## DOCUMENT 00520

## AGREEMENT

THIS AGREEMENT is made for the convenience of the parties this <u>16th</u> day of <u>October</u>, 2012 by and between <u>Delta Star, Inc.</u>, located at <u>3550 Mayflower Drive, Lynchburg, VA 24501</u> ("CONTRACTOR"), and the City and county of San Francisco, State of California (the "CITY"), acting through the General Manager (the "GENERAL MANAGER") of the San Francisco Public Utilities Commission (the "SFPUC"), under and by virtue of the Charter and Administrative Code of the City and County of San Francisco.

WHEREAS, on the 6th day of September, 2012 the GENERAL MANAGER, in accordance with Section 6.60 of the San Francisco Administrative Code, declared an emergency to investigate and appropriately repair a rockfall near Mountain Tunnel on South Fork Adit Road; and

WHEREAS, the Declaration of Emergency was approved by the President of the San Francisco Public Utilities Commission on October 10, 2012, a copy of the Declaration is attached hereto; and

WHEREAS, the CITY retained the CONTRACTOR to perform the emergency work described above; and

WHEREAS, the San Francisco Public Utilities Commission issued a Notice to Proceed to CONTRACTOR on May 4, 2012 for

## Holm Transformer Repair Contract No. HH-964(E) (Not To Exceed \$732,517)

NOW, THEREFORE, CONTRACTOR, in consideration of the mutual covenants set forth in this AGREEMENT, promises and agrees to provide all services to construct the Project in accordance with the requirements of the Contract Documents, to perform the Work in good and workmanlike manner to the satisfaction of the GENERAL MANAGER, to prosecute the Work with diligence from day to day to Final Completion, to furnish all construction work, labor and materials to be used in the execution and completion of the Work in accordance with the Contract Documents, and to otherwise fulfill all of CONTRACTOR's obligations under the Contract Documents, as and when required under the Contract Documents to the satisfaction of the GENERAL MANAGER.

CONTRACTOR's execution of this AGREEMENT signifies its acceptance of the Contract Time and Contract Sum as being sufficient for completion of the Work, as well as acceptance of the other terms and conditions of the Contract Documents.

## ARTICLE 1 - WORK

- 1.01 Contract Documents. CONTRACTOR shall Provide all Work according to the Contract Documents, which are incorporated into and made a part of this AGREEMENT by this reference, and all labor and materials used in providing the Work shall comply with the Contract Documents. The Contract Documents, which comprise the entire agreement between CONTRACTOR and the CITY concerning the Provision of the Work, are defined in the General Conditions (Document 00700). Any undefined term used in this AGREEMENT shall be given the definition set forth in the General Conditions (Document 00700).
- 1.02 <u>Contractor's General Responsibilities</u>. CONTRACTOR shall provide a fully functional, complete and operational Project constructed in accordance with the Contract Documents, including but not limited to, all investigations, analyses, surveys, engineering, procurement, materials, labor, workmanship, construction and erection, commissioning, equipment, shipping, subcontractors, material suppliers, permits, insurance, bonds, fees, taxes, duties, documentation, spare parts, materials for initial operation, security, disposal, startup, testing, training, warranties, guarantees, and all incidentals.

## 1.03 Compliance with Laws.

- A. CONTRACTOR shall keep itself fully informed of and comply with the Charter, ordinances and regulations of the CITY and other local agencies having jurisdiction over the Work, and all federal and state laws and regulations in any manner affecting the Contract Documents, the performance of the Work, or those persons engaged therein.
- B. All construction and materials provided under the Contract Documents shall be in full accordance with the latest laws and requirements, or the same as may be amended, updated or supplemented from time to time, of the Code specified in the Contract Documents, Americans with Disability Act Accessibility Guidelines, CAL-OSHA, the State Division of Industrial Safety of the Department of Industrial Relations, the Division of the State Architect Access Compliance, the Public Utilities Commission of the State of California, the State Fire Marshal, the National Fire Protection Association, the San Francisco Department of Public Health, state and federal laws and regulations, and of other bodies or officials having jurisdiction or authority over same, and they shall be observed and complied with by CONTRACTOR and any and all persons, firms and corporations employed by or under it.
- C. Authorized persons may at any time enter upon any part of the Work to ascertain whether such laws, ordinances, regulations or orders are being complied with.
- D. No additional costs will be paid or extensions of time granted as a result of such compliance.

## **ARTICLE 2 - CONTRACT TIME**

- 2.01 <u>Completion Dates</u>. The Work shall be Substantially Complete within 120 days, beginning with and including the official date of Notice to Proceed as established by the GENERAL MANAGER, and Finally Complete in accordance with Article 9 of the General Conditions (Document 00700) within 10 consecutive calendar days after the date the CITY issues a Notice of Substantial Completion.
- 2.02 Liquidated Damages. It is understood and agreed by and between CONTRACTOR and the CITY that time is of the essence in all matters relating to the Contract Documents and that the CITY will suffer financial loss if the Work is not completed within the above-stated Contract Times, plus any extensions thereof allowed in accordance with Article 7 of the General Conditions (Document 00700). The CITY and CONTRACTOR further understand and agree that the actual cost to CITY which would result from CONTRACTOR's failure to complete the Work within the Contract Time is extremely difficult, if not impossible, to determine. Accordingly, CONTRACTOR and the CITY agree that as liquidated damages for delay (but not as a penalty), CONTRACTOR shall pay the CITY the amounts set forth in Document 00802 (Contract Time and Liquidated Damages) for each calendar day that expires after the above Contract Times and the Work remains incomplete.

## ARTICLE 3 - CONTRACT SUM

## 3.01 <u>Contract Sum</u>.

- A. CONTRACTOR and the CITY agree that, upon performance and fulfillment of the mutual covenants set forth herein, the CITY will, in the manner provided by law and as set forth in the Contract Documents, pay or cause to be paid to CONTRACTOR the following price(s), as indicated in the Schedule of Bid Prices (Document 00410):
  - 1. Lump sums for specified portions of the Work.
  - 2. The total of all Unit Price Items bid.
  - 3. The allowance(s) specified.

## 4. Selected additive/deductive Alternate Bid Items.

Total awarded contract amount: <u>Not to Exceed Seven Hundred Thirty Two Thousand Five</u> <u>Hundred and Seventeen Dollars (\$732.517)</u>

The price(s) and amount set forth above shall be adjusted during performance or upon final completion of the Work in accordance with the Contract Documents.

- B. CONTRACTOR understands and agrees that the CONTRACTOR shall be solely responsible for providing all resources that may be necessary to provide the Work, and that the CITY shall have no obligation whatsoever to finance any part of such costs except with respect to those amounts which become due under the terms and conditions of the Contract Documents.
- 3.02 <u>Certification by Controller</u>. This AGREEMENT is subject to the budget and fiscal provisions of the CITY's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of the CITY's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization.

## ARTICLE 4 -- LABOR REQUIREMENTS

- 4.01 <u>Applicable Laws and Agreements</u>. Compensation and working conditions for labor performed or services rendered under this AGREEMENT shall be in accordance with the Contract Documents, the San Francisco Charter, and applicable sections of the San Francisco Administrative Code, including section 6.22(E).
- 4.02 Prevailing Wages. The latest Wage Rates for Private Employment on Public Contracts as determined by the San Francisco Board of Supervisors and the Director of the California Department of Industrial Relations, and, when federal funds are involved, the current General Wage Determination Decisions, as determined by the U.S. Secretary of Labor, as same may be changed during the term of this AGREEMENT, shall be included in this AGREEMENT and are hereby incorporated by this reference. CONTRACTOR agrees that any person performing labor in the provision of the Work shall be paid not less than the highest general prevailing rate of wages as so determined. If federal funds are involved, where the minimum rate of pay for any classification differs among State, City and Federal wage rate determinations, the highest of the three rates of pay shall prevail. CONTRACTOR shall include, in any contract or subcontract relating to the Work, a requirement that all persons performing labor under such contract or subcontract shall be paid not less than the highest prevail prevail reports with respect to all persons performing labor in the Provision of the Work.
  - A. Copies of the latest prevailing wage rates are on file at the San Francisco Public Utilities Commission, City and County of San Francisco, Contract Administration Bureau, 525 Golden Gate Avenue, 8<sup>th</sup> Floor, San Francisco, CA 94102.
- 4.03 <u>Penalties</u>. CONTRACTOR shall forfeit to the CITY back wages due plus fifty dollars (\$50.00) for:
  - A. Each laborer, workman, or mechanic employed in the provision of the Work, for each calendar day or portion thereof during which such laborer, workman, or mechanic is not paid the highest general prevailing rate of wage for the work performed; or
  - B. Each laborer, mechanic or artisan employed in the provision of the Work, for each calendar day or portion thereof during which such laborer, mechanic or artisan is compelled or permitted to work for a longer period than five days (Monday-Friday) per calendar week of eight hours each, and not compensated in accordance with the prevailing overtime standard and rate.

#### ARTICLE 5 – INDEMNITY (Not used)

See Article 3 of the General Conditions (Document 00700)

## ARTICLE 6 – RIGHTS AND REMEDIES

- 6.01 General. The provisions of the Contract Documents shall not limit the duties, obligations, rights and remedies otherwise imposed or available by law or in equity. No action or failure to act shall in any way abridge the rights and obligations of the Parties to the Contract Documents, or condone a breach thereunder, unless expressly agreed to by the Parties in writing. All remedies provided in the Contract Documents shall be taken and construed as cumulative; that is, in addition to each and every other remedy herein provided, the CITY shall have any and all equitable and legal remedies that it would in any case have.
- 6.02 <u>No Waiver</u>. No waiver of any breach of any provision of the Contract Documents shall be held to be a waiver of any other or subsequent breach. The only waiver by the CITY shall be a waiver in writing that explicitly states the item or right being waived.
- 6.03 <u>CITY's Remedies for False Claims and Other Violations</u>. The Contractor or any Subcontractor or Supplier who fails to comply with the terms of this AGREEMENT, who violates any provision of Chapter 6 of the Administrative Code or rules and regulations adopted per that Chapter, who submits false claims, or who violates against any governmental entity a civil or criminal law relevant to its ability to perform under or comply with the terms and conditions of the AGREEMENT, may be subject to monetary penalties and may be declared an irresponsible bidder and debarred by operation of statute. (San Francisco Administrative Code section 6.80, et seq.) The Contractor shall include in each subcontract and purchase order for Work a clause incorporating the provisions of this Paragraph 6.03.

### **ARTICLE 7 – RESOLUTION OF CONFLICTING TERMS**

7.01 The Contract Documents and any other agreements between the Parties relating to the Project are intended to be read together and integrated as a whole, and shall be construed and interpreted in a manner so as to avoid any conflicts to the extent possible. Supplementary provisions in the Contract Documents shall not be deemed to be in conflict. It is expressly agreed by and between CONTRACTOR and the CITY that should there be any conflict between the terms of this AGREEMENT and the Bid of CONTRACTOR, then this AGREEMENT shall control and nothing herein shall be considered as an acceptance of any terms of the Bid which conflict with this AGREEMENT.

## **ARTICLE 8 – GOVERNING LAW AND VENUE**

- 8.01 <u>Governing Law</u>. The Contract Documents shall be interpreted in accordance with the laws of the State of California and the provisions of the CITY's Charter and Administrative Code, including but not limited to Chapter 6 of the San Francisco Administrative Code, which is incorporated by this reference as if set forth herein in full.
- 8.02 <u>Venue</u>. All Claims, counter-claims, disputes and other matters in question between the CITY and CONTRACTOR arising out of or relating to this AGREEMENT or its breach will be decided by a court of competent jurisdiction within the State of California.

## ARTICLE 9 – NOTICES TO PARTIES

- 9.01 Unless otherwise indicated in the Contract Documents, all written communications sent by the Parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:
  - To CITY: Contact the designated City Representative

| To CONTRACTOR: | Delta Star, Inc.<br>(Contractor's name)   |
|----------------|---|
|                | 270 Industrial Road, San Carlos, CA 94070   |
|                | (Contractor's mailing address)<br>Xiomara Reyes, Contracts Admin.<br>xiomarar@deltastar.com |
|                | (Contractor's e-mail address)   |
|                | 650-593-0733  |
|                | (Contractor's fax no.)  |

- 9.02 From time to time, the parties may designate new address information by notice in writing, delivered to the other Party.
- 9.03 The delivery to CONTRACTOR at the legal address listed above, as it may be amended upon written notice, or the depositing in any post office or post office box regularly maintained by the United States Postal Service in a postage paid wrapper directed to CONTRACTOR at such address, of any drawing, notice, letter or other communication shall be deemed legal and sufficient service thereof upon CONTRACTOR.

## ARTICLE 10 – PROPRIETARY OR CONFIDENTIAL INFORMATION OF CITY

10.01 CONTRACTOR understands and agrees that, in the performance of the Work under this AGREEMENT or in contemplation thereof, CONTRACTOR may have access to private or confidential information which may be owned or controlled by CITY and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to CITY. CONTRACTOR agrees that all information disclosed by CITY to CONTRACTOR shall be held in confidence and used only in performance of the AGREEMENT. CONTRACTOR shall exercise the same standard or care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

## **ARTICLE 11 – TERMINATION**

11.01 This AGREEMENT and the other Contract Documents shall terminate when all obligations required to be performed by CONTRACTOR and the CITY have been fulfilled, unless sooner terminated as set forth in Article 14 of the General Conditions (Document 00700).

| [Emergency Contracts Only]                        | Delta Star, Inc.                             |
|---|--|
| Executed on Feb. 21, , 2013                       | Name of Firm or Corporation                  |
| •           | Chartz Bri                                   |
| <u>650–508–2850</u>                               | (signed) Bidder or Authorized Representative |
| Telephone Number                                  | Corporate Contracts Manager                  |
| N/A   | Position in Firm or Corporation              |
| S.F. Business Tax Registration Certificate Number | 270 Industrial Rd, San Carlos, CA 94070      |
|   | Address of Firm or Corporation Zip Code      |
|   | N/A  |
|   | Contractor's California License No.          |
|   | N/A  |
|   | License Expiration Date                      |

IN WITNESS WHEREOF, the CONTRACTOR and the CITY have hereunto set their hands and seals, and have executed this AGREEMENT in duplicate, the day and year first above written.

General Manager, San Francisco Public Utilities

## CONTRACTOR:

By my signature hereunder, as CONTRACTOR, I certify that I have read and understand the section captioned MacBride Principles - Northern Ireland including in Document 00822, the CITY's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

I further certify that I am aware of the provisions of section 3700 of the Labor Code which require every employer to be insured against liability for worker's compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the Work of this Contract.

Delta Star, Inc.

Principal Řν Corporate Contracts Manager Title

Approved as to form: **DENNIS J. HERRERA** City Attorney

By. Deputy City Attorney

END OF DOCUMENT

CITY

By:

Awarded:

Commission



Post Office Box 160 Moccasin, CA 95347 T 209.989.2000 F 209.989.2104 Junction of Hwy 49 and Hwy 120

September 6, 2012

## **INTER-OFFICE MEMORANDUM**

- TO: Anson Moran President
- FROM:

Ed Harrington Hald Kall & General Manager

SUBJECT: Declaration of Emergency – Repair of HHP facilities: Failure of Two Transformers at Holm Powerhouse on Unit 1

In accordance with Chapter 6, Article IV, Section 6.60(D) of the Administrative Code of the City and County of San Francisco, I am declaring an emergency on behalf of the Public Utilities Commission.

On July 31, 2012 the HHP Holm Powerhouse Unit 1 (HPH1) tripped off-line. The alarm from the unit indicated a sudden pressure change on the transformer bank. There are three transformers in the transformer bank: Phase A, Phase B and Phase C. Due to the type of alarm, Holm Unit 1 was taken out-of-service and technicians were called to investigate prior to putting the unit back in-service.

On August 1, 2012 HHP crews performed oil tests on the transformer bank and detected combustible gasses "trapped" in the oil on phases A and C. Tested biannually, the combustible gasses had increased from 88 parts per million (ppm) on April 20, 2012 to 9197 ppm on August 1, 2012. Combustible gasses in Phase C were at 1061 ppm. Institute of Electrical and Electronics Engineers standards<sup>1</sup> recommend combustible gasses less than 720 ppm for continued use. Potential consequences of returning a transformer to service with high combustible gasses could be explosion of the transformer. Potential explosion of the transformer represents an unacceptable threat to employee safety and a risk of an oil spill into Cherry Creek.

HHP required assistance from an outside vendor to determine the cause of the increased gasses. The vendor mobilized on September 4, 2012 and determined that the transformer insulation had deteriorated in Phase A and Phase C and must be replaced.

This request for emergency declaration is for resources to perform the repair work beyond the capabilities of City forces as soon as possible and is not anticipated to exceed \$1.5 million.

Edwin M. Lee Mayor

**Anson Moran** President

Art Torres Vice President

Ann Moller Caen Connectioner

Francesca Vietor Commissioner

Vince Courney Contrassioner

Ed Harrington General Manager



<sup>&</sup>lt;sup>1</sup> IEEE standard C57.104-2008, Section 5, Table 2.

Declaration of Emergency Holm Powerhouse Unit 1 Transformer Repair September 6, 2012 Page 2 of 2

I am therefore declaring the existence of an emergency. I trust that this meets with your concurrence and approval.

CONCUR AND APPROVE:

 $(\cdot)_{\mathcal{R}}$ Mara

Anson Moran – President, San Francisco Public Utilities Commission

cc:

A. Torres V. Courtney C. Sperry

A. Moller Caen S. Ritchie Mocc File

F. Vietor M. Hannaford

|  | Y OF SAN FRANCISCO<br>RIGHTS COMMISSION   |
|--|---|
| S.F. ADMINISTRATIVE CODE CHAPTERS 12B an   | nd 14B  |
| WAIVER REQUEST FORM<br>(HRC Form 201)  | FOR HRC USE ONLY  |
| Section 1. Department Information  | Request Number: 6605  |
| Department Head Signature:   | and a strategy of the second se |
| Name of Department: HHWP Water Enterprise  |   |
| Department Address: P.O. Box 160, Moccasin CA 95347  | 1.50<br>1.50<br>7.50  |
| Contact Person: Margaret A. Hannaford  |   |
|  |   |
| Phone Number: 209-989-2063 Fax Number: 209-989-2104  Section 2. Contractor Information   | 4 COD   |
| • · · · · · · · · · · · · · · · · · · ·  |   |
|  | 6.)<br>(*.)   |
| Contractor Address: 270 Industrial Road, San Carlos, CA  |   |
| Vendor Number (if known): 21013 Contact Phone No.:1-800-8  | 392-8673  |
| Section 3. Transaction Information   |   |
| Date Waiver Request Submitted: 09/06/2012 Type of Contract: C  | Construction  |
| Contract Start Date: 9/7/2012 End Date: 04/01/2013 Dollar<br>\$1,500,000 estimated   | r Amount of Contract:   |
| Section 4. Administrative Code Chapter to be Waived (please check all that a   | apply)  |
| Chapter 12B  |   |
| <ul> <li>Chapter 14B Note: Employment and LBE subcontracting requirements ma<br/>14B walver (type A or B) is granted.</li> </ul> | ay still be in force even when a  |
| Section 5. Waiver Type (Letter of Justification <i>must</i> be attached, see Check   | List on back of page )  |
| A. Sole Source   | mos on maon or puggon   |
| B. Emergency (pursuant to Administrative Code §6.60 or 21.15)  |   |
| C. Public Entity   |   |
| D. No Potential Contractors Comply - Copy of waiver request sent to Boa  | rd of Supervisors on:   |
| E. Government Bulk Purchasing Arrangement – Copy of waiver request s   | ent to Board of Supervisors on:   |
| F. Sham/Shell Entity – Copy of waiver request sent to Board of Superviso   |   |
| G. Local Business Enterprise (LBE) (for contracts in excess of \$5 million; s  | see Admin. Code §14B.7.I.3)   |
| H. Subcontracting Goals  |   |
| HRC ACTION<br>12B Waiver Granted: 14B Waiver Gr  | antad:  |
| 12B Waiver Denied: 14B Waiver De   |   |
| Reason for Action: De claned energency worder charter to   | Rifield IV. Sections  |
|  | ative Cade  |
| - by ba of the sup Francisco Administr   |   |
| HRG Staff: - Anna Julinchester - Blclim  | Date: <u> </u>  |
| $\wedge$  | Date: <u></u><br>Date: <u></u>  |

4

EXECUTED IN TRIPLICATE

Copyright ©2012 City & County of San Francisco

HH-964(E)

Bond Number 41269654

## DOCUMENT 00610

## PERFORMANCE BOND AND PAYMENT (LABOR & MATERIALS) BOND

KNOW ALL MEN BY THESE PRESENTS, that WHEREAS, the San Francisco Public Utilities Commission of the City and County of San Francisco, State of California, has awarded to:

Delta Star, Inc., located at 3550 Mayflower Drive, Lynchburg, VA 24501 hereinafter designated as the "Principal", a Contract for:

## HOLM TRANSFORMER REPAIR

## Contract No. HH-964(E) (NOT TO EXCEED \$732,517)

WHEREAS, said Principal is required under the terms of said Contract to furnish a Bond for the faithful performance of said Contract; and to furnish a separate Bond for the payment of any materials, provisions, or other supplies, used in, upon, for or about the performance of the Work contracted to be done;

## NOW, THEREFORE, we the Principal and

Platte River Insurance Company

as Surety, are firmly bound unto the City and County of San Francisco in the penal sum of

(PERFORMANCE BOND) (\$521,465.07) Five Hundred Twenty One Thousand, Four Hundred Sixty Five Dollars 07/100 and

(PAYMENT BOND) Five Hundred Twenty One Thousand, Four Hundred Sixty Five Dollars 07/100

lawful money of the United States for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents for the penal sum for a performance bond and an equal and separate penal sum for a separate payment bond. The conditions of this obligation is such that if the said principal does well and faithfully performs all the conditions and covenants of said Contract, according to the true intent and meaning thereof, upon its part to be kept and performed, then the above obligation is to be null and void, otherwise to remain in full force and effect.

## (PERFORMANCE BOND)

THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal, its heirs, executors, administrators, successors or assigns, shall in all things stand to and abide by, and well and truly keep and perform the covenants, conditions and agreements in the said Contract, including the provisions for liquidated damages in the said Contract, any changes, additions or alterations thereof made as therein provided, on its part, to be kept and performed at the time and in the manner therein specified, and in all respects according to their true intent and meaning, and shall indemnify and save harmless the

Copyright ©2012 City & County of San Francisco

City and County of San Francisco, its officers and agents, as therein stipulated, then this obligation shall become null and void; otherwise it shall be and remain in full force and effect.

## (PAYMENT BOND)

THE CONDITION OF THIS OBLIGATION IS SUCH, that if said principal, its heirs, executors, administrators, successors or assigns, or its subcontractor or subcontractors, shall fail to pay for any materials, provisions, or other supplies, used in, upon, for or about the performance of the Work contracted to be done, or for any work or labor thereon of any kind, or for amounts due the Unemployment Insurance Act with respect to such work or labor, then the surety of this Bond will pay for same, in an amount not exceeding the sum specified in this Bond, and in case suit is brought upon this Bond will also pay a reasonable attorney's fee, to be fixed by the Court.

This Bond shall inure to the benefit of any and all persons, companies, corporations, political subdivisions and state agencies, entitled to file claims under the provisions of California Civil Code section 3247 et seq.

And the said Surety, for value received, hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the Contract or to the Work to be performed thereunder or the Specifications accompanying the same and no inadvertent overpayment of progress payments shall in any way affect its obligations on these Bonds, and it does hereby waive notice of any such change, extension of time, alteration or addition to the terms of the Contract or to the Work or to the Specifications or of any inadvertent overpayment of progress payments.

IN WITNESS WHEREOF, the above-bounden parties have executed this instrument under their seal this  $\frac{21 \text{ st}}{21 \text{ st}}$  day of February \_\_\_\_\_, 20 13, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Approved as to form: Dennis J. Herrera City Attorney

By: Deputy City Attorney

Principal Delta Star, Inc.

By:

Ben Magana, Operations Manager

Surety Platte River Insurance Company

By:

Tanya Chinchilla. Attorney-in-Fact

END OF DOCUMENT

Performance Bond and Payment (Labor & Materials) Bond

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA }
County of <u>Contra Costa</u> }
On <u>Ebn Qip 21, 2013</u> before me, <u>Lisa M. Lucas, Notary Public</u>
Here Insert Name and Title of the Officer ,
Here Insert Name and Title of the Officer ,
Name(s) of Signer(s)



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person( $\mathbf{x}$ ) whose name( $\mathbf{x}$ ) is/and subscribed to the within instrument and acknowledged to me that  $\mathbf{X} \leq 1000$ executed the same in  $\mathbf{X} \leq 1000$  authorized capacity ( $\mathbf{X} \leq 1000$ ), and that by  $\mathbf{X} \leq 1000$  signature ( $\mathbf{x}$ ) on the instrument the person( $\mathbf{x}$ ), or the entity upon behalf of which the person( $\mathbf{x}$ ) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal. alli 110 Signature

## OPTIONAL -

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

## **Description of Attached Document**

| Title or Type of Document:  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Document Date:  | Number of Pages:  |  |  |  |  |  |
| Signer(s) Other Than Named Above:   |   |  |  |  |  |  |
| Capacity(ies) Claimed by Signer(s)  |   |  |  |  |  |  |
| Signer's Name:         Individual         Corporate Officer — Title(s):         Partner — [] Limited [] General         Attorney in Fact         Trustee         Guardian or Conservator         Other: | Signer's Name:         Individual         Corporate Officer — Title(s):         Partner — Limited General         Attorney in Fact         Trustee         Guardian or Conservator         Other: |  |  |  |  |  |
| Signer Is Representing:   | Signer Is Representing:   |  |  |  |  |  |

© 2007 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.National/Notary.org | Item #5907 Reorder: Call Toll-Free 1-800-876-6827

Signature of Notary Public , Lisa M. Lucas

## PLATTE RIVER INSURANCE COMPANY POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

#### LISA M. LUCAS: WILLIAM PHILLIPS, JR, D. RICHARD STINSON; TANYA CHINCHILLA-

its true and lawful Attoracy(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

#### ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00-

This Bower of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s) in-fact, each appointee to have the powers and duties usual to such officers to the business of the Corporation; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate rolating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 2nd day of May, 2011.

- CRÉCHAR

SEAL

Attest:

Lul White

Richard W. Aflen III President Surety & Fidelity Operations

STATE OF WISCONSIN

On the 2nd day of May, 2011 before me personally came David F. Paaly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Danc, State of Wisconsin; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described herein and which executed the above instrument; that he knows the scal of the said corporation; that he seal affixed to said instrument is such corporate seal; that it was so affined by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

la no si ne si

STATE OF WISCONSIN COUNTY OF DANE



Daniel To Knuegen

PLATTE RIVER INSURANCE COMPANY

David F. Pauly

CEO & President

41269654

Daniel W. Krueger Notary Public, Dane Co., WI My Commission Is Permanent

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked, and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

day of

Signed and sealed at the City of Middleton, State of Wisconsin this

SEAL

Alan S. Ogilvie Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

PR-2624 (5-11)

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/07/2013

| ll<br>ti   | ELOW. THIS CERTIFICATE OF IN<br>EPRESENTATIVE OR PRODUCER, A<br>APORTANT: If the certificate holder<br>he terms and conditions of the policy            | is a          | n ADE            | ERTIFICATE HOLDER.<br>DITIONAL INSURED, the po<br>policies may require an endo | licv(ies) must h   | e endorsed   | IT SUBROGATION IS MANYE   | D cubiant    |  |
|--|---|---------------|------------------|--|--|--|---|--------------|--|
| <u> </u>   | erunicate holder in lieu of such endor  | rsem          | ent(s)           |  |  |  | ms certificate does not comer   | rights to ti |  |
|  | DUCER<br>15. Counselman, Michaels & Downes  |               |                  | L NA   | AIWIE:   | chaelian   | ~   |              |  |
|  | ) Innslake Drive Suite 303  |               |                  | (A   | IONE 804-23<br>(C, No, Ext): 804-23  | 7-5932   | FAX<br>(A/C, No): 804-1   | 237-5901     |  |
| Gler   | Allen, VA 23060   |               |                  | Â  | DRESS imicha   | elian@remd.c   | om  |              |  |
| (804   | ) 237-5900  |               |                  |  |  | and the second s | RDING COVERAGE  | NAIC #       |  |
| INSU   | RED   |               |                  |  | and the second sec |  | ualty Company of America  | 25674        |  |
|  | a Star Inc  |               |                  |  | SURER B : Liberty N  |  |   | 23035        |  |
|  | Industrial Rd.  |               |                  |  | SURER C : Great Ar   | nerican insura   | nce Company   | 16691        |  |
| San  | Carlos, CA 94070  |               |                  |  | SURER D :  | ·  |   |              |  |
|  |   |               |                  |  | SURER E :  |  |   |              |  |
| 20   | VERAGES CER   | TIF           | CATE             | NUMBER: 558548   | SURER F :  |  | REVISION NUMBER:  |              |  |
| IN<br>CI<br>EX   | IS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RI<br>RTIFICATE MAY BE ISSUED OR MAY<br>(CLUSIONS AND CONDITIONS OF SUCH             | EQUII<br>PERI | remen<br>Fain. 1 | NT, TERM OR CONDITION OF   | ANY CONTRACT   | OR OTHER   | ED NAMED ABOVE FOR THE PO<br>DOCUMENT WITH RESPECT TO<br>DEFEN IS SUBJECT TO ALL    | MARCH TL     |  |
| ISR<br>TR  | TYPE OF INSURANCE   | ADDL          | SUBR<br>WVD      | POLICY NUMBER  |  | POLICY EXP<br>(MM/DD/YYYY)   |   |              |  |
| B  | GENERAL LIABILITY<br>X COMMERCIAL GENERAL LIABILITY   | X             | X                | TB2-651-290407-022   | 7/1/2012   | 7/1/2013   | EACH OCCURRENCE \$ 1,0<br>DAMAGE TO RENTED  | 00,000       |  |
|  | CLAIMS-MADE X OCCUR   |               |                  |  |  |  | PREMISES (Ea occurrence) \$ 100,000   |              |  |
|  |   |               |                  |  |  |  | MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000             |              |  |
|  |   |               |                  |  |  |  |   | 00,000       |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:  |               |                  |  |  |  |   | 00.000       |  |
|  | POLICY PRO-   | ļ             |                  |  |  |  | \$  |              |  |
| B  | AUTOMOBILE LIABILITY  | X             | X                | AS2-651-290407-032   | 7/1/2012   | 7/1/2013   | COMBINED SINGLE LIMIT \$ 1,00   | 0,000        |  |
| ļ  | X ANY AUTO  |               |                  |  |  |  | BODILY INJURY (Per person) \$   |              |  |
| -  | X ALL OWNED SCHEDULED AUTOS   |               |                  |  |  |  | BODILY INJURY (Per accident) \$   |              |  |
|  | X HIRED AUTOS X NON-OWNED   |               |                  |  |  |  | PROPERTY DAMAGE \$  | GE \$        |  |
|  | X UMBRELLA LIAB X OCCUP   | ļ             |                  | TUU 0306935 00   | 7/1/2012   |  | \$  |              |  |
| -  |   |               |                  | 100 0300933 00   | 111/2012   | 7/1/2013   |   | 000,000      |  |
| ł  |   |               |                  |  |  |  |   | 00,000       |  |
| _  | DED X RETENTION \$ 10,000   |               | x                | WA2-65D-290407-012   | 7/1/2012   | 7/1/2013   | X WC STATU- OTH-  |              |  |
| 3  | AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE  |               |                  | WA2-05D-290407-012   | 1112012  | 1112013  |   | 0.000        |  |
|  | OFFICER/MEMBER EXCLUDED?  | N / A         |                  |  | 5  |  |   |              |  |
|  | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |               |                  |  |  |  | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |              |  |
|  | Transportation  |               |                  | QT-660-6094C950-TIL-12   | 7/1/2012   | 7/1/2013   | EL DISEASE - POLICY LIMIT & 1900  | 0,000        |  |
|  |   |               |                  |  |  |  | otor Carrier \$2,500,000/\$25,000 Ded-  |              |  |
|  |   |               |                  |  |  |  | Motor Carrier \$2,500,000/\$25,000 Ded;<br>Railroad-\$2,500,000/\$25,000 Ded        |              |  |
| e at   | RIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>(7849-51- Hetch hetchy Water and Power E<br>tached for special wording and Blanket Add<br>TIFICATE HOLDER | Emerg         | jency (          | Contract HJH-964 (E): Holm Tra   | usformer Repair.   | required)  |   |              |  |
|  | a an  |               |                  |  |  |  | ······  |              |  |
| City and County of San Francisco<br>San Francisco Water Power Sewer<br>525 Golden Gate Avenue, 8th Floor |   |               | T                | HOULD ANY OF T<br>HE EXPIRATION<br>CCORDANCE WIT                               | DATE THE   | ESCRIBED POLICIES BE CANCELI<br>REOF, NOTICE WILL BE DEI<br>Y PROVISIONS.  | ED BEFOR  |              |  |
| San Francisco, CA 94102  |   |               |                  |  | AUTHORIZED REPRESENTATIVE  |  |   |              |  |
|  |   |               |                  |  |  |  |   |              |  |

## CERTIFICATE ATTACHMENT Riggs, Counselman, Michaels & Downes, Inc.

Named Insured; Delta Star Inc.

Certificate Holder: City and County of San Francisco Can Francisco Water Power Sewer

## Description of Operations/Locations/Vehicles/Restrictions/Special Items:

The City and County of San Francisco, its Board Members and Commissions, and all authorized Agents and Representatives, and Members, Directors, Officers, Trustees, Agents and all employees are included as Additional Insured under written contract, under the General Liability, per Blanket Additional Insured form #LN20010605 attached, under the Auto Liability per Blanket Designated Insured Form #CA20480299 attached.

Waiver of Subrogation applies in favor the above referenced under the General Liability per Blanket Waiver form CG24 04 05/09 attached, under the Auto Liability per Blanket Waiver, form AX12 10 02/05B attached, and under the Workers Compensation Blanket Waiver, per Form WC0403/06 attached.

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

#### BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION II - WHO IS AN INSURED is amended to include as an insured any person or organization for whom you have agreed in writing to provide liability insurance. But:

The insurance provided by this amendment:

- 1. Applies only to "bodily injury" or "property damage" arising out of (a) "your work" or (b) premises or other property owned by or rented to you;
- 2. Applies only to coverage and minimum limits of insurance required by the written agreement, but in no event exceeds either the scope of coverage or the limits of insurance provided by this policy; and
- 3. Does not apply to any person or organization for whom you have procured separate liability insurance while such insurance is in effect, regardless of whether the scope of coverage or limits of insurance of this policy exceed those of such other insurance or whether such other insurance is valid and collectible.

The following provisions also apply:

- 1. Where the applicable written agreement requires the insured to provide liability insurance on a primary, excess, contingent, or any other basis, this policy will apply solely on the basis required by such written agreement and Item 4. Other Insurance of SECTION IV of this policy will not apply.
- 2. Where the applicable written agreement does not specify on what basis the liability insurance will apply, the provisions of Item 4. Other Insurance of SECTION IV of this policy will govern.
- 3 This endorsement shall not apply to any person or organization for any "bodily injury" or "property damage" if any other additional insured endorsement on this policy applies to that person or organization with regard to the "bodily injury" or "property damage".
- 4. If any other additional insured endorsement applies to any person or organization and you are obligated under a written agreement to provide liability insurance on a primary, excess, contingent, or any other basis for that additional insured, this policy will apply solely on the basis required by such written agreement and Item 4. Other Insurance of SECTION IV of this policy will not apply, regardless of whether the person or organization has available other valid and collectible insurance. If the applicable written agreement does not specify on what basis the liability insurance will apply, the provisions of Item 4. Other Insurance of SECTION IV of this policy will govern.

#### This endorsement is executed by the LIBERTY MUTUAL FIRE INSURANCE COMPANY

| Premium \$                   |                    |
|------------------------------|--------------------|
| Effective Date               | Expiration Date    |
| For attachment to Policy No. | TB2-651-290407-022 |
| Audit Basis                  |                    |

Issued To

Countersigned by

Authorized Representative

Issued

Sales Office and No.

End. Serial No.

LN 20 01 06 05

4

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

This endorsement modifies insurance provided under the following:

## COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

## Name Of Person Or Organization:

Any person or organization with whom you have agreed in writing to waive any right of recovery prior to a loss

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

# The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

This endorsement is executed by the LIBERTY MUTUAL FIRE INSURANCE COMPANY

Premium \$ Effective Date

Expiration Date TB2-651-290407-022

For strachment to Policy No. Audit Basis

Issued

Issued To

Countersigned by

Sales Office and No.

End. Serial No.

Authonized Representative

| Fire Ir                | ty Mutual<br>surance Cor              |  |  | Lib                                | erty                  |  | COMMERC<br>IABILITY D                |                                      |                              |
|------------------------|---------------------------------------|--|--|------------------------------------|-----------------------|--|--------------------------------------|--------------------------------------|------------------------------|
| ACCOUN                 | · · · · · · · · · · · · · · · · · · · | SUB-ACCT NO                                  | ۰ .  | V/ 11120                           | 1 <b>6 64 66</b> 8.14 |  |                                      |                                      |                              |
| POLICY N               | 9 04 07                               | 0000<br>TD/CD                                | SALES OFFICE   | berty Mutual Insurance<br>CODE     |                       | ESENTATIVE   | CODE                                 | N/R                                  | 1 <sup>ST</sup> YR           |
|                        | 51-290407-022                         | 92/0   | Roanoke, VA  | 0536                               | BERNIT                |  | 8950                                 | 2                                    | 2011                         |
| 1                      | Named Insure                          |  | Delta Star, Inc.   |                                    |                       |  |                                      | L                                    | i                            |
|                        | Address                               | a<br>L                                       | 3550 Mayflower Di<br>_ynchburg, VA 245                   | 506 <sup>\$</sup>                  |                       | · .  |                                      |                                      |                              |
|                        | The named ins                         | sured is: C                                  | Corporation  |                                    |                       |  |                                      |                                      |                              |
|                        | Business of na                        | amed insure                                  | ed is: Power, Dist                                       | ibution and Sp<br>- <sub>Day</sub> | ecialty Tran          | sformers   | Day                                  |                                      | Year                         |
| Item 2.                | Policy Period                         | From   | 07<br>12:01 A.M., standa                                 | - ''O'1                            | 2012                  | to 07  | 01                                   | herein.                              | 2013                         |
|                        | In return for the                     |  | of the premium, ar<br>s policy                           | nd subject to all                  | l of the term         | s of this policy   | , we agree wi                        | th you to p                          | provide the                  |
|                        | LIMITS OF IN                          | ISURANCI                                     |  |                                    |                       |  |                                      |                                      | *****                        |
|                        | MEDIC/<br>PERSONAL<br>GENERAL A       | E TO PRE<br>AL EXPENS<br>& ADVERT<br>GGREGAT | MISES RENTED <sup>-</sup><br>SE LIMIT<br>ISING INJURY LI | МІТ                                |                       | \$ 1,000,0<br>\$ 100,0<br>\$ 1,000,0<br>\$ 1,000,0<br>\$ 2,000,0<br>\$ 2,000,0 | Any or<br>Any or<br>Any or<br>Any or | ne premise<br>ne person<br>ne person | or organization              |
|                        | Deductible Er                         | ndorsemen                                    | t Yes 🗌 No   |                                    |                       |  |                                      |                                      |                              |
|                        | The premium                           | for this pol                                 | TERRORISM F<br>TOTAL                                     | RISK INSURAN<br>_ ADVANCE PI       | REMIUM                | \$ 2,500<br>\$ 198,755<br>ance,\$  | r Bulle                              |                                      | ss (differend<br>der roriste |
|                        | and \$                                |  |  | cond annivers                      | ary.                  |  |                                      |                                      |                              |
|                        | Audit Basi                            | is: 1 - At I                                 | Expiration   |                                    |                       |  |                                      |                                      | w                            |
|                        | The declaration                       | ns are com                                   | pleted on the sche                                       | dules designat                     | ed Declarat           | ions Extensior   | Schedules                            |                                      |                              |
|                        | complete the a                        | bove numb                                    |  |                                    |                       |  |                                      |                                      | ent(s)                       |
|                        | Forms and end                         | lorsements                                   | attached to this p                                       | olicy: See atta                    | ached forms           | and endorser   | nents schedu                         | le                                   |                              |
| "his policy<br>N*1N00* | /, including all end                  | dorsements i                                 | ssued herewith, is h                                     | ereby countersig                   | ned by                | Auth   | orized Represent                     | ative                                |                              |
| .oc. Code              | Typed                                 | Periodic Payr                                | nent Rating Basis  | Audit Basis                        | Home State            | Pol. H. G.   |                                      | tenewal of                           |                              |
|                        | DK 07/09/2012                         | \$   | NR   | 1                                  | VA                    | s- 🗆   | TB2-65                               | 1-290407-0                           | 21                           |
| GPO 408                | 1 R3                                  |  | · · · · · · · · · · · · · · · · · · ·                    |                                    |                       |  |                                      |                                      |                              |



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS 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" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

## SCHEDULE

Name of Person(s) or Organization(s): Any person or organization whom you have agreed in writing to add as an additional insured, but only to coverage and minimum limits of insurance required by the written agreement, and in no event to exceed either the scope of coverage or the limits of insurance provided in this policy.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

Policy No: AS2-651-290407-032 Acctor Effective Date: 07/01/2012 Expiration Date: 07/01/2013 Sales Office: 0536

Issued By: Liberty Mutual Fire Insurance Co.

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

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

This endorsement modifies insurance provided under the following:

Business Auto Coverage Form Garage Coverage Form Truckers Coverage Form Motor Carrier Coverage Form

SCHEDULE

Premium: INCL

## Name of Person or Organization:

Any person or organization for whom you perform work under a written contract if the contract requires you to obtain this agreement from us, but only if the contract is executed prior to the injury or damage occurring.

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US condition is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your operations of a covered auto done under contract with that person or organization. This waiver applies only to the person or organization shown in the Schedule above.

Policy No: AS2-651-290407-032 A uto Effective Date: 07/01/2012 Expiration Date: 07/01/2013 Sales Office: 0536

Issued By:

Liberty Mutual Fire Insurance Co.

AX 12 10 02 05 B

## **BUSINESS AUTO DECLARATIONS**



issued by Liberty Mutual Fire Insurance Co.

Policy Number AS2-651-290407-032 Renewal of AS2-651-290407-031 Account Number 5-290407

Issuing Office 0536 Issue Date 07/13/2012

## ITEM ONE - Named Insured and Mailing Address

Delta Star, Inc. 3550 Mayflower Dr Lynchburg, VA 24506

Form of Business: Corporation

Business of the named insured i

named insured is: Power, Distribution and Specialty Transformers

Policy Period: The policy period is from 07/01/2012 to 07/01/2013 Insured's mailing address.

0 07/01/2013 12:01 A.M. standard time at the

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ITEM TWO - Schedule of Coverages and Covered Autos - Refer to Pages 2 and 3

SCHEDULE The declarations are completed on the following pages and on the accompanying "Declarations Extension Schedule(s)".

Schedule Premium \$38,332 Endorsement Premium

6. Und / 36, 430

Total Estimated Premium \$38,332 Other Charge(s) Policywriting Minimum Premium \$100 Premium will be billed Forms Applicable: See Attached Inventory

Producer 0002-006833 RIGGS COUNSELMAN MICHAELS & DOWNES INC PO BOX 71330 RICHMOND, VA 232551330

Producer BERNITT D 8950 ROANOKE, VA Countersigned By:

AC 00 03 11 11 © 2011, Liberty Mutual Group of Companies. All rights reserved. Includes copyrighted material of Insurance Services Office, Inc. with its permission.

Page 1 of 3



Arok Camp

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT -CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in

The additional premium for this endorsement shall be % of the California workers' compensation premium

Schedule

Person or Organization

Job Description

Any person or organization for whom the Named Insured has agreed by written contract to furnish a waiver provided you executed the contract before the loss.

This endorsement is executed by the Liberty Mutual Fire Insurance Company 16586

Premium \$

Effective Date

Expiration Date

For attachment to Policy No. WA2-65D-290407-012

WC 04 03 06 ED: 4/1984

8.00

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



| ,   | INFORMATION PAGE  |                                      |   | 1 AL  | Mutuál.                 |
|---|---|--------------------------------------|---|---|-------------------------|
| leeved by the second  |   |                                      |   | LIb   | erty Mutual Group       |
| Dution by Liberty Mutua                                     | al Fire Insurance Company   | (a stock compa                       | any) 16586                                  | 175 Berkeley  | Street Boston, MA 02117 |
| Policy Number<br>Renewal Of<br>Account Number               | WA2-65D-290407-<br>WA2-65D-290407-<br>5-290407  | 012 🗸<br>011                         | lssuing Office<br>Issue Date<br>Sub Account | LEWISTON<br>07/09/2012<br>0000                          | , ME                    |
| 1. Insured and Mailing                                      | Address   |                                      |   |   |                         |
| Delta Star, Inc.<br>3550 Mayflower Dr                       |   |                                      |   | FEIN  | 25-1586168              |
| Lynchburg VA 2450   | 6   |                                      |   | Risk ID   | 917393613               |
| Status Corporation<br>Other workplaces no                   | ot shown above: See Item 4.   | Premium - Ext                        | ension of Info                              | rmation Page  |                         |
| <ol> <li>Policy Period: The<br/>mailing address.</li> </ol> | policy period is from 07/01/  | 2012 to 07/01/                       | 2013 12:01 A                                | .M. standard  | time at the Insured's   |
| 3. Coverage   | ensation Insurance: Part One<br>AZ CA ID IL NV NY TX  | of the policy a                      |   |   |                         |
| C. Other States Insu<br>All States except<br>ND OH WA WY    | Bodily Injury by Diseas<br>Bodily Injury by Diseas<br>Irance: Part Three of the pol<br>those listed in Item 3.A and | e \$ 1.0                             | 00.000 poli                                 | h accident<br>cy limit<br>n employee<br>y, listed here: |                         |
| D. This policy include<br>Information Page                  | es these endorsements and   | schedules: Se                        | e Item 3. Cov                               | erage D - Exte  | ension of               |
|   | um for this policy will be dete<br>mation required below is sul   | ermined by our<br>biect to verificat | Manuals of Ru                               | iles, Classifica  | itions, Rates and       |
|   | mber Estimated Anni   | i Basis Total<br>ual Remunerat       | Rat   | e per \$100<br>emuneration                              | Estimated Annual        |
| Minimum Premium \$1   | 250 (CA)  | mation Page                          |   |   | Premium                 |
| Premium will be billed Ann                                  | nual  | Deposit Prem                         | ed Annual Pre<br>ium                        | ¢   | 472,006<br>472,006      |
| Producer 0002 006833  |   | Deposit Tax/S                        | or criaryerAss                              | essment \$  | 26,889                  |
| RIGGS COUNSELMAN MI<br>PO BOX 71330                         | CHAELS & DOWNES INC   | Counters                             | igned by Auth                               | orized Rep.   | (NV)                    |
| RICHMOND VA 232551330                                       | J   | Ta.                                  | Rat   | 1.1.1   |                         |
| Producer BERNITT 8950<br>ROANOKE, VA                        |   | ing                                  | have  | 914   |                         |

WC 00 00 01 A Ed. 07/01/2011

© 1987 National Council on Compensation Insurance, Inc. All Rights Reserved

WC 00 00 01 B (CA/NJ) Page 1 of 1