE OF COVERAGES TO WHICH THIS ENDORSEMENT ATTACHES	POLICY PERIOD FROM <u>2/2/16</u> TO <u>2/2/17</u>	LIMITS OF LIABILITY

Scheduled items or locations are to be identified on an attached sheet.

The following are covered by the policy:

- () Owned Automobiles () Owned, Nonowned and Hired Automobiles
 (X) Nonowned Automobiles
 (X) Hired Automobiles

A deductible or self-insured retention (strike out one) of _____ applies to _____ coverage.

DEDUCTIBLE APPLIES PER CLAIM _____, PER OCCURRENCE 1,000,000

CBIA INC/PHS

INSURANCE COMPANY

ADDRESS: PO Box 29611

Charlotte, NC 28229

I, _____, (print name) hereby declare under penalty of perjury, under the laws of the State of California, that I have the authority to bind the above-named insurance company to this endorsement and by my execution hereof, do so bind said company.

 Signature of Authorized Representative (Original Signature
 only; No
 facsimile signature or initialed signature accepted)

Executed at _____, _____ on _____, 2016

Phone No.: () _____

**WORKERS' COMPENSATION/EMPLOYERS LIABILITY
SPECIAL CANCELLATION NOTICE ENDORSEMENT**

NAME AND ADDRESS OF INSURED:

Intelli-Flex Inc.

General description of agreement(s) and/or activity(ies) insured:

This policy shall not be subject to cancellation except after notice in writing shall have been sent not less than thirty (30) days prior to the effective date thereof by certified mail, return receipt requested, addressed to Risk Management, City of Carson, P.O. Box 6234, Carson, CA 90749.

The company agrees to waive all rights of subrogation against the Owner, consisting of the following described public entity:

☐ ☒ The City of Carson, California

and its or their elected officials, officers, agents and employees.

Except as stated above and not in conflict with this endorsement, nothing contained herein shall be held to waive, alter or extend any of the limits, agreements, or exclusions of the policy to which this endorsement is attached.

Endorsement
No.Effective
Date8/21/16

Policy No.

33 WEC FN9602TYPE OF COVERAGES TO WHICH
THIS ENDORSEMENT ATTACHES

POLICY PERIOD

FROM 8/1/16 TO 8/1/17

LIMITS OF

LIABILITY

Workers' Compensation

Statutory

Employers Liability

The following are included in the above coverages:

- () Broad Form All States Endorsement
 () Voluntary Compensation Endorsement
 () _____
 () _____

CBIA INC/PHS

INSURANCE COMPANY

ADDRESS: PO Box 29611

Charlotte, NC 28229

I, _____, (print name) hereby declare under penalty of perjury,
under the laws of the State of California, that I have the authority to bind the above-named
insurance company to this endorsement and by my execution hereof, do so bind said company.

Signature of Authorized Representative (Original Signature
only; No facsimile signature or initialed signature accepted)

Executed at _____, _____ on _____, 2016

Phone No.: (____) _____

**EXCESS LIABILITY INSURANCE
ADDITIONAL INSURED ENDORSEMENT**

NAME AND ADDRESS OF INSURED:

Intelli-Flex Inc.

General description of agreement(s) and/or activity(ies) insured:

Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or in any endorsement now or hereafter attached thereto, it is agreed as follows:

1. The Owner, consisting of the following described public entity:

☐ The City of Carson, California

and its or their elected officials, officers, agents and employees are insureds thereunder in relation to those activities described generally above with regard to operations performed by or on behalf of the named insured.

2. Such insurance shall be primary, and not contributing with any other insurance maintained by the Owner.
3. The policy to which this endorsement is attached shall apply separately to each insured against whom claim is made or suit is brought except with respect to the limits of the company's liability.
4. The policy to which this endorsement is attached shall not be subject to cancellation, change in coverage, reduction of limits or non-renewal except after written notice to Risk Management, City of Carson, by certified mail, return receipt requested, not less than thirty (30) days prior to the effective date thereto.

CANCELLATION NOTICE AND ENDORSEMENT TO BE SENT TO:

Risk Management
City of Carson
P.O. Box 6234
Carson, CA 90749
(310) 952-1700

Except as stated above and not in conflict with this endorsement, nothing contained herein shall be held to waive, alter or extend any of the limits, agreements, or exclusions of the policy to which this endorsement is attached.

Endorsement No.	Effective Date	Policy No.
	<i>8/21/16</i>	<i>33 SBA GC4359</i>

TYPE OF COVERAGE TO WHICH THIS ENDORSEMENT ATTACHES	POLICY PERIOD FROM	TO	LIMITS OF LIABILITY	AMOUNT OF EXCESS
--	-----------------------	----	------------------------	---------------------

- () Excess Liability
 () Following Form
 (X) Umbrella Liability
 () Other

Applicable underlying coverages:

Insurance Company

Policy No.

Amount

The following inclusions, exclusions, extensions or specific provisions relate to the above coverages:

A deductible or self-insured retention (strike out one) of \$ 10,000 applies to coverages not included in underlying policies.

DEDUCTIBLE APLIES PER CLAIM _____, PER OCCURRENCE 1,000,000

CBIA INC / PHS

INSURANCE COMPANY

ADDRESS: PO Box 29611

Charlotte, NC 28229

I, _____, (print name) hereby declare under penalty of perjury, under the laws of the State of California, that I have the authority to bind the above-named insurance company to this endorsement and by my execution hereof, do so bind said company.

 Signature of Authorized Representative (Original Signature
 only; No facsimile signature or initialed signature accepted)

Executed at _____, _____ on _____, 2016

Phone No.: (____) _____

CBIA INC/PHS
PO BOX 29611
CHARLOTTE NC 28229

RISK MANAGEMENT
CITY OF CARSON
PO BOX 6234
CARSON CA 90749



CERTIFICATE OF LIABILITY INSURANCE

SMN
R054DATE (MM/DD/YYYY)
8/15/2016

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

PRODUCER CBIA INC/PHS 750118 P:(866) 467-8730 F:(888) 443-6112 PO BOX 29611 CHARLOTTE NC 28229	CONTACT NAME:		
	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No): (888) 443-6112	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
INSURED INTELLI-FLEX INC. 5696 CORPORATE AVE CYPRESS CA 90630	INSURER A: Sentinel Ins Co LTD		NAIC# 11000
	INSURER B: Hartford Accident & Indemnity Co		22357
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****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	ADDL INSR	SUBR HYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			33 SBA GC4358	02/21/2016	02/21/2017	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	General Liab						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							
	OTHER:							
B	AUTOMOBILE LIABILITY			33 UEC FU6839	02/21/2016	02/21/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	33 SBA GC4358	02/21/2016	02/21/2017	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$1,000,000
								\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			33 WEC FN9602	08/01/2016	08/01/2017	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N				E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
								E.L. DISEASE - POLICY LIMIT
A	Technology E&O			33 SBA GC4358	02/21/2016	02/21/2017	2,000,000/2,000,000	

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER**CANCELLATION**RISK MANAGEMENT
CITY OF CARSON
PO BOX 6234
CARSON, CA 90749

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

AGENCY CUSTOMER ID: _____
LOC#: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY CBIA INC/PHS		NAMED INSURED	
POLICY NUMBER SEE ACORD 25		INTELLI-FLEX INC.	
CARRIER SEE ACORD 25	NAIC CODE	5696 CORPORATE AVE CYPRESS CA 90630	
		EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy. Notice of Cancellation will be provided in accordance with Form SS1223, attached to this policy. Certificate holder is an additional Insured per the Commercial Auto Broad Form Endorsement HA9916, attached to this policy. Notice of Cancellation will be provided in accordance with Form IH0313, attached to this policy.

CBIA INC/PHS
PO BOX 29611
CHARLOTTE NC 28229

INTELLI-FLEX INC.
5696 CORPORATE AVE
CYPRESS CA 90630



CERTIFICATE OF LIABILITY INSURANCE

SMN
R054DATE (MM/DD/YYYY)
8/15/2016

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

PRODUCER CBIA INC/PHS 750118 P:(866) 467-8730 F:(888) 443-6112 PO BOX 29611 CHARLOTTE NC 28229	CONTACT NAME: PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (888) 443-6112 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentinel Ins Co LTD	NAIC# 11000
	INSURER B: Hartford Accident & Indemnity Co	22357
INSURED INTELLI-FLEX INC. 5696 CORPORATE AVE CYPRESS CA 90630	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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	ADDL INSR	SUBR BYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			33 SBA GC4358	02/21/2016	02/21/2017	EACH OCCURRENCE \$2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000				
			MED EXP (Any one person) \$10,000				
			PERSONAL & ADV INJURY \$2,000,000				
			GENERAL AGGREGATE \$4,000,000				
			PRODUCTS - COMP/OP AGG \$4,000,000				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			33 UEC FU6839	02/21/2016	02/21/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
			\$				
			\$				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			33 SBA GC4358	02/21/2016	02/21/2017	EACH OCCURRENCE \$1,000,000
			AGGREGATE \$1,000,000				
			\$				
			\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		33 WEC FN9602	08/01/2016	08/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
			E.L. EACH ACCIDENT \$1,000,000				
			E.L. DISEASE- EA EMPLOYEE \$1,000,000				
			E.L. DISEASE- POLICY LIMIT \$1,000,000				
A	Technology E&O			33 SBA GC4358	02/21/2016	02/21/2017	2,000,000/2,000,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

RISK MANAGEMENT
CITY OF CARSON
PO BOX 6234
CARSON, CA 90749

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

Gar Taylor

AGENCY CUSTOMER ID: _____
LOC#: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY CBIA INC/PHS		NAMED INSURED	
POLICY NUMBER SEE ACORD 25		INTELLI-FLEX INC.	
CARRIER SEE ACORD 25	NAIC CODE	5696 CORPORATE AVE CYPRESS CA 90630	
		EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy. Notice of Cancellation will be provided in accordance with Form SS1223, attached to this policy. Certificate holder is an additional Insured per the Commercial Auto Broad Form Endorsement HA9916, attached to this policy. Notice of Cancellation will be provided in accordance with Form IH0313, attached to this policy.



Select Customer Insurance Center

8711 UNIVERSITY EAST DRIVE

CHARLOTTE

NC 28213

Policyholder, please call us at: (866) 467-8730

Agent, please call us at: (877) 853-2582

INSURANCE ENDORSEMENT ATTACHED

***** PLEASE REVIEW THE CHANGE *****

Enclosed is an endorsement for your business insurance policy. Please review it at your convenience. If you have questions or need to make further changes:

Policyholder, please call us at: (866) 467-8730

Agent, please call us at: (877) 853-2582 between 7 A.M. and 7 P.M. CST .

The premium billing will be mailed to you separately. You can expect to receive it soon.

Thank you for allowing us to service your business needs.

CBIA INC/PHS

THE HARTFORD SELECT CUSTOMER INSURANCE CENTER

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISCELLANEOUS CHANGE ENDORSEMENT

POLICY NUMBER: 33 UEC FU6839 DV

CHANGE NUMBER: 003A

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM



This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below. (Premium adjustment, if any, for the addition, deletion or other change described in this endorsement is shown in the Premium Column below.)

Effective Date: 08/12/16

Named Insured: INTELLI-FLEX INC.

Producer's Name: CBIA INC/PHS

Pro Rata Factor: .529

Description of Change:

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

HARTFORD ACCIDENT AND INDEMNITY COMPANY

NO CHANGE IN PREMIUM

CA2048(S) IS/ARE ADDED. THE FOLLOWING CA2048 SEQUENCE NO(S) APPLY:
01

FORMS ADDED

CA20481013

Countersigned by
(Where required by law)

Susan S. Castaneda
Authorized Representative

08/12/16
Date

POLICY NUMBER: 33 UEC FU6839
CHANGE NUMBER: 003A

COMMERCIAL AUTO
CA 20 48 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

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

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

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

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

Named Insured:

Endorsement Effective Date:

SCHEDULE

Name Of Person(s) Or Organization(s):

RISK MANAGEMENT
CITY OF CARSON
PO BOX 6234
CARSON, CA 90749

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

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



Select Customer Insurance Center

8711 UNIVERSITY EAST DRIVE

CHARLOTTE

NC 28213

Policyholder, please call us at: (866) 467-8730

Agent, please call us at: (866) 467-8730

INSURANCE ENDORSEMENT ATTACHED

***** PLEASE REVIEW THE CHANGE *****

Enclosed is an endorsement for your business insurance policy. Please review it at your convenience. If you have questions or need to make further changes:

Policyholder, please call us at: (866) 467-8730

Agent, please call us at: (866) 467-8730 between 7 A.M. and 7 P.M. CST .

The premium billing will be mailed to you separately. You can expect to receive it soon.

Thank you for allowing us to service your business needs.

CBIA INC/PHS

THE HARTFORD SELECT CUSTOMER INSURANCE CENTER



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 33 SBA GC4358 DV

Named Insured and Mailing Address; INTELLI-FLEX INC.

5696 CORPORATE AVE.
CYPRESS CA 90630

Policy Change Effective Date: 08/12/16

**Effective hour is the same as stated in the
Declarations Page of the Policy.**

Policy Change Number: 002

Agent Name: CBIA INC/PHS

Code: 750118

POLICY CHANGES:

SENTINEL INSURANCE COMPANY, LIMITED

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING
STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK
ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.

THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

FORM NUMBERS OF ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

PRO RATA FACTOR: 0.529

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T

Process Date: 08/12/16

Page 001

Policy Effective Date: 02/21/16

Policy Expiration Date: 02/21/17

POLICY NUMBER: 33 SBA GC4358



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

LOS ANGELES DEPARTMENT OF WATER AND
POWER RISK MANAGEMENT SECTION
P.O. BOX 51111, RM 465
LOS ANGELES, CA 90051-0100

CITY OF SIMI VALLEY
2929 TAPO CANYON RD.
SIMI VALLEY, CA 93063

DIGITAL NETWORKS GROUP, INC.
100 COLUMBIA STE 100
ALISO VIEJO, CA 92656
WATT FAMILY PROPERTIES DBA
WATT MANAGEMENT COMPANY
1875/1925 CENTURY PARK EAST COMPANY
TEACHER'S INSURANCE AND ANNUITY ASSOCIATION
LOS ANGELES, CA 90067

ACRCY LLC AND ACCURIDE INTERNATIONAL INC
ATTN: PROPERTY MANAGEMENT
12311 SHOEMAKER AVE
SANTA FE SPRINGS, CA 90670

CITY OF FONTANA
8353 SIERRA AVENUE
FONTANA, CA 92335

CBeyond
320 INTERSTATE NORTH PARKWAY STE 300
ATLANTA, GA 30339

ACCURIDE INTERNATIONAL INC.
12311 SHOEMAKER AVE.
SANTA FE SPRINGS, CA 90670

THE CITY OF SIMI VALLEY AND ITS RESPECTIVE BOARDS, DISTRICTS,
OFFICERS, AGENTS AND EMPLOYEES
2929 TAPO CANYON RD
SIMI VALLEY, CA, 93063

POLICY NUMBER: 33 SBA GC4358



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

PACIFIC CORPORATE TOWERS LLC
CS RICHARD ELLIS INC
BLACKROCK REALTY ADVISORS INC.
EL SEGUNDO, CA 90245 STE 650

THE CITY OF LONG BEACH, ITS OFFICIALS, EMPLOYEES AND AGENTS
333 W OCEAN BLVD FL 12
LONG BEACH, CA 90802

NORWALK-LA MARADA UNIFIED SCHOOL DISTRICT
12820 PIONEER BLVD
NORWALK CA 90650

COUNTY OF LOS ANGELES
1100 N EASTERN AVE
LOS ANGELES, CA 90063

COUNTY OF KERN PURCHASING
1115 TRUXTON AVE
BAKERSFIELD CA 93301

THE CITY OF SAN LUIS OBISPO, ITS OFFICERS, OFFICIALS, EMPLOYEES,
AGENTS AND VOLUNTEERS
990 PALM ST
SAN LUIS OBISPO, CA 93401

LOC 001 BLDG 001
CUSHMAN & WAKEFIELD OF CALIFORNIA, UNITED TEACHERS OF LOS ANGELES
AND FRANK D. EACHERS OF LOS ANGELES
LANTERMAN REGIONAL CENTER
3303 WILSHIRE BLVD., SUITE 450
LOS ANGELES, CA 90010 USA

COUNTY OF LOS ANGELES, ITS SPECIAL DISTRICTS, ELECTED OFFICIALS,

POLICY NUMBER: 33 SBA GC4358



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS
9150 E IMPERIAL HIGHWAY MS46
DOWNEY, CA 90242

LPC TRANSIT MANAGEMENT, LLC
2626 E KATELLA AVE STE 200
ANAHEIM, CA 92806

RE: PROJECT/LOCATION OF COVERED OPERATIONS
ARTIC -- LPC TRANSIT MANAGEMENT, LLC
LINCOLN PROPERTY COMPANY COMMERCIAL, INC,
LPC WEST, LLC
CITY OF ANAHEIM AND ALL RELATED INTERESTS AS ADDITIONALLY INSURED
ON THE POLICY.
LOC 001 BLDG 001

RISK MANAGEMENT
CITY OF CARSON
PO BOX 6234
CARSON, CA 90749

