

REQUEST FOR PROPOSAL RFP NO. 16-05

Richard Moore

City of Carson

701 E. Carson Street

Carson, CA 90745



August 12, 2016

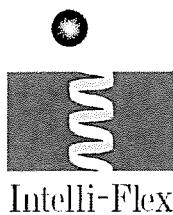
Pat Flores

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

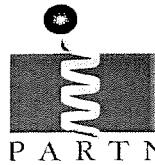
By selecting Intelli-Flex, your organization will realize many benefits including:

- 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.





# Intelli-Flex ERS IN KNOWLEDGE

5696 Corporate Avenue | Cypress, CA 90630 | (562)999-8000 [www.iflex.com](http://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

## **City of Carson RFP 16-05**

Signature:

Title:

Date:





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*City of Carson  
701 E. Carson  
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*Pat Flores  
562-999-8013  
562-999-8100 (F)  
[pflores@iflex.com](mailto: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 |
|--------------------------------------|--------|--|--|---------------------|---------------------|
| <b>Avaya Maintenance and Support</b> |        |  |  |                     | <b>\$8,207.87</b>   |
| <i>Carson, CA</i>                    |        |  |  |                     |                     |
| 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       | <u>\$8,207.87</u>        |
| Sales Tax      | <u>TBD</u>               |
| Shipping       | <u>TBD</u>               |
| Misc. Hardware | <u>TBD*</u>              |
| <b>Total</b>   | <b><u>\$8,207.87</u></b> |

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 12<sup>th</sup> day of August 2016. I certify  
(or declare) under penalty of perjury that the  
foregoing is true and correct.

Intell-Flex  
COMPANY NAME

Jill Williams  
SIGNATURE

Jill Williams  
NAME (PRINTED)

Co-founder  
TITLE

JWilliams@iFlex.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 8/12/04

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

REQUEST FOR PROPOSAL RFP NO. P16-05

## DESIGNATION OF SUBCONTRACTORS

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.

**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:

■ 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 <u>2/21/16</u> TO <u>2/21/17</u> | 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:

■ 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<br>No.                                      | 003 | Effective<br>Date                        | 8/21/16 | Policy<br>No.          | 33 504 6C4358 |
| TYPE OF COVERAGES TO WHICH<br>THIS ENDORSEMENT ATTACHES |     | POLICY PERIOD<br>FROM 8/21/16 TO 8/21/17 |         | LIMITS OF<br>LIABILITY |               |

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

The following are covered by the policy:

Owned Automobiles  
 Nonowned Automobiles  
 Hired Automobiles

Owned, Nonowned and 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<br>No. | Effective<br>Date | 8/21/16 | Policy No.<br><i>33 WEC FN9602</i> |
|--------------------|-------------------|---------|------------------------------------|

|  |  |                                     |
|--|--|-------------------------------------|
| TYPE OF COVERAGES TO WHICH<br>THIS ENDORSEMENT ATTACHES<br>Workers' Compensation | POLICY PERIOD<br>FROM 8/1/16 TO 8/1/17 | LIMITS OF<br>LIABILITY<br>Statutory |
|--|--|-------------------------------------|

Employers Liability

The following are included in the above coverages:

- Broad Form All States Endorsement
- Voluntary Compensation Endorsement
- \_\_\_\_\_
- \_\_\_\_\_

OBIA 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<br>No. | Effective<br>Date | Policy<br>No.        |
|                    | <i>8/21/16</i>    | <i>33 SBA GC4359</i> |

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

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

Applicable underlying coverages:

| <u>Insurance Company</u> | <u>Policy No.</u> | <u>Amount</u> |
|--------------------------|-------------------|---------------|
|--------------------------|-------------------|---------------|

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 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.: (        ) \_\_\_\_\_



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  
R054

DATE (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).

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

| INSR<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSR                        | SUBR<br>WVD                         | POLICY NUMBER                       | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | REVISION NUMBER:                             |             |  |  |  |
|-------------|---|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------|----------------------------|--|-------------|--|--|--|
|             |   |                                     |                                     |                                     |                            |                            | 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<br>PREMISES (Ea occurrence) | \$1,000,000 |  |  |  |
|             | X   | 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 |  |  |  |
| B           | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                     |                                     |                                     |                            |                            |  | \$          |  |  |  |
|             | POLICY  | <input type="checkbox"/>            | PRO-<br>JECT                        | <input checked="" type="checkbox"/> | LOC                        |                            |  |             |  |  |  |
|             | OTHER:  |                                     |                                     |                                     |                            |                            |  |             |  |  |  |
|             |   |                                     |                                     |                                     |                            |                            |  |             |  |  |  |
|             |   |                                     |                                     |                                     |                            |                            |  |             |  |  |  |
|             |   |                                     |                                     |                                     |                            |                            |  |             |  |  |  |
| A           | AUTOMOBILE LIABILITY  |                                     |                                     | 33 UEC FU6839                       | 02/21/2016                 | 02/21/2017                 | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$1,000,000 |  |  |  |
|             | X   | ANY AUTO                            |                                     |                                     |                            |                            | BODILY INJURY (Per person)                   | \$          |  |  |  |
|             |   | OWNED<br>AUTOS ONLY                 | <input type="checkbox"/>            |                                     |                            |                            | BODILY INJURY (Per accident)                 | \$          |  |  |  |
|             | X   | Hired<br>AUTOS ONLY                 | <input checked="" type="checkbox"/> |                                     |                            |                            | PROPERTY DAMAGE<br>(Per accident)            | \$          |  |  |  |
|             |   |                                     |                                     |                                     |                            |                            |  | \$          |  |  |  |
|             |   |                                     |                                     |                                     |                            |                            |  | \$          |  |  |  |
| A           | UMBRELLA LIAB   | <input checked="" type="checkbox"/> | OCCUR                               | 33 SBA GC4358                       | 02/21/2016                 | 02/21/2017                 | EACH OCCURRENCE                              | \$1,000,000 |  |  |  |
|             | EXCESS LIAB   |                                     | CLAIMS-MADE                         |                                     |                            |                            | AGGREGATE                                    | \$1,000,000 |  |  |  |
|             | DED   | <input checked="" type="checkbox"/> | RETENTION \$ 10,000                 |                                     |                            |                            |  |             |  |  |  |
|             |   |                                     |                                     |                                     |                            |                            |  |             |  |  |  |
|             |   |                                     |                                     |                                     |                            |                            |  |             |  |  |  |
|             |   |                                     |                                     |                                     |                            |                            |  |             |  |  |  |
| B           | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                                  |                                     |                                     | 33 WEC FN9602                       | 08/01/2016                 | 08/01/2017                 | X PER<br>STATUTE                             | OTH-<br>ER  |  |  |  |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH) | <input type="checkbox"/>            |                                     |                                     |                            |                            | E.L. EACH ACCIDENT                           | \$1,000,000 |  |  |  |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                         |                                     |                                     |                                     |                            |                            | 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<br>CITY OF CARSON<br>PO BOX 6234<br>CARSON, CA 90749 | CANCELLATION   |  |
|  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED<br>BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE<br>DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |
| AUTHORIZED REPRESENTATIVE  |  |  |
|  |  |  |



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC#: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|                               |   |                              |
|-------------------------------|---|------------------------------|
| AGENCY<br>CBIA INC/PHS        | NAMED INSURED   |                              |
| POLICY NUMBER<br>SEE ACORD 25 | INTELLI-FLEX INC.<br>5696 CORPORATE AVE<br>CYPRESS CA 90630 |                              |
| CARRIER<br>SEE ACORD 25       | NAIC CODE   | 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  
R054

DATE (MM/DD/YYYY)  
8/15/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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).

|  |  |   |                                  |
|--|--|---|----------------------------------|
| <b>PRODUCER</b>  |  | CONTACT<br>NAME:<br>PHONE<br>(A/C, No. Ext): (866) 467-8730 | FAX<br>(A/C, No): (888) 443-6112 |
| CBIA INC/PHS<br>750118 P: (866) 467-8730 F: (888) 443-6112<br>PO BOX 29611<br>CHARLOTTE NC 28229 |  | E-MAIL<br>ADDRESS:  | INSURER(S) AFFORDING COVERAGE    |
|  |  |   | NAIC#                            |
|  |  | INSURER A: Sentinel Ins Co LTD                              | 11000                            |
|  |  | INSURER B: Hartford Accident & Indemnity Co                 | 22357                            |
|  |  | INSURER C:  |                                  |
|  |  | INSURER D:  |                                  |
|  |  | INSURER E:  |                                  |
|  |  | INSURER F:  |                                  |

| INSR<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSR                        | SUBR<br>W/D                         | POLICY NUMBER                       | POLICY EFF<br>(MM/DD/YY) | POLICY EXP<br>(MM/DD/YY) | LIMITS                                       |  |             |                  |             |
|-------------|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|--|-------------|------------------|-------------|
|             |   |                                     |                                     |                                     |                          |                          | 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<br>PREMISES (Ea occurrence) | \$1,000,000                            |             |                  |             |
|             | X   | 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                            |             |                  |             |
| B           | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                     |                                     |                                     |                          |                          |  | \$                                     |             |                  |             |
|             | POLICY  | <input type="checkbox"/>            | PRO-<br>JECT                        | <input checked="" type="checkbox"/> | LOC                      |                          |  |  |             |                  |             |
|             | OTHER:  |                                     |                                     |                                     |                          |                          |  |  |             |                  |             |
|             | AUTOMOBILE LIABILITY  |                                     |                                     |                                     | 33 UEC FU6839            | 02/21/2016               | 02/21/2017                                   | COMBINED SINGLE LIMIT<br>(Ea accident) | \$1,000,000 |                  |             |
|             | X   | ANY AUTO                            |                                     |                                     |                          |                          |  | BODILY INJURY (Per person)             | \$          |                  |             |
|             |   | OWNED<br>AUTOS ONLY                 | <input type="checkbox"/>            | SCHEDULED<br>AUTOS                  |                          |                          |  | BODILY INJURY (Per accident)           | \$          |                  |             |
| X           | HIRED<br>AUTOS ONLY   |                                     | <input checked="" type="checkbox"/> | PROPERTY DAMAGE<br>(Per accident)   |                          |                          |  | \$                                     |             |                  |             |
|             |   |                                     |                                     |                                     |                          |                          |  |  |             |                  |             |
| A           | UMBRELLA LIAB   | <input checked="" type="checkbox"/> | OCCUR                               |                                     |                          |                          |  |  |             | EACH OCCURRENCE  | \$1,000,000 |
|             | EXCESS LIAB   |                                     |                                     | 33 SBA GC4358                       | 02/21/2016               | 02/21/2017               | AGGREGATE                                    | \$1,000,000                            |             |                  |             |
|             | DED   | <input checked="" type="checkbox"/> | RETENTION \$ 10,000                 |                                     |                          |                          |  |  |             |                  |             |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                                  |                                     |                                     |                                     |                          |                          |  |  |             |                  |             |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH) | <input type="checkbox"/>            |                                     |                                     |                          |                          |  |  |             |                  |             |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                         |                                     |                                     |                                     |                          |                          |  |  |             |                  |             |
| B           | Technology E&O  |                                     |                                     |                                     |                          |                          | 33 WEC FN9602                                | 08/01/2016                             | 08/01/2017  | X PER<br>STATUTE | OTH-<br>ER  |
|             |   |                                     |                                     | E.L. EACH ACCIDENT                  | \$1,000,000              |                          |  |  |             |                  |             |
|             |   |                                     |                                     | E.L. DISEASE- EA EMPLOYEE           | \$1,000,000              |                          |  |  |             |                  |             |
|             |   |                                     |                                     | E.L. DISEASE - POLICY LIMIT         | \$1,000,000              |                          |  |  |             |                  |             |
|             |   |                                     |                                     |                                     |                          |                          |  |  |             |                  |             |
|             |   |                                     |                                     |                                     |                          |                          |  |  |             |                  |             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (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





## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|                               |   |                              |
|-------------------------------|---|------------------------------|
| AGENCY<br>CBIA INC/PHS        | NAMED INSURED   |                              |
| POLICY NUMBER<br>SEE ACORD 25 | INTELLI-FLEX INC.<br>5696 CORPORATE AVE<br>CYPRESS CA 90630 |                              |
| CARRIER<br>SEE ACORD 25       | NAIC CODE   | 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

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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 J. 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





**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  
SANTE 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





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

ADDITIONAL INSURED - PERSON-ORGANIZATION

PACIFIC CORP RATE 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,





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

