

CONTRACTOR'S PROPOSAL

TO THE GOVERNING BOARD OF THE REDEVELOPMENT AGENCY
FOR THE COUNTY OF RIVERSIDE:

Bidder: Davis/Reed Construction, Inc.

Date: March 24, 2011

The undersigned, having carefully examined the proposed site and the Plans and Specifications, the Notice Inviting Bids, the Instructions to Bidders, the Agreement Form, the Bond Forms and the General Conditions for Cabazon Civic Center, Cabazon CA hereby proposes and agrees to furnish all tools, equipment, services, apparatus, facilities, transportation, labor and materials necessary to complete the construction in strict conformity with the Plans and Specifications, including all work specified in Addenda numbered and dated:

- Addendum No. #1 *hll* Date 02/25/2011
- Addendum No. #2 *hll* Date 03/04/2011
- Addendum No. #3 *hll* Date 03/18/2011
- Addendum No. #4 *hll* Date 03/21/2011

For the Total Bid Amount of Eight Million One Hundred Thousand dollars (~~\$8,449,000~~) 11,100,000.00 including all applicable taxes, permits and licenses, and including Course of Construction Insurance. *hll 3/24/2011*

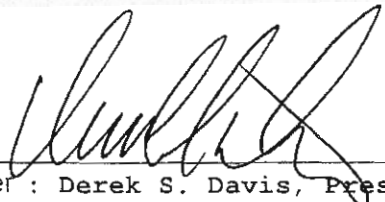
And, cost of Contractor's Course of Construction Insurance _____ Dollars (\$ 50,000) and deductible \$ 5,000

Additive Bid Alternate 1

Item No.	Estimated Quantity	Unit of Measure	Item	Lump Sum Price
1.	1	LS	Library Building "B"	<u>1,781,000</u>

Additive Bid Alternate 2

Item No.	Estimated Quantity	Unit of Measure	Item	Lump Sum Price
1.	1	LS	Water District Building "C"	<u>862,840</u>

Signed 
Bidder : Derek S. Davis, President

Davis/Reed Construction, Inc.
Company

The Owner may award a contract to the lowest responsive and responsible Bidder. The lowest bid will be determined by the Total Base Bid plus all Add Alternates (Total Bid Amount). The Owner

reserves the right to award the Base Bid alone or the Base Bid plus any or all of the Add Alternates. In any case, the award will be determined on the basis of the Total Base Bid plus Add Alternates.

The Owner reserves the right to:

- Award a contract for the Base Bid Only; or
- Award a contract for the Base Bid plus any Alternate Bid Items.
- The Owner reserves the right to reject any and all bids.

Base Bid (with course of construction insurance)	\$ 8,466,090.00 8,466,090.00
Additive Alternate # 1	\$ 2,781,000.00
Additive Alternate # 2	\$ 862,840.00
TOTAL BID (Base Bid + Alternate #1 and #2)	\$ 11,109,930.00

The determination of the low bidder will include all add alternates and the cost of course of construction insurance. Bids must be submitted on all items. Failure to bid on all items may result in the bid being rejected as non-responsive.

DESIGNATION OF SUBCONTRACTORS

In compliance with the Public Contract Code, Sections 4104-4144, the undersigned submits the following complete list of each subcontractor who will perform work or labor or render services in or about the construction in an amount in excess of 1/2 of 1% of said total bid.

<u>PORTION OF THE WORK</u>	<u>SUBCONTRACTOR</u>	<u>LOCATION</u>
Structural Concrete	United Brothers Concrete	Palm Desert, CA
Earthwork	James O Rue Construction	Palm Desert, CA
SWPP	The Land Stewards	San Marcos, CA
Street Lighting	Los Angeles Signal Construction	San Dimas, CA
Demolition/ <i>Paving</i>	Golden Valley	Indio, CA
Site Concrete/ <i>Bldg</i>	United Brothers Concrete	Palm Desert, CA
Skate Park	Spohn Ranch Skate Parks	City of Industry, CA
Landscaping	Poiema	Colton, CA
Dry Utilities	Cass Construction	San Diego, CA
Wet Utilities	MCZZZ	Redlands, CA
Shade Structures	USA Shade	Dallas, TX
Recreation Surfacing	Prodeck	Los Angeles, CA

DESIGNATION OF SUBCONTRACTORS

In compliance with the Public Contract Code, Sections 4104-4144, the undersigned submits the following complete list of each subcontractor who will perform work or labor or render services in or about the construction in an amount in excess of 1/2 of 1% of said total bid.

PORTION OF THE WORK	SUBCONTRACTOR	LOCATION
Reinforced Unit Masonry	Nibblelink Masonry Construction	Lancaster, CA
Structural Steel & Metal	Prime Steel, Inc.	Pomona, CA
Wood Framing	Roberts Construction	Norco, CA
Millwork	Finishing Touch Millwork	Vista, CA
Waterproofing	Golden State Waterproofing	Pleasanton, CA
Building Insulation	Dittomore	Orange, CA
Modified Bituminous Membrane Roofing	Sylvester	Escondido, CA
Sheet Metal Flashing & Trim	United Contractors	San Bernadino, CA
Doors & Hardware	Gamma Construction Services	Calabasas, CA
Glass & Glazing	Queen City Glass Co.	Palm Springs, CA
Gypsum Board	Arrowhead Drywall	Covina, CA
Tile	Golden State Flooring	Hesperia, CA
Metal Ceiling Panels	F. Rodgers	San Diego, CA
Flooring	Golden State Flooring	Hesperia, CA
Painting	D&M Painting	Orange, CA
Fencing	ACE Fencing	La Puente, CA

AWARD OF CONTRACT

The undersigned fully understands that a Contract is formed upon the acceptance of this proposal by the Owner, and the undersigned further agrees that upon request he will promptly execute and deliver to Owner a written memorial of the Contract together with the required labor and material and performance bonds.

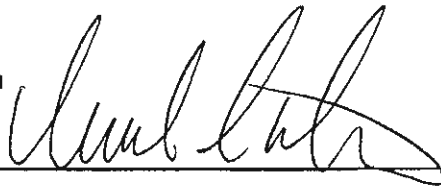
BID GUARANTEE

The enclosed certified or cashier's check or bidder's bond on approved form, made payable to the Owner, in the amount of ten percent (10%) of the total bid submitted herewith, is hereby given as guarantee that the bidder will execute and deliver the above mentioned written memorial and required bonds if awarded the contract, and in the event that the undersigned fails or refuses to execute and deliver said documents, such check or bond is to be charged with the costs of the damages experienced by the Owner as a result of such failure or refusal, including, but not limited to publication costs, the difference in money between the amount of the bid of the said principal and the amount for which obligee may legally contract with another party to perform the said work if such amount be in excess of the former, building lease or rental costs, transportation costs and additional salary costs that result from the delay due to the principal's default on the awarded contract. In no event, however, shall the Surety's liability exceed the penal sum hereof.

Name of Bidder _____

Type of Organization _____

Signature _____



Name and Title of Signer : Derek S. Davis, President

Address of Bidder 12250 El Camino Real, Suite 325, San Diego, CA 92130

Telephone Number

Contractor's License #813480 / Class B Classification

If bidder is a corporation, and signer is not President or Secretary, attach certified copy of Bylaws or resolution authorizing execution. If bidder is a corporation, affix corporate seal. If signer is an agent, attach Power of Attorney. If bidder is not an individual, list names of other persons authorized to bind the organization.

BID BOND

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned Davis/Reed Construction, Inc., as Principal : and Liberty Mutual Insurance Company _____, as Surety, are hereby held and firmly bound unto the REDEVELOPMENT AGENCY FOR THE COUNTY OF RIVERSIDE, hereinafter called the "Owner", in the sum of 10% of GAB dollars (\$ _____) for the payment of which sum, well and truly to be made, were hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

WHEREAS, the said Principal is herewith submitting its proposal for the construction of Cabazon Civic Center Project, 3 buildings and skate park

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that if the aforesaid Principal shall be awarded the contract upon said proposal and shall, within the required number of days after the notice of such award, execute a written memorial of the awarded contract and submit the required labor and material and faithful performance bond, then this obligation shall be null and void; and in the event that the principal fails and/or refuses to execute and deliver said documents this bond will be charged with the costs of the damages experienced by the Owner as a result of such refusal, including but not limited to, publication cost, the difference in money between the amount of the bid of the said principal and the amount for which the obligee may legally contract with another party to perform the said work if such amount be in excess of the former; building lease or rental costs, transportation costs, and additional salary costs that result from the delay due to the principal's default on the awarded contract. In no event however, shall the Surety's liability exceed the penal sum hereof.

The Surety, for value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Owner may accept such bid; and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, the above-bounded parties have executed this instrument under their several seals this 24 day of March, 2011, 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.

In the presence of:

Individual Principal (Seal)

Address

Business Address

Individual Principal (Seal)

Address

Business Address

Attest:

Melissa Kusky

Liberty Mutual Insurance Company

Corporate Principal
450 Plymouth Road, Suite 400
Plymouth Meeting, PA 19462-8284

Business Address
By *James D. MacWilliam*
(Affix Corporate Seal)
James D. MacWilliam
Attorney in Fact

Attest:

Matthew Jones

DAVIS REED CONSTRUCTION, INC.

Corporate Principal
12250 EL CAMINO REAL, STE 325
SAN DIEGO, CA 92130

Business Address
By *DEREK S. DAVIS*
(Affix Corporate Seal) **DEREK S. DAVIS**
PRESIDENT

The rate of premium on this bond is \$11.49 Graduated per thousand. Total amount of premium charged, \$ _____.

(The above must be filled in by corporate surety.)

ACKNOWLEDGMENT

State of California
County of San Diego

On March 24, 2011 before me, Elizabeth Becerra Main, Public Notary
(insert name and title of the officer)

personally appeared Derek S. Davis, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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.

Signature *Elizabeth Becerra Main* (Seal)



THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

LIBERTY MUTUAL INSURANCE COMPANY
BOSTON, MASSACHUSETTS
POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That Liberty Mutual Insurance Company (the "Company"), a Massachusetts stock insurance company, pursuant to and by authority of the By-law and Authorization hereinafter set forth, does hereby name, constitute and appoint **WILLIAM DAVID DERODE, WILLIAM T. BAYCROFT, CAROL A. KING, MELISSA KIRSHY, GARY L. LAFOUR, JAMES D. MACWILLIAM, HEATHER ROCHOW, ALL OF THE CITY OF HOUSTON, STATE OF TEXAS**.....

....., each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations in the penal sum not exceeding **ONE HUNDRED MILLION AND 00/100******* DOLLARS (\$ **100,000,000.00*******) each, and the execution of such undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

That this power is made and executed pursuant to and by authority of the following By-law and Authorization:

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

By the following instrument the chairman or the president has authorized the officer or other official named therein to appoint attorneys-in-fact:

Pursuant to Article XIII, Section 5 of the By-Laws, Garnet W. Elliott, Assistant Secretary of Liberty Mutual Insurance Company, is hereby authorized to appoint such attorneys-in-fact as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

That the By-law and the Authorization set forth above are true copies thereof and are now in full force and effect.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of Liberty Mutual Insurance Company has been affixed thereto in Plymouth Meeting, Pennsylvania this 28th day of September, 2009

LIBERTY MUTUAL INSURANCE COMPANY

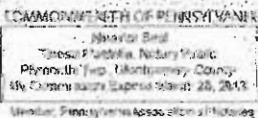
By Garnet W. Elliott
Garnet W. Elliott, Assistant Secretary



COMMONWEALTH OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 28th day of September, 2009, before me, a Notary Public, personally came Garnet W. Elliott, to me known, and acknowledged that he is an Assistant Secretary of Liberty Mutual Insurance Company; that he knows the seal of said corporation; and that he executed the above Power of Attorney and affixed the corporate seal of Liberty Mutual Insurance Company thereto with the authority and at the direction of said corporation.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



By Teresa Pastella
Teresa Pastella, Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney is an Assistant Secretary specially authorized by the chairman or the president to appoint attorneys-in-fact as provided in Article XIII, Section 5 of the By-laws of Liberty Mutual Insurance Company.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of Liberty Mutual Insurance Company at a meeting duly called and held on the 12th day of March, 1980.

VOTED that the facsimile or mechanically reproduced signature of any assistant secretary of the company, wherever appearing upon a certified copy of any power of attorney issued by the company in connection with surety bonds, shall be valid and binding upon the company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, this 28th day of March, 2009.



By David M. Carey
David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



Important Notice

TO OBTAIN INFORMATION OR TO MAKE A COMPLAINT:

You may write to Liberty Mutual Surety at:

Liberty Mutual Surety
Interchange Corporate Center
450 Plymouth Road, Suite 400
Plymouth Meeting, PA 19462-8284

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

Premium or Claim Disputes

Should you have a dispute concerning a premium, you should contact the agent first. If you have a dispute concerning a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

Attach This Notice To Your Policy:

This notice is for information only and does not become a part or condition of the attached document.



NOTIFICACION IMPORTANTE

PARA OBTENER INFORMACION O REALIZAR UNA QUEJA:

Usted puede escribir la notificación y dirigirla a Liberty Mutual Surety en la siguiente dirección:

Liberty Mutual Surety
Interchange Corporate Center
450 Plymouth Road, Suite 400
Plymouth Meeting, PA 19462-8284

Usted puede contactar al Departamento de Seguros de Texas para obtener información acerca de las compañías, coberturas, derechos o quejas:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a la siguiente dirección:

P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

Disputas acerca de primas o reclamos

En caso de que usted quiera elevar una disputa concerniente al tema de primas, por favor contacte en primer lugar a su agente. Si el tema de la disputa es relativo a un reclamo, por favor contacte a la compañía de seguros en primer término. Si usted considera que la disputa no es apropiadamente resuelta en estas instancias, entonces usted puede contactar al Departamento de Seguros de Texas..

Adjunte esta notificación a su póliza:

Esta notificación es a los solos fines de su información y la misma no forma parte o condiciona de manera alguna el documento adjunto.

SUBMITTALS DUE AT BID (Revised – Addendum #2)

1. QUALITY ASSURANCE SUBMITTALS FOR LIBRARY STACK SYSTEMS

Submittals described in Division 11, Section 11054, 1.4

2. PROOF OF INSURANCE

Insurance Submittal described in Section 1.6 of the Skate Park Technical Specifications



MONTEL
The Intelligent Use of Space

Montmagny, March 10, 2011

Reference: Cabazon Civic Center Library

To whom it may concern:

Please note that Montel confirms compliance to the specifications written for Cabazon Civic Center. If awarded Montel would be the sole manufacturer for the library stack system.

With 85 years of innovation, Montel's leadership in the design and manufacture of high quality of fixed and mobile high density storage systems is widely recognized in our industry. By choosing Montel, you are choosing a maintenance and trouble free high quality system that will last for decades. The flexibility of our systems provide multiple storage possibilities and are designed to optimize the most of your available space.

Should you require additional information, please do not hesitate to contact me or our local Montel Authorized Distributor Interra Furnishings...

Yours sincerely,

Caroline Chartier, B.A.A.
Inside Sales Manager
cchartier@montel.com

Alan Kielbiowski
Interra Furnishings
Alan@interrafurnishings.com

225, 4th Avenue, P.O. Box 130
Montmagny (Québec)
G5V 3S5 Canada

T 418-248-0235
1 800 935-0235
F 418-248-7266

Montel Certified Installer

Interra Furnishings

has successfully attended a training session for the installation
of MONTEL powered, mechanical mobile and stationary products.



Olivier Marcoux
Director Engineering & Major Projects
Montel Inc.
Montmagny, Quebec, Canada



Mathieu Champagne
R&D Engineer & Installation Supervisor
Montel Inc.
Montmagny, Quebec, Canada

Certificate

Certificate No.: 33670-2-01

Delivery date: January 21, 2011
Expiry date: January 24, 2014

The Bureau de normalisation du Québec (BNQ) certifies that the environmental management system implemented by:



MONTEL INC.

covering the following activities:

Design and manufacturing of fixed and mobile storage shelving systems

BNQ is a member of the
NATIONAL STANDARDS SYSTEM.

carried out at the address:

225, 4e Avenue C.P. 130, Montmagny (Québec) G5V 3S5



has been assessed and found to comply with the requirements of:

ISO 14001:2004

This certificate is issued in accordance with BNQ procedures.
Its validity may be verified at the address www.bnq.qc.ca/certificates.

In testimony whereof, have signed in Québec, on January 24, 2011,

Jean Rousseau

Jean Rousseau, assistant director
Bureau de normalisation du Québec

Isabelle Landry

Isabelle Landry, program manager
Bureau de normalisation du Québec

The BNQ program related to this management system certification is accredited by the Standard's Council of Canada.
This certificate remains the property of the BNQ and could be withdrawn from the company in accordance with BNQ procedures.



Certificate

Certificate No.: 33570-1-04

First delivery date: January 13, 2005
Expiry date: January 24, 2014

The Bureau de normalisation du Québec (BNQ) certifies that the quality management system implemented by:

MONTEL INC.

covering the following activities:

Design and manufacturing of fixed and mobile storage shelving systems

carried out at the address:

225, 4e Avenue C.P. 130, Montmagny (Québec) G5V 3S5

has been assessed and found to comply with the requirements of:

ISO 9001:2008

This certificate is issued in accordance with BNQ procedures.
Its validity may be verified at the address www.bnq.qc.ca/certificates.

In testimony whereof, have signed in Québec, on January 18, 2011,

Jean Rousseau

Jean Rousseau, assistant director
Bureau de normalisation du Québec

Jocelyne Brousseau

Jocelyne Brousseau, program manager
Bureau de normalisation du Québec

The BNQ program related to this management system certification is accredited by the Standards Council of Canada. Further clarifications regarding the scope of this certificate and the applicability of ISO 9001:2008 requirements may be obtained by consulting the organization.

This certificate remains the property of the BNQ and could be withdrawn from the company in accordance with BNQ procedures.



BNQ is a member of the
National Standards System



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/27/10

PRODUCER
FOR SERVICE CALL:
FRANCIS L. DEAN & ASSOCIATES OF CALIFORNIA, LLC
880 APOLLO ST. #215
EL SEGUNDO, CA 90245
(888) 416-9091
www.fdeanca.com

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

COMPANIES AFFORDING COVERAGE

COMPANY A	Great American E&S Insurance Company
COMPANY B	Lloyd's of London
COMPANY C	Essex Insurance Company
COMPANY D	

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

Spohn Ranch, Inc.
C/O Kirsten Bradford
15131 Clark Ave. Unit B
Industry, CA 91745

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS <input checked="" type="checkbox"/> Deductible: \$10,000	PL557447107	08/08/2010 12:01am	08/08/2011 12:01am	GENERAL AGGREGATE \$ 1,000,000.00
	PRODUCTS-COMP/OP AGG \$ 1,000,000.00				
A A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PL557447107	08/08/2010 12:01am	08/08/2011 12:01am	PERSONAL & ADV INJURY \$ 1,000,000.00
	EACH OCCURRENCE \$ 1,000,000.00				
	<input type="checkbox"/> ANY AUTO				FIRE DAMAGE (Any one fire) \$ 50,000.00
					MED EXP (Any one person) \$ 0.00
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$ 1,000,000.00
					BODILY INJURY (Per person) \$
A	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UM557447207	08/08/2010 12:01am	08/08/2011 12:01am	BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
A	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UM557447207	08/08/2010 12:01am	08/08/2011 12:01am	EACH ACCIDENT \$
					AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UM557447207	08/08/2010 12:01am	08/08/2011 12:01am	EACH OCCURRENCE \$ 9,000,000.00
					AGGREGATE \$ 9,000,000.00
A	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UM557447207	08/08/2010 12:01am	08/08/2011 12:01am	Deductible \$ 10,000.00
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UM557447207	08/08/2010 12:01am	08/08/2011 12:01am	WC STATUTORY LIMITS OTH-ER
					EL EACH ACCIDENT \$
B C	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UM557447207	08/08/2010 12:01am	08/08/2011 12:01am	EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UM557447207	08/08/2010 12:01am	08/08/2011 12:01am	EL DISEASE - EA EMPLOYEE \$
B C	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UM557447207	08/08/2010 12:01am	08/08/2011 12:01am	Limits: \$1,000,000/ \$1,000,000
					Deductible: \$10,000 Bus Personal Prop \$50,000 per loc (3) Scheduled Equipment \$213,750

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

PROOF OF INSURANCE

Blanket Additional Insured Endorsement and Blanket Waiver of Subrogation apply. General Liability Coverage is on a Primary and Non-Contributory Basis.

CERTIFICATE HOLDER

Proof of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Francis L. Dean



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/09/2011

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

PRODUCER WELLS FARGO INS. SERV. USA-CH, NC 6100 FAIRVIEW ROAD, SUITE 800 PO BOX 220748 CHARLOTTE, NC 28222	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
	E-MAIL ADDRESS			
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A:	HARTFORD ACCIDENT & INDEMNITY CO		
INSURED 1239 - CA STRATEGIC OUTSOURCING, INC. L/C/F SPOHN RANCH, INC. PO BOX 241448 CHARLOTTE, NC 28224	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 1,677 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COM/POP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea Accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	22WBRJ80694	03/01/2011	03/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 LIMITED TO EMPLOYEES LEASD TO SPOHN RANCH, INC. BY STRATEGIC OUTSOURCING, INC.

FAX: 626-330-5503

CERTIFICATE HOLDER CANCELLATION Certificate ID 1,677

SPOHN RANCH, INC. 15131 CLARK AVENUE UNIT B CITY OF INDUSTRY, CA 91745	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

NON-COLLUSION AFFIDAVIT

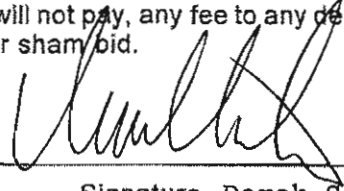
TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID

STATE OF CALIFORNIA)
S
S COUNTY OF RIVERSIDE)

Derek S. Davis, being first duly sworn, deposes and says:


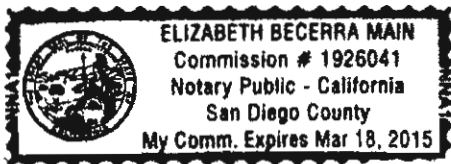
That he or she is President of Davis/Reed Construction, Inc.

the party making the foregoing bid; that the bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the bid are true; and, further, that the bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any depository, or to any member of agent thereof to effectuate a collusive or sham bid.



Signature Derek S. Davis

Subscribed and sworn to before me this 24th day of March, 2011



Signature of Officer Administering Oath

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

Subscribed and sworn to (or affirmed) before me on this 24th day of March,
2011 by Derek S. Davis, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.

Signature Elizabeth Becerra Main (Seal)



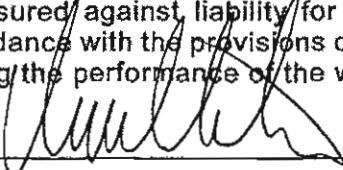
**CONTRACTOR'S CERTIFICATE REGARDING
WORKER'S COMPENSATION INSURANCE**

Section 3700 of the Labor Code provides, in part, as follows:

"Every employer except the State and all political subdivision or institutions thereof, shall secure the payment of compensation in one (1) or more of the following ways:

- a) by being insured against liability to pay compensation with one (1) or more insurers duly authorized to write compensation insurance in this State; or
- b) by securing from the Director of Industrial Relations, a Certificate of Consent to Self-insure, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his employees ..."

The undersigned is aware of the provisions of Section 3700 of the Labor Code that requires 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 will comply with such provisions before commencing the performance of the work of this Contract.

Signature:  Date: 3-24-11

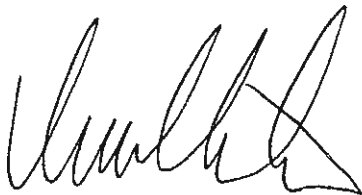
Printed Name: Derek S. Davis Title: President

Company: Davis/Reed Construction, Inc.

Address: 12250 El Camino Real, Suite 325, San Diego, CA 92130

(In accordance with Article 5 [commencing at Section 1860], Chapter 1, Part 7, Division 2, of the Labor Code, the above Certificate must be signed by Contractor and filed with the awarding body prior to Contractor performing any work under this Contract.)

IMPORTANT NOTICE: The General Contractor and his/her subcontractors shall be responsible for implementing the SWPPP, including the implementation and installation of all required BMPs, the maintenance and repair of all installed, damaged and/or nonfunctional BMPs, the periodic inspection of all BMPs and maintenance of all related inspection logs, all mandated Contractor and Subcontractor staff training and BMPs, and the maintenance of the approved SWPPP and related maintenance/monitoring documents on the project site during the grading and construction phase of the project. As such, the General Contractor shall provide the RDA with copies of all completed SWPPP/BMP inspection documents and related forms when requested, including but not necessarily limited to the following: (1) "Storm Water Quality Construction Site Inspection Checklist" [Attachment "H"], (2) "Trained Contractor Personnel Log" [Attachment "I"], (3) "Subcontractor Notification Letter and Notification Log" [Attachment "J"], (4) "Notice of Non-Compliance" [Attachment "K"], (5) "Annual Certification of Compliance Form" [Attachment "M"], and (6) "Storm Water Pollution Prevention Plan (SWPPP) and Monitoring Program Checklist" [Attachment "L"]. The General Contractor will be required to designate a trained employee to manage the implementation of the SWPPP; maintain water quality on and offsite as it relates to the grading and construction phases of the project; complete the required inspections and forms; and serve as an on-site liaison between the General Contractor and the RDA relating to the SWPPP. Inspections shall follow the schedule outlined in Section 500.5: Construction BMP Maintenance, Inspection and Repair, and Attachment "G". Redevelopment Agency staff and/or any consultant designated by the RDA and/or staff of the local water quality control board has the right to conduct on-site inspections relating to the implementation of the SWPPP and the maintenance of BMPs and on-site water quality, and require that corrective action(s) be taken immediately to address any noted concerns, whether or not they are in the form of informal oral and/or written corrective measures or formal written notices of "violation" (NOV). Some written corrective measures and formal notices of violation may necessitate the testing of water quality on the construction site and/or at a designated location(s) off-site. The cost of any water quality testing and/or any required remediation due to the non-implementation and/or improper installation of BMPs, malfunctioning and/or damaged BMPs, improper onsite containment procedures, and on-site spill incidents, etc., as well as any monetary fines resulting from legal action taken by the local water quality control board relating to the implementation, maintenance and monitoring of this SWPPP, shall be borne exclusively and entirely by the General Contractor and his/her subcontractors.



Davis/Reed Construction, Inc.

General Contractor

March 24, 2011

Date

MITIGATION MONITORING REPORTING PROGRAM

Name of Project: Cabazon Civic Center (RDA/CEQA 2008-1) Applicant: Redevelopment Agency for the County of Riverside

Initial Study Prepared by: Claudia Steiding Senior Environmental Planner Date: February 2010

Mitigation Measures No. / Implementing Action	Responsible for Monitoring	Monitoring Frequency	Timing of Verification	Method of Verification	Verified Date /Initials	Sanctions for Non-Compliance
Air Quality						
Mitigation Measure AQ-1: Demolition Phase: the County will be limited to the removal of approximately 500 cubic feet of material per day.	CC/PP	C	During grading and other earthwork	A		3
Mitigation Measure AQ-2: Grading Phase: as required by SCAQMD, the County will be required to water all disturbed surfaces twice per day.	CC/PP	C	During grading and other earthwork	A		3
Cultural Resources						
Mitigation Measure CR 1: A qualified archaeological monitor will be retained during grading of the site if remains of prehistoric, historic, or paleontological origin are unearthed. They shall be handled in accordance with current standards and guidelines to ensure adequate identification, recordation, and/or recovery of potentially significant cultural remains.	A	D	During grading and other earthwork	A		3
Mitigation Measure CR 2: If human remains are unearthed during construction activities, State Health and Safety Code Section 7050.5 requires that no further disturbance shall occur until the County Coroner has made the necessary findings as to origin and disposition pursuant to PRC Section 5097.98. If the remains are determined to be of Native American descent, the coroner has 24 hours to notify the Native American Heritage Commission (NAHC). The NAHC shall then identify the person(s) thought to be the Most Likely Descendant of the deceased Native American, who shall then help determine what course of action shall be taken in dealing with the remains.	Coroner/NAHC	C	During grading and other earthwork	A		3

Mitigation Measures No. / Implementing Action	Responsible for Monitoring	Monitoring Frequency	Timing of Verification	Method of Verification	Verified Date /Initials	Sanctions for Non-Compliance
Cultural Resources Cont. Mitigation Measure CR-3: If paleontological resources are encountered during the course of construction and monitoring, the County shall halt or divert work and notify a County qualified paleontologist who shall document the discovery as needed, evaluate the potential resource, assess the significance of the find, and develop an appropriate treatment plan.	A	D	During grading and other earthwork	A		3
Noise Mitigation Measure N-1: No construction activities shall be undertaken between the hours of 6:00 p.m. and 6:00 a.m. during the months of June through September and between the hours of 6:00 p.m. and 7:00 a.m. during the months of October through May. Exceptions to these standards shall be allowed only with the written consent of the building official.	CC	C	Throughout construction	A		3
Mitigation Measure N-2: The Construction Contractor shall ensure that all construction equipment, fixed or mobile, is properly operating (tuned-up) and mufflers are working adequately.	CC	C	Throughout construction	A		3
Mitigation Measure N-3: The Construction Contractor will ensure that stockpiling and vehicle staging areas are located as far as practical from noise-sensitive receptors during construction activities	CC	C	Throughout construction	A		3

Key to Checklist Abbreviations

Responsible Person	Monitoring Frequency	Method of Verification	Sanctions
BS – Building and Safety Official or Designee	A - With Each New Project	A - On-site Inspection	1 - Withhold Grading or Building Permit
PA – Planning Associate	B - Prior To Construction	B - Other Agency Permit / Approval	2 - Withhold Certificate of Occupancy
A – Archaeological/Paleontological Consultant	C - Throughout Construction	C - Plan Check	3 - Stop Work Order
PP – Project Proponent	D - On Completion	D - Separate Submittal (Reports/Studies/ Plans)	
SCAQMD – South Coast Air Quality Management Dist.	E - Operating		
Coroner/NAHC – County Coroner/ Native American Heritage Commission	D – During earthwork/grading		
CC – Construction Contractor			