

## SERVICE PROVIDER AGREEMENT

This SERVICE PROVIDER AGREEMENT (“**Agreement**”) is entered into this \_\_\_ day of \_\_\_\_\_, 20\_\_ (“**Effective Date**”), by and between the CITY OF ALAMEDA, a municipal corporation (“the **City**”), and **A & B MECHANICAL, INC.** a California corporation, whose address is **2252 RAILROAD AVE, LIVERMORE CA 94550** (“**Provider**” or “**Contractor**”), in reference to the following facts and circumstances:

### **RECITALS**

- A. The City is a municipal corporation duly organized and validly existing under the laws of the State of California with the power to carry on its business as it is now being conducted under the statutes of the State of California and the Charter of the City.
- B. The City is in need of the following services: 5-Year On-Call Mechanical Maintenance for the routine maintenance and physical repair work for the preservation and protection of City-owned buildings and facilities.
- C. City staff published a notice in the newspaper on September 26<sup>th</sup>, 2025, and, after a submittal period of 25 days, received 2 timely submitted bids or proposals and selected the service provider that best meets the City's need for services.
- D. Provider possesses the skill, experience, ability, background, certification and knowledge to provide the services described in this Agreement on the terms and conditions described herein.
- E. Whereas, the City Council authorized the City Manager to execute this agreement on \_\_\_\_\_.
- F. The City and Provider desire to enter into an agreement for 5-Year On-Call Mechanical Maintenance Services, upon the terms and conditions herein.

### **AGREEMENT**

NOW, THEREFORE, in consideration of the forgoing, which are incorporated herein by reference, and for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the City and Provider agree as follows:

**1. TERM:**

The term of this Agreement shall commence on the 1<sup>st</sup> day of April 2026, and shall terminate on the 30<sup>th</sup> day of June 2031, unless terminated earlier as set forth herein.

**2. SERVICES TO BE PERFORMED:**

Provider agrees to do all necessary work at its own cost and expense, to furnish all labor, tools, equipment, materials, except as otherwise specified, and to do all necessary work included in Exhibit A as requested. Provider acknowledges that the work plan included in Exhibit A is tentative and does not commit the City to request Provider to perform all tasks included therein.

**3. COMPENSATION TO PROVIDER:**

a. By the 7<sup>th</sup> day of each month, Provider shall submit to the City an invoice for the total amount of work done the previous month. Pricing and accounting of charges are to be according to the fee schedule as set forth in Exhibit B and incorporated herein by this reference. Extra work must be approved in writing by the City Manager or their designee prior to performance and shall be paid on a Time and Material basis as set forth in Exhibit B.

b. Compensation for this contract shall not exceed \$75,000 per year, for a total five-year compensation not to exceed \$375,000. Use of contingency shall be for items of work outside the original scope and requires prior written authorization by the City.

**4. TIME IS OF THE ESSENCE:**

Provider and the City agree that time is of the essence regarding the performance of this Agreement.

**5. STANDARD OF CARE:**

Provider shall perform all services under this Agreement in a skillful and competent manner, consistent with the standards generally recognized as being employed by professionals in the same discipline in the State of California. Provider represents that it is skilled in the professional calling necessary to perform all services contracted for in this Agreement. Provider further represents that all of its employees and subcontractors shall have sufficient skill and experience to perform the duties assigned to them pursuant to and in furtherance this Agreement. Provider further represents that it (and its employees and subcontractors) have all licenses, permits, qualifications, and approvals of whatever nature that are legally required to perform the services (including a City Business License, as needed); and that such licenses and approvals shall be maintained throughout the term of this Agreement. As provided for in the indemnification provisions of this Agreement, Provider shall perform (at its own cost and expense and without reimbursement from the City) any services necessary to correct errors or omissions which are caused by Provider's failure to comply with the standard of care provided for herein. Any employee of the Provider or its sub-providers who is determined by the City to be uncooperative, incompetent, a threat to the adequate or timely completion of any services under this Agreement, or a threat to the safety of persons or property (or any employee who fails or refuses to perform the services in a manner acceptable to the City) shall be promptly removed by the Provider and shall not be re-employed to perform any further services under this Agreement.

**6. INDEPENDENT PARTIES:**

Provider hereby declares that Provider is engaged as an independent business and Provider agrees to perform the services as an independent contractor. The manner and means of conducting the services and tasks are under the control of Provider except to the extent they are limited by statute, rule or regulation and the express terms of this Agreement. No civil service status or other right of employment will be acquired by virtue of Provider's services. None of the benefits provided by the City to its employees, including but not limited to unemployment insurance, workers' compensation plans, vacation and sick leave, are available from the City to Provider, its employees or agents. Deductions shall not be made for any state or federal taxes, FICA payments, PERS payments, or other purposes normally associated with an employer-employee relationship from any compensation due to Provider. Payments of the above items, if required, are the

responsibility of Provider. Any personnel performing the services under this Agreement on behalf of Provider shall also not be employees of City and shall at all times be under Provider's exclusive direction and control.

**7. IMMIGRATION REFORM AND CONTROL ACT (IRCA):**

Provider assumes any and all responsibility for verifying the identity and employment authorization of all of its employees performing work hereunder, pursuant to all applicable IRCA or other federal, or state rules and regulations. Provider shall indemnify, defend, and hold the City harmless from and against any loss, damage, liability, costs or expenses arising from any noncompliance of this provision by Provider.

**8. NON-DISCRIMINATION:**

Consistent with the City's policy and state and federal law that harassment and discrimination are unacceptable conduct, Provider and its employees, contractors, and agents shall not harass or discriminate against any job applicant, City employee, or any other person on the basis of any kind of any statutorily (federal, state or local) protected class, including but not limited to: race, religious creed, color, national origin, ancestry, disability (both mental and physical) including HIV and AIDS, medical condition (e.g. cancer), genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, pregnancy, political affiliation, military and veteran status or legitimate union activities. Such non-discrimination shall include but not be limited to all activities related to initial employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, or termination. Provider agrees that any violation of this provision shall constitute a material breach of this Agreement.

**9. HOLD HARMLESS:**

a. To the fullest extent permitted by law, Provider shall indemnify, defend (with counsel acceptable to the City) and hold harmless the City, its City Council, boards, commissions, officials, employees, agents and volunteers ("Indemnitees") from and against any and all loss, damages, liability, obligations, claims, suits, judgments, costs and expenses whatsoever, including reasonable attorney's fees and costs of litigation ("Claims"), arising from or in any manner connected to Provider's performance of its obligations under this Agreement or out of the operations conducted by Provider even if the City is found to have been negligent. If the Claims filed against Indemnitees allege negligence, recklessness or willful misconduct on the part of Provider, Provider shall have no right of reimbursement against Indemnitees for the costs of defense even if negligence, recklessness or willful misconduct is not found on the part of Provider. Provider shall not have any obligations to indemnify Indemnitees if the loss or damage is found to have resulted solely from the negligence or the willful misconduct of the City. The defense and indemnification obligations of this Agreement are undertaken in addition to, and shall not in any way be limited by, the insurance obligations contained in this Agreement.

b. As to Claims for professional liability only, Provider's obligation to defend Indemnitees (as set forth above) is limited as provided in California Civil Code Section 2782.8.

c. Provider's obligation to indemnify, defend and hold harmless Indemnitees shall expressly survive the expiration or early termination of this Agreement.

**10. INSURANCE:**

a. On or before the commencement of the terms of this Agreement, Provider shall furnish the City’s Risk Manager with certificates showing the type, amount, class of operations covered, effective dates and dates of expiration of insurance coverage in compliance with Sections 10.b. (1) through (3). The Certificate Holder should be The City of Alameda, 2263 Santa Clara, Ave., Alameda, CA 94501. Such certificates, which do not limit Provider’s indemnification, shall also contain substantially the following statement:

“Should any of the above insurance covered by this certificate be canceled or coverage reduced before the expiration date thereof, the insurer affording coverage shall provide thirty (30) days’ advance written notice to the City of Alameda. Attention: Risk Manager.”

Provider shall maintain in force at all times during the performance of this Agreement all appropriate coverage of insurance required by this Agreement with an insurance company licensed to offer insurance business in the State of California with a current A.M. Best’s rating of no less than A:VII or Standard & Poor’s Rating (if rated) of at least BBB unless otherwise acceptable to the City. Provider shall deliver updated insurance certificates to the City at the address described in Section 17.f. prior to the expiration of the existing insurance certificate for the duration of the term of Agreement. Endorsements naming the City, its City Council, boards, commissions, officials, employees, agents, and volunteers as additional insured shall be submitted with the insurance certificates.

  
\_\_\_\_\_  
Provider Initials

b. COVERAGE REQUIREMENTS:

Provider shall maintain insurance coverage and limits at least as broad as:

(1) Workers’ Compensation:

Statutory coverage as required by the State of California, as well as a Waiver of Subrogation (Rights of Recovery) endorsement.

(2) Liability:

Commercial general liability coverage in the following minimum limits:

Bodily Injury:                   \$1,000,000 each occurrence  
  \$2,000,000 aggregate - all other

Property Damage:               \$1,000,000 each occurrence  
  \$2,000,000 aggregate

If submitted, combined single limit policy with per occurrence limits in the amounts of \$2,000,000 and aggregate limits in the amounts of \$4,000,000 will be considered equivalent to the required minimum limits shown above. Provider shall also submit declarations and policy endorsements pages. Additional Insured Endorsement naming the City, its City Council, boards, commissions, officials,

employees, agents, and volunteers is required. The Additional Insured Endorsement shall include primary and non-contributory coverage at least as broad as the CG 2010.

(3) Automotive:

Comprehensive automobile liability coverage (any auto) in the following minimum limits:

Bodily injury: \$1,000,000 each occurrence  
Property Damage: \$1,000,000 each occurrence

or

Combined Single Limit: \$2,000,000 each occurrence

Additional Insured Endorsement naming the City, its City Council, boards, commissions, officials, employees, agents, and volunteers is required.

As to commercial general liability and automobile liability insurance, such insurance will provide that it constitutes primary insurance with respect to claims insured by such policy, and, except with respect to limits, that insurance applies separately to each insured against whom claim is made or suit is brought. Such insurance is not additional to or contributing with any other insurance carried by or for the benefit of the City.

c. SUBROGATION WAIVER:

Provider hereby agrees to waive rights of subrogation that any insurer of Provider may acquire from Provider by virtue of the payment of any loss. Provider agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether the City has received a waiver of subrogation endorsement from the insurer. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by Provider, its employees, agents and subcontractors.

d. FAILURE TO SECURE:

If Provider at any time during the term hereof should fail to secure or maintain the foregoing insurance, the City shall be permitted to obtain such insurance in Provider's name or as an agent of Provider and shall be compensated by Provider for the costs of the insurance premiums at the maximum rate permitted by law and computed from the date written notice is received that the premiums have not been paid.

e. ADDITIONAL INSUREDS:

The City, its City Council, boards, commissions, officials, employees, agents, and volunteers shall be named as additional insured(s) under all insurance coverages, except workers' compensation and professional liability insurance. The naming of an additional insured shall not affect any recovery to which such additional insured would be entitled under this policy if not named as such additional insured. An additional insured named herein shall not be held liable for any premium, deductible portion of any loss, or expense of any nature on this policy or any extension thereof. Any other insurance held by an additional insured shall not be required to contribute anything toward any loss or expense covered by the insurance provided by this policy. Additional Insured coverage under Provider's policy shall be primary and non-contributory and

will not seek contribution from the City's insurance or self-insurance. Any available insurance proceeds broader than or in excess of the specified minimum insurance coverage requirements and/or limits shall be available to the additional insured(s).

f. SUFFICIENCY OF INSURANCE:

The insurance limits required by the City are not represented as being sufficient to protect Provider. Provider is advised to consult Provider's insurance broker to determine adequate coverage for Provider. The coverage and limits shall be (1) the minimum coverage and limits specified in this Agreement; or (2) the broader coverage and maximum limits of the coverage carried by or available to Provider; whichever is greater.

g. EXCESS OR UMBRELLA LIABILITY:

If any Excess or Umbrella Liability policies are used to meet the limits of liability required by this Agreement, then said policies shall be true "following form" of the underlying policy coverage, terms, conditions, and provisions and shall meet all of the insurance requirements stated in this Agreement, including but not limited to, the additional insured, SIR, and primary insurance requirements stated therein. No insurance policies maintained by the indemnified parties or Additional Insureds, whether primary or excess, and which also apply to a loss covered hereunder, shall be called upon to contribute to a loss until all the primary and excess liability policies carried by or available to the Provider are exhausted. **If a Provider is using an Excess Liability policy to supplement any insurance coverage required by this Agreement, they must submit the Excess Liability policy in full.**

**11. CONFLICT OF INTEREST:**

Provider warrants that it is not a conflict of interest for Provider to perform the services required by this Agreement. Provider may be required to fill out a conflict of interest form if the services provided under this Agreement require Provider to make certain governmental decisions or serve in a staff capacity as defined in Title 2, Division 6, Section 18700 of the California Code of Regulations.

**12. PROHIBITION AGAINST TRANSFERS:**

a. Provider shall not assign, sublease, hypothecate, or transfer this Agreement, or any interest therein, directly or indirectly, by operation of law or otherwise, without prior written consent of the City Manager. Provider shall submit a written request for consent to transfer to the City Manager at least thirty (30) days in advance of the desired transfer. The City Manager or their designee may consent or reject such request in their sole and absolute discretion. Any attempt to do so without said consent shall be null and void, and any assignee, sublessee, hypothecate or transferee shall acquire no right or interest by reason of such attempted assignment, hypothecation or transfer. However, claims for money against the City under this Agreement may be assigned by Provider to a bank, trust company or other financial institution without prior written consent.

b. The sale, assignment, transfer or other disposition of any of the issued and outstanding capital stock, membership interest, partnership interest, or the equivalent, which shall result in changing the control of Provider, shall be construed as an assignment of this Agreement. Control means fifty percent or more of the voting power of Provider.

**13. APPROVAL OF SUB-PROVIDERS:**

a. Only those persons and/or businesses whose names and resumés are attached to this Agreement shall be used in the performance of this Agreement. However, if after the start of this Agreement, Provider wishes to use sub-providers, at no additional costs to the City, then Provider shall submit a written request for consent to add sub-providers including the names of the sub-providers and the reasons for the request to the City Manager at least five (5) days in advance. The City Manager may consent or reject such requests in their sole and absolute discretion.

b. Each sub-provider shall be required to furnish proof of workers' compensation insurance and shall also be required to carry general, automobile and professional liability insurance (as applicable) in reasonable conformity to the insurance carried by Provider.

c. In addition, any tasks or services performed by sub-providers shall be subject to each provision of this Agreement. Provider shall include the following language in their agreement with any sub-provider: "Sub-providers hired by Provider agree to be bound to Provider and the City in the same manner and to the same extent as Provider is bound to the City."

d. The requirements in this Section 13 shall not apply to persons who are merely providing materials, supplies, data or information that Provider then analyzes and incorporates into its work product.

**14. PERMITS AND LICENSES:**

Provider, at its sole expense, shall obtain and maintain during the term of this Agreement, all appropriate permits, certificates and licenses, including a City business license that may be required in connection with the performance of the services and tasks hereunder.

**15. REPORTS:**

a. Each and every report, draft, work product, map, record and other document produced, prepared or caused to be prepared by Provider pursuant to or in connection with this Agreement shall be the exclusive property of the City.

b. No report, information or other data given to or prepared or assembled by Provider pursuant to this Agreement shall be made available to any individual or organization by Provider without prior approval of the City Manager or their designee.

c. Provider shall, at such time and in such form as City Manager or their designee may require, furnish reports concerning the status of services and tasks required under this Agreement.

**16. RECORDS:**

a. Generally, the City has the right to conduct audits of Provider's financial, performance and compliance records maintained in connection with Contractor's operations and services performed under the Agreement. In the event of such audit, Contractor agrees to provide the City with reasonable access to Contractor's employees and make all such financial (including annual financial statements signed by an independent CPA), performance and compliance records available to the City. City agrees to provide Contractor an opportunity to discuss and respond to any findings before a final audit report is filed.

b. Provider shall maintain complete and accurate records with respect to the services, tasks, work, documents and data in sufficient detail to permit an evaluation of Provider's performance under the Agreement, as well as maintain books and records related to sales, costs, expenses, receipts and other such information required by the City that relate to the performance of the services and tasks under this Agreement (collectively the "**Records**").

c. All Records shall be maintained in accordance with generally accepted accounting principles and shall be clearly identified and readily accessible. Provider shall provide free access to the Records to the representatives of the City or its designees during regular business hours upon reasonable prior notice. The City has the right to examine and audit the Records, and to make copies or transcripts therefrom as necessary, and to allow inspection of all proceedings and activities related to this Agreement. Such Records, together with supporting documents, shall be kept separate from other documents and records and shall be maintained by Provider for a period of three (3) years after receipt of final payment.

d. If supplemental examination or audit of the Records is necessary due to concerns raised by the City's preliminary examination or audit of records, and the City's supplemental examination or audit of the records discloses a failure to adhere to appropriate internal financial controls, or other breach of this Agreement or failure to act in good faith, then Provider shall reimburse the City for all reasonable costs and expenses associated with the supplemental examination or audit.

**17. NOTICES:**

a. All notices shall be in writing and delivered: (i) by hand; or (ii) sent by registered, express, or certified mail, with return receipt requested or with delivery confirmation requested from the U.S. postal service; or (iii) sent by overnight or same day courier service at the party's respective address listed in this Section.

b. Each notice shall be deemed to have been received on the earlier to occur of: (x) actual delivery or the date on which delivery is refused; or (y) three (3) days after notice is deposited in the U.S. mail or with a courier service in the manner described above (Sundays and City holidays excepted).

c. Either party may, at any time, change its notice address (other than to a post office box address) by giving the other party three (3) days prior written notice of the new address.

d. All notices, demands, requests, or approvals from Provider to the City shall be addressed to the City at:

City of Alameda  
Public Works Department  
950 West Mall Sq. Ste 110  
Alameda, CA 94501  
ATTENTION: Chandni Patel, Facilities Project Manager  
Ph: (510) 747-7978

e. All notices, demands, requests, or approvals from the City to Provider shall be addressed to Provider at:

A & B Mechanical, Inc.  
Contracts Dept.  
2252 Railroad Ave  
Livermore Ca 94550  
ATTENTION: Bill Newby/Sr Operations Manager  
Ph: (510) 264-5800

f. All updated insurance certificates from Provider to the City shall be addressed to the City at:

City of Alameda  
Public Works Department  
950 West Mall Sq. Ste 110  
Alameda, CA 94501  
ATTENTION: Becka Merchant  
Ph: (510) 747-7930 / rmerchant@alamedaca.gov

**18. SAFETY:**

a. Provider will be solely and completely responsible for conditions of all vehicles owned or operated by Provider, including the safety of all persons and property during performance of the services and tasks under this Agreement. This requirement will apply continuously and not be limited to normal working hours. In addition, Provider will comply with all safety provisions in conformance with U.S. Department of Labor Occupational Safety and Health Act, any equivalent state law, and all other applicable federal, state, county and local laws, ordinances, codes, and any regulations that may be detailed in other parts of the Agreement. Where any of these are in conflict, the more stringent requirements will be followed. Provider's failure to thoroughly familiarize itself with the aforementioned safety provisions will not relieve it from compliance with the obligations and penalties set forth herein.

b. Provider will immediately notify the City within 24 hours of any incident of death, serious personal injury or substantial property damage that occurs in connection with the performance of this Agreement. Provider will promptly submit to the City a written report of all incidents that occur in connection with this Agreement. This report must include the following information: (i) name and address of injured or deceased person(s); (ii) name and address of Provider's employee(s) involved in the incident; (iii) name and address of Provider's liability insurance carrier; (iv) a detailed description of the incident; and (v) a police report.

**19. TERMINATION:**

a. In the event Provider fails or refuses to perform any of the provisions hereof at the time and in the manner required hereunder, Provider shall be deemed in default in the performance of this Agreement. If such default is not cured within two (2) business days after receipt by Provider from the City of written notice of default, specifying the nature of such default and the steps necessary to cure such default, the City may thereafter immediately terminate the Agreement forthwith by giving to Provider written notice thereof.

b. The foregoing notwithstanding, the City shall have the option, at its sole discretion and without cause, of terminating this Agreement by giving seven (7) days' prior written notice to Provider as provided herein.

c. Upon termination of this Agreement either for cause or for convenience, each party shall pay to the other party that portion of compensation specified in this Agreement that is earned and unpaid prior to the effective date of termination. The obligation of the parties under this Section 19.c. shall survive the expiration or early termination of this Agreement.

**20. ATTORNEYS' FEES:**

In the event of any litigation, including administrative proceedings, relating to this Agreement, including but not limited to any action or suit by any party, assignee or beneficiary against any other party, beneficiary or assignee, to enforce, interpret or seek relief from any provision or obligation arising out of this Agreement, the parties and litigants shall bear their own attorney's fees and costs. No party or litigant shall be entitled to recover any attorneys' fees or costs from any other party or litigant, regardless of which party or litigant might prevail.

**21. HEALTH AND SAFETY REQUIREMENTS.**

Provider acknowledges that the City shall have the right to impose, at the City's sole discretion, requirements that it deems are necessary to protect the health and safety of the City employees, residents, and visitors. Provider agrees to comply with all such requirements, including, but not limited to, mandatory vaccinations, the use of personal protective equipment (e.g. masks), physical distancing, and health screenings. Provider also agrees to make available to the City, at the City's request, records to demonstrate Provider's compliance with this Section.

**22. COMPLIANCE WITH ALL APPLICABLE LAWS:**

During the term of this Agreement, Provider shall keep fully informed of all existing and future state and federal laws and all municipal ordinances and regulations of the City of Alameda which affect the manner in which the services or tasks are to be performed by Provider, as well as all such orders and decrees of bodies or tribunals having any jurisdiction or authority over the same. Provider shall comply with all applicable laws, state and federal and all ordinances, rules and regulations enacted or issued by the City. Provider shall defend, indemnify, and hold City (including its officials, directors, officers, employees, and agents) free and harmless from any claim or liability arising out of any failure or alleged failure to comply with such laws and regulations pursuant to the indemnification provisions of this Agreement.

**23. CONFLICT OF LAW:**

This Agreement shall be interpreted under, and enforced by the laws of the State of California without regard to any choice of law rules which may direct the application of laws of another jurisdiction. The Agreement and obligations of the parties are subject to all valid laws, orders, rules, and regulations of the authorities having jurisdiction over this Agreement (or the successors of those authorities). Any suits brought pursuant to this Agreement shall be filed with the courts of the County of Alameda, State of California.

**24. WAIVER:**

A waiver by the City of any breach of any term, covenant, or condition contained herein shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant, or condition contained herein, whether of the same or a different character.

**25. INTEGRATED CONTRACT:**

Subject to the language of Section 33, the Recitals and exhibits are a material part of this Agreement and are expressly incorporated herein. This Agreement represents the full and complete understanding of every kind or nature whatsoever between the parties hereto, and all preliminary negotiations and agreements of whatsoever kind or nature are merged herein. No verbal agreement or implied covenant shall be held to vary the provisions hereof. Any modification of this Agreement will be effective only by written execution signed by both the City and Provider.

**26. PREVAILING WAGES:**

Provider is aware of the requirements of California Labor Code Section 1720, et seq., and 1770, et seq. as well as California Code of Regulations, Title 8, Section 1600, et seq., (“Prevailing Wage Laws”) which require the payment of prevailing wage rates and the performance of other requirements on “public works” and “maintenance” projects. Provider agrees to fully comply with such Prevailing Wage Laws if the services are being performed as part of an applicable “public works” or “maintenance” project as defined by the Prevailing Wage Laws and if the total compensation is \$1,000 or more. City, upon Provider’s request, shall provide Provider with a copy of the prevailing rates of per diem wages in effect at the commencement of this Agreement. Provider shall make copies of the prevailing rates of per diem wages for each craft, classification, or type of worker needed to execute the services available to interested parties upon request; and shall post copies at the Provider’s principal place of business and at the project site. Provider shall defend, indemnify, and hold the City (its elected officials, officers, employees, and agents) free and harmless from any claim or liability arising out of any failure or alleged failure to comply with the Prevailing Wage Laws.

**27. DEPARTMENT OF INDUSTRIAL RELATIONS COMPLIANCE AND PREVAILING WAGE REQUIREMENTS ON PUBLIC WORKS PROJECTS:**

a. For purposes of Sections 27 through 29 of this Agreement, the terms “claim”, “contractor”, “public works project” and “subcontractor” shall have the same meanings set forth in Public Contract Code Section 9204.

b. No contractor or subcontractor may be listed on a bid proposal for a public works project, nor engage in the performance of any public work contract, unless registered with the Department of Industrial Relations pursuant to Labor Code Section 1725.5 (with the limited exceptions for certain bids pursuant to Labor code Section 1771.1(a)). Registration instructions may be found at the following website: <https://www.dir.ca.gov/Public-Works/Contractor-Registration.html>

c. All contractors and subcontractors must furnish electronic certified payroll records directly to the Labor Commissioner at the following website: <https://www.dir.ca.gov/Public-Works/Certified-Payroll-Reporting.html>

d. Contractor is required to all post job site notices as prescribed by State law. (See 8 Cal. Code Regs, § 16451(d).)

e. In executing this Agreement, Contractor acknowledges and agrees that the work authorized by this Agreement may be subject to compliance monitoring and enforcement by the Department of Industrial Relations.

**28. REGISTRATION OF CONTRACTORS:**

Before submitting bids for any work authorized by this Agreement, contractors shall be licensed in accordance with the provisions of Chapter 9, Division 3, of the Business and Professions Code of the State of California.

**29. PUBLIC CONTRACT CODE SECTION 9204 SUMMARY:**

Notwithstanding anything else to the contrary stated in the Information For Bidders (IFB) or other documents associated with this Agreement, all claims, regardless of dollar amount, submitted between January 1, 2017 and January 1, 2027 related to work performed or scheduled to be performed pursuant to this Agreement shall be governed by Public Contract Code Section 9204 and this section. The following provisions and procedures shall apply:

a. Contractor shall submit each Claim (whether for a time extension, payment for money or damages) in writing and in compliance with Public Contract Code Section 9204. Contractor must include reasonable documentation to support each claim.

b. Upon receipt of a claim, the City shall conduct a reasonable review and respond in writing within 45 days of receipt and shall identify in a written statement what portions of the claim are disputed and undisputed. Undisputed portions of the claim shall be process and paid within 60 days of the written statement. Undisputed amounts not paid in a timely manner shall bear interest at 7% per annum. The City and Contractor may mutually agree to extend the 45 day response time.

c. If the City needs approval from the City Council to provide a written statement, the 45 days may be extended to 3 days following the next duly noticed public meeting pursuant to Public Contract Code Section 9204(d)(1)(C).

d. If the City fails to timely respond to a claim or if Contractor disputes the City's response, Contractor may submit a written demand for an informal meet and confer conference with the City to settle the issues in dispute. The demand must be sent via registered or certified mail, return receipt requested. Upon receipt, the City shall schedule the conference within 30 days.

e. Within 10 business days following the informal meet and confer conference, the City shall submit to Contractor a written statement describing any issues remaining in dispute and that portion which is undisputed. Undisputed portions of the claim shall be processed and paid within 60 days of the written statement. Undisputed amounts not paid in a timely manner shall bear interest at 7% per annum. The issues remaining in dispute shall be submitted to non-binding mediation. If the City and Contractor mutually agree on a mediator, each party shall pay equal portions of all associated costs. If within 10 business days, the City and Contractor cannot agree on a mediator, each party shall select a mediator (paying all costs associated with their selected mediator), and those mediators shall select a qualified neutral third party to mediate the disputed issues. The City and Contractor shall pay equal portions of all associated costs of such third party mediator.

f. Unless otherwise agreed by the City and Contractor, any mediation conducted hereunder shall excuse any further obligation under Public Contract Code Section 20104.4 to mediate after litigation has commenced.

g. The City reserves all rights and remedies that it has pursuant to this Agreement, any associated plans and specifications, or at law or in equity which are not in conflict with Public Contract Code 9204.

**30. CAPTIONS:**

The captions in this Agreement are for convenience only, are not a part of the Agreement and in no way affect, limit or amplify the terms or provisions of this Agreement.

**31. COUNTERPARTS:**

This Agreement may be executed in any number of counterparts (including by fax, PDF, DocuSign, or other electronic means), each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

**32. SIGNATORY:**

By signing this Agreement, signatory warrants and represents that they executed this Agreement in their authorized capacity and that by their signature on this Agreement, they or the entity upon behalf of which they acted, executed this Agreement.

**33. CONTROLLING AGREEMENT:**

In the event of a conflict between the terms and conditions of this Agreement (as amended, supplemented, restated or otherwise modified from time to time) and any other terms and conditions wherever contained, including, without limitation, terms and conditions included within exhibits, the terms and conditions of this Agreement shall control and be primary.

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]**

IN WITNESS WHEREOF, the parties have each caused this Agreement to be duly executed on its behalf as of the Effective Date.

A & B Mechanical, Inc.,  
a California corporation

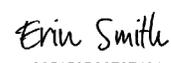
  
\_\_\_\_\_  
Greg Byrkit  
V.P.

CITY OF ALAMEDA  
a municipal corporation

\_\_\_\_\_  
Adam Politzer  
Interim City Manager

  
\_\_\_\_\_  
Ryan Byrkit  
CFO

RECOMMENDED FOR APPROVAL

Signed by:  
  
\_\_\_\_\_  
325158B32737491...  
Erin Smith  
Public Works Director

APPROVED AS TO FORM:  
City Attorney

Signed by:  
  
\_\_\_\_\_  
5603710AC04544F...  
Len Aslanian  
Assistant City Attorney

**EXHIBIT A**

**Appendix A  
Scope of Services**

**X. BACKGROUND**

The City desires to obtain the services of an outside organization to assist with On-Call Mechanical Maintenance for a period of five years.

The scope of work includes, but is not limited to, the following:

1. Routine and On-Call Services
  - a) Respond to requests for service on an on-call basis, including emergency and non-emergency repairs.
  - b) Troubleshoot, diagnose, and repair HVAC systems, boilers, chillers, cooling towers, pumps, fans, motors, compressors, and associated controls.
  - c) Inspect, service, and repair air handling units, variable air volume (VAV) boxes, dampers, and ductwork.
  - d) Replace and maintain belts, filters, bearings, coils, and related system components.
  - e) Maintain and repair pneumatic, electronic, and digital control systems, including building automation systems (BAS).
  - f) Support energy efficiency upgrades, retrofits, and code compliance corrections.
2. Preventive Maintenance
  - a) Conduct scheduled preventive maintenance of HVAC and mechanical systems as requested.
  - b) Provide seasonal start-up and shutdown services for heating and cooling systems.
  - c) Test, calibrate, and adjust thermostats, sensors, and control systems.
  - d) Document and report deficiencies, safety concerns, or code violations.
3. Emergency Response
  - a) Provide 24/7 emergency response capability.
  - b) Respond within two (2) hours of notification for emergency calls affecting health, safety, or facility operations.
  - c) Provide temporary solutions where immediate permanent repairs are not feasible.

4. Safe-Off and Temporary Support Services

- a) Assist City departments and contractors with safe-off or isolation of HVAC and mechanical systems (e.g., boilers, chillers, or air handling equipment) to allow for construction, renovation, or maintenance projects.
- b) Provide temporary ventilation or mechanical adjustments in support of City-sponsored events, community programs, or special projects.
- c) Coordinate reactivation and system verification once safe-off work is complete.
- d) Ensure all lockout/tagout and safety procedures are followed in accordance with OSHA and industry standards.

5. Additional Services

- a) Assist with installation of new HVAC and mechanical equipment as directed.
- b) Perform minor improvements and modifications to accommodate City operations.
- c) Coordinate with utility providers when required.
- d) Ensure safe work practices and documentation of all activities.

Exhibit B

**REFERENCES**

2000-Present --**Epic Care-several locations**

Maintenance on MRI Chillers and HVAC

Andrew Balistreri--(925) 392-0631

9-1-2023 **San Francisco City College-Mission Center**

Replacement of two Boilers Contract value \$475,000

Harry Finnerty-Project Manager-925-771-9955,

[ce\\_hfinnerty@ccsf.edu](mailto:ce_hfinnerty@ccsf.edu)

**Dept. of General Services**-Justice Joseph A. Rattigan Building- Santa Rosa Ca-Boiler Maintenance

Rafael Secco-Chief Engineer-916-247-9874

11-2019 **Department of General Services**-Completed as Prime Contractor

Employment Development Dept. San Jose

297 W Hedding St, San Jose Ca

**HVAC Replacement-\$1,117,000** (replaced building controls, Chiller, **Boiler**, VFDs)

Suhas Karke-916-443-9848 [suhas.karke@dgs.ca.gov](mailto:suhas.karke@dgs.ca.gov)

**Washington Hospital Fremont Ca** 2000-to present

HVAC/R Maintenance, Service, and Installations

Tomas Manalese Jr-Senior Lead Engineer: 510-818-7899,

[Tomas\\_Manalese@whhs.com](mailto:Tomas_Manalese@whhs.com)

**Contra Costs County**-Public Works -7-2022 to present

Maintenance/Service/install

Tom Shirley-925-313-7052- [Tom.Shirley@pw.cccounty.us](mailto:Tom.Shirley@pw.cccounty.us)

**County of Santa Clara**-Facilities and maintenance-2021- Present

**3 separate contracts each valued at 200K**

**Boilers repair services**

Public Works Dept—2101 Alexian Drive, San Jose Ca

Danny Madina-408-210-9595---- [Danny.madina@faf.sccgov.org](mailto:Danny.madina@faf.sccgov.org)

**PRICING**

Proposed Hourly Rate \$215/HR

Overtime after Outside of 7:30 to 4:30PM \$290/HR

Holidays \$310/HR

Markup on all Parts=15%



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

**DESIGNATED PROJECT(S)  
GENERAL AGGREGATE LIMIT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Designated Project(s):**

EACH "PROJECT" FOR WHICH YOU HAVE AGREED IN A WRITTEN CONTRACT THAT IS IN EFFECT DURING THIS POLICY PERIOD, TO PROVIDE A SEPARATE GENERAL AGGREGATE LIMIT, PROVIDED THAT THE CONTRACT IS SIGNED BY YOU BEFORE THE "BODILY INJURY" OR "PROPERTY DAMAGE" OCCURS.

**Designated Project**

**General Aggregate(s):**

GENERAL AGGREGATE  
LIMIT SHOWN ON THE  
DECLARATIONS.

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under **COVERAGE A. (SECTION I)**, and for all medical expenses caused by accidents under **COVERAGE C (SECTION I)**, which can be attributed only to operations at a single designated "project" shown in the Schedule above:
  - 1. A separate Designated Project General Aggregate Limit applies to each designated "project", and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations, unless separate **Designated Project General Aggregate(s)** are scheduled above.
  - 2. The Designated Project General Aggregate Limit is the most we will pay for the sum of all damages under **COVERAGE A.**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under **COVERAGE C**, regardless of the number of:
    - a. Insureds;
    - b. Claims made or "suits" brought; or
    - c. Persons or organizations making claims or bringing "suits".
  - 3. Any payments made under **COVERAGE A.** for damages or under **COVERAGE C.** for medical expenses shall reduce the Designated Project General Aggregate Limit for that designated "project". Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Project General Aggregate Limit for any other designated "project" shown in the Schedule above.
  - 4. The limits shown in the Declarations for **Each Occurrence, Damage To Premises Rented To You and Medical Expense** continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Project General Aggregate Limit.
- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under **COVERAGE A. (SECTION I)**, and for all medical expenses caused by accidents under **COVERAGE C. (SECTION I)**, which cannot be attributed only to operations at a single designated "project" shown in the Schedule above:

COMMERCIAL GENERAL LIABILITY

1. Any payments made under **COVERAGE A.** for damages or under **COVERAGE C.** for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and
  2. Such payments shall not reduce any Designated Project General Aggregate Limit.
- C.** Part 2. of **SECTION III – LIMITS OF INSURANCE** is deleted and replaced by the following:
2. The General Aggregate Limit is the most we will pay for the sum of:
    - a. Damages under **Coverage B;** and
    - b. Damages from "occurrences" under **COVERAGE A (SECTION I)** and for all medical expenses caused by accidents under **COVERAGE C (SECTION I)** which cannot be attributed only to operations at a single designated "project" shown in the **SCHEDULE** above.
- D.** When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Project General Aggregate Limit.
- E.** For the purposes of this endorsement the **Definitions Section** is amended by the addition of the following definition:
- "Project" means an area away from premises owned by or rented to you at which you are performing operations pursuant to a contract or agreement. For the purposes of determining the applicable aggregate limit of insurance, each "project" that includes premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad shall be considered a single "project".
- F.** The provisions of **SECTION III – LIMITS OF INSURANCE** not otherwise modified by this endorsement shall continue to apply as stipulated.

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

## **BLANKET ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE – CONTRACTORS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

### **PROVISIONS**

- 1.** The following is added to Paragraph **c.** in **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

This includes any person or organization who you are required under a written contract or agreement, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".

- 2.** The following is added to Paragraph **B.5., Other Insurance** of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Regardless of the provisions of paragraph **a.** and paragraph **d.** of this part **5. Other Insurance**, this insurance is primary to and non-contributory with applicable other insurance under which an additional insured person or organization is a named insured when a written contract or agreement with you, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

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

## **BUSINESS AUTO EXTENSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

**GENERAL DESCRIPTION OF COVERAGE** – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to the Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><b>A. BROAD FORM NAMED INSURED</b></li> <li><b>B. BLANKET ADDITIONAL INSURED</b></li> <li><b>C. EMPLOYEE HIRED AUTO</b></li> <li><b>D. EMPLOYEES AS INSURED</b></li> <li><b>E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS</b></li> <li><b>F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS</b></li> <li><b>G. WAIVER OF DEDUCTIBLE – GLASS</b></li> </ul> | <ul style="list-style-type: none"> <li><b>H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT</b></li> <li><b>I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT</b></li> <li><b>J. PERSONAL PROPERTY</b></li> <li><b>K. AIRBAGS</b></li> <li><b>L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS</b></li> <li><b>M. BLANKET WAIVER OF SUBROGATION</b></li> <li><b>N. UNINTENTIONAL ERRORS OR OMISSIONS</b></li> </ul> |
|---|---|

### **PROVISIONS**

#### **A. BROAD FORM NAMED INSURED**

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any organization you newly acquire or form during the policy period over which you maintain 50% or more ownership interest and that is not separately insured for Business Auto Coverage. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

#### **B. BLANKET ADDITIONAL INSURED**

The following is added to Paragraph **c.** in **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any person or organization who is required under a written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to be named as an additional insured is an "insured" for Covered Autos Liability Coverage, but only for damages to which

this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

#### **C. EMPLOYEE HIRED AUTO**

##### **1. The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:**

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

##### **2. The following replaces Paragraph **b.** in **B.5., Other Insurance**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:**

**b.** For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1)** Any covered "auto" you lease, hire, rent or borrow; and
- (2)** Any covered "auto" hired or rented by your "employee" under a contract in an "employee's" name, with your

COMMERCIAL AUTO

permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

**D. EMPLOYEES AS INSURED**

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

**E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS**

1. The following replaces Paragraph **A.2.a.(2)**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

(2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

2. The following replaces Paragraph **A.2.a.(4)**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

**F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS**

The following replaces Subparagraph (5) in Paragraph **B.7., Policy Period, Coverage Territory**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

(5) Anywhere in the world, except any country or jurisdiction while any trade sanction, embargo, or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or within such country or jurisdiction, for Covered Autos Liability Coverage for any covered "auto" that you lease, hire, rent or borrow without a driver for a period of 30 days or less and that is not an "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.

(a) With respect to any claim made or "suit" brought outside the United States of America, the territories and possessions of the United States of America, Puerto Rico and Canada:

(i) You must arrange to defend the "insured" against, and investigate or settle any such claim or "suit" and keep us advised of all proceedings and actions.

(ii) Neither you nor any other involved "insured" will make any settlement without our consent.

(iii) We may, at our discretion, participate in defending the "insured" against, or in the settlement of, any claim or "suit".

(iv) We will reimburse the "insured" for sums that the "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, that the "insured" pays with our consent, but only up to the limit described in Paragraph **C., Limits Of Insurance**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**.

(v) We will reimburse the "insured" for the reasonable expenses incurred with our consent for your investigation of such claims and your defense of the "insured" against any such "suit", but only up to and included within the limit described in Paragraph **C., Limits Of Insurance**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**, and not in addition to such limit. Our duty to make such payments ends when we have used up the applicable limit of insurance in payments for damages, settlements or defense expenses.

(b) This insurance is excess over any valid and collectible other insurance available to the "insured" whether primary, excess, contingent or on any other basis.

(c) This insurance is not a substitute for required or compulsory insurance in any country outside the United States, its territories and possessions, Puerto Rico and Canada.

You agree to maintain all required or compulsory insurance in any such country up to the minimum limits required by local law. Your failure to comply with compulsory insurance requirements will not invalidate the coverage afforded by this policy, but we will only be liable to the same extent we would have been liable had you complied with the compulsory insurance requirements.

- (d) It is understood that we are not an admitted or authorized insurer outside the United States of America, its territories and possessions, Puerto Rico and Canada. We assume no responsibility for the furnishing of certificates of insurance, or for compliance in any way with the laws of other countries relating to insurance.

#### G. WAIVER OF DEDUCTIBLE – GLASS

The following is added to Paragraph **D.**, **Deductible**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

No deductible for a covered "auto" will apply to glass damage if the glass is repaired rather than replaced.

#### H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT

The following replaces the last sentence of Paragraph **A.4.b.**, **Loss Of Use Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

However, the most we will pay for any expenses for loss of use is \$65 per day, to a maximum of \$750 for any one "accident".

#### I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT

The following replaces the first sentence in Paragraph **A.4.a.**, **Transportation Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

We will pay up to \$50 per day to a maximum of \$1,500 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type.

#### J. PERSONAL PROPERTY

The following is added to Paragraph **A.4.**, **Coverage Extensions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

##### Personal Property

We will pay up to \$400 for "loss" to wearing apparel and other personal property which is:

- (1) Owned by an "insured"; and

- (2) In or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto".

No deductibles apply to this Personal Property coverage.

#### K. AIRBAGS

The following is added to Paragraph **B.3.**, **Exclusions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

Exclusion **3.a.** does not apply to "loss" to one or more airbags in a covered "auto" you own that inflate due to a cause other than a cause of "loss" set forth in Paragraphs **A.1.b.** and **A.1.c.**, but only:

- a. If that "auto" is a covered "auto" for Comprehensive Coverage under this policy;
  - b. The airbags are not covered under any warranty; and
  - c. The airbags were not intentionally inflated.
- We will pay up to a maximum of \$1,000 for any one "loss".

#### L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS

The following is added to Paragraph **A.2.a.**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

- (a) You (if you are an individual);
- (b) A partner (if you are a partnership);
- (c) A member (if you are a limited liability company);
- (d) An executive officer, director or insurance manager (if you are a corporation or other organization); or
- (e) Any "employee" authorized by you to give notice of the "accident" or "loss".

#### M. BLANKET WAIVER OF SUBROGATION

The following replaces Paragraph **A.5.**, **Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

##### 5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract signed and executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by

COMMERCIAL AUTO

such contract. The waiver applies only to the person or organization designated in such contract.

**N. UNINTENTIONAL ERRORS OR OMISSIONS**

The following is added to Paragraph **B.2., Concealment, Misrepresentation, Or Fraud,** of **SECTION IV – BUSINESS AUTO CONDITIONS:**

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

POLICY NUMBER: CUP-2P969895-25-2S

UMBRELLA  
ISSUE DATE: 06/27/2025

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

## SCHEDULE OF UNDERLYING INSURANCE

This endorsement modifies insurance provided under the following:

EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE

**Automobile Liability**

Carrier **THE TRAVELERS INDEMNITY  
COMPANY OF CONNECTICUT**

**Limits Of Liability**

**Bodily Injury And Property  
Damage Combined Single  
Limit**      **\$1,000,000**

Policy Number **810-002P940380-25**

Policy Period

From: **07/01/2025**  
to: **07/01/2026**

**Employee Benefits Liability**

Carrier **THE TRAVELERS INDEMNITY  
COMPANY OF CONNECTICUT**

**Limits Of Liability**

**Each Employee**      **\$1,000,000**  
  
**Aggregate**      **\$2,000,000**

Policy Number **CO-2P938083-25**

Policy Period

From: **07/01/2025**  
to: **07/01/2026**

**Commercial General Liability**

Carrier **THE TRAVELERS INDEMNITY  
COMPANY OF CONNECTICUT**

**Limits Of Liability**

**General Aggregate**      **\$2,000,000**  
  
**Products-Completed  
Operations Aggregate**      **\$2,000,000**  
  
**Personal and  
Advertising Injury**      **\$1,000,000**  
  
**Each Occurrence**      **\$1,000,000**

Policy Number **CO-2P938083-25**

Policy Period

From: **07/01/2025**  
to: **07/01/2026**

POLICY NUMBER: CUP-2P969895-25-2S

UMBRELLA  
ISSUE DATE: 06/27/2025

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

## **SCHEDULE OF UNDERLYING INSURANCE**

This endorsement modifies insurance provided under the following:

EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE

**Employers Liability**

**Limits Of Liability**

Carrier **GREAT AMERICAN ALLIANCE  
INSURANCE COMPANY**

**Bodily Injury By Accident**      \$1,000,000\*  
**Each Accident**

Policy Number **WC E861674 01**

**Bodily Injury By Disease**      \$1,000,000\*  
**Policy Limit**

Policy Period

From: 07/01/2025

**Bodily Injury By Disease**      \$1,000,000\*  
**Each Employee**

to: 07/01/2026

\*UNLIMITED IN THE STATE OF NEW YORK FOR  
SUBJECT EMPLOYEES

**Limits Of Liability**

Carrier

Policy Number

Policy Period

From:

to:

**Limits Of Liability**

Carrier

Policy Number

Policy Period

From:

to:

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

**BLANKET ADDITIONAL INSURED**  
**(Includes Products-Completed Operations If Required By Contract)**

This endorsement modifies insurance provided under the following:  
 COMMERCIAL GENERAL LIABILITY COVERAGE PART

**PROVISIONS**

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that you agree in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only:

- a. With respect to liability for "bodily injury" or "property damage" that occurs, or for "personal injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement and while that part of the contract or agreement is in effect; and
- b. If, and only to the extent that, such injury or damage is caused by acts or omissions of you or your subcontractor in the performance of "your work" to which the written contract or agreement applies. Such person or organization does not qualify as an additional insured with respect to the independent acts or omissions of such person or organization.

The insurance provided to such additional insured is subject to the following provisions:

- a. If the Limits of Insurance of this Coverage Part shown in the Declarations exceed the minimum limits required by the written contract or agreement, the insurance provided to the additional insured will be limited to such minimum required limits. For the purposes of determining whether this limitation applies, the minimum limits required by the written contract or agreement will be considered to include the minimum limits of any Umbrella or Excess liability coverage required for the additional insured by that written contract or agreement. This provision will not increase the limits of insurance described in Section III – Limits Of Insurance.
- b. The insurance provided to such additional insured does not apply to:

- (1) Any "bodily injury", "property damage" or "personal injury" arising out of the providing, or failure to provide, any professional architectural, engineering or surveying services, including:

- (a) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders or change orders, or the preparing, approving, or failing to prepare or approve, drawings and specifications; and

- (b) Supervisory, inspection, architectural or engineering activities.

- (2) Any "bodily injury" or "property damage" caused by "your work" and included in the "products-completed operations hazard" unless the written contract or agreement specifically requires you to provide such coverage for that additional insured during the policy period.

- c. The additional insured must comply with the following duties:

- (1) Give us written notice as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, such notice should include:

- (a) How, when and where the "occurrence" or offense took place;

- (b) The names and addresses of any injured persons and witnesses; and

- (c) The nature and location of any injury or damage arising out of the "occurrence" or offense.

- (2) If a claim is made or "suit" is brought against the additional insured:

COMMERCIAL GENERAL LIABILITY

- (a) Immediately record the specifics of the claim or "suit" and the date received; and
- (b) Notify us as soon as practicable and see to it that we receive written notice of the claim or "suit" as soon as practicable.
- (3) Immediately send us copies of all legal papers received in connection with the claim or "suit", cooperate with us in the investigation or settlement of the claim or defense against the "suit", and otherwise comply with all policy conditions.
- (4) Tender the defense and indemnity of any claim or "suit" to any provider of other insurance which would cover such additional insured for a loss we cover. However, this condition does not affect whether the insurance provided to such additional insured is primary to other insurance available to such additional insured which covers that person or organization as a named insured as described in Paragraph 4., Other Insurance, of Section IV – Commercial General Liability Conditions.

#### 4. Other Insurance

If valid and collectible other insurance is available to the insured for a loss we cover under Coverages **A** or **B** of this Coverage Part, our obligations are limited as described in Paragraphs **a.** and **b.** below.

As used anywhere in this Coverage Part, other insurance means insurance, or the funding of losses, that is provided by, through or on behalf of:

- (i) Another insurance company;
- (ii) Us or any of our affiliated insurance companies, except when the Non cumulation of Each Occurrence Limit provision of Paragraph **5.** of Section **III** – Limits Of Insurance or the Non cumulation of Personal and Advertising Injury Limit provision of Paragraph **4.** of Section **III** – Limits of Insurance applies because the Amendment – Non Cumulation Of Each Occurrence Limit Of Liability And Non Cumulation Of Personal And Advertising Injury Limit endorsement is included in this policy;
- (iii) Any risk retention group; or
- (iv) Any self-insurance method or program, in which case the insured will be deemed to be the provider of other insurance.

Other insurance does not include umbrella insurance, or excess insurance, that was bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

As used anywhere in this Coverage Part, other insurer means a provider of other insurance. As used in Paragraph **c.** below, insurer means a provider of insurance.

##### a. Primary Insurance

This insurance is primary except when Paragraph **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **c.** below, except when Paragraph **d.** below applies.

##### b. Excess Insurance

(1) This insurance is excess over:

- (a) Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";

(ii) That is insurance for "premises damage";

(iii) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to any exclusion in this Coverage Part that applies to aircraft, "autos" or watercraft;

(iv) That is insurance available to a premises owner, manager or lessor that qualifies as an insured under Paragraph **4.** of Section **II** – Who Is An Insured, except when Paragraph **d.** below applies; or

(v) That is insurance available to an equipment lessor that qualifies as an insured under Paragraph **5.** of Section **II** – Who Is An Insured, except when Paragraph **d.** below applies.

(b) Any of the other insurance, whether primary, excess, contingent or on any other basis, that is available to the insured when the insured is an additional insured, or is any other insured that does not qualify as a named insured, under such other insurance.

(2) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

(3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

(a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

(b) The total of all deductible and self-insured amounts under all that other insurance.

(4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

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

## **XTEND ENDORSEMENT FOR CONTRACTORS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**GENERAL DESCRIPTION OF COVERAGE** – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to this Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><b>A.</b> Who Is An Insured – Unnamed Subsidiaries</li> <li><b>B.</b> Blanket Additional Insured – Governmental Entities – Permits Or Authorizations Relating To Operations</li> </ul> | <ul style="list-style-type: none"> <li><b>C.</b> Incidental Medical Malpractice</li> <li><b>D.</b> Blanket Waiver Of Subrogation</li> <li><b>E.</b> Contractual Liability – Railroads</li> <li><b>F.</b> Damage To Premises Rented To You</li> </ul> |
|---|--|

**PROVISIONS**

**A. WHO IS AN INSURED – UNNAMED SUBSIDIARIES**

The following is added to **SECTION II – WHO IS AN INSURED**:

Any of your subsidiaries, other than a partnership, joint venture or limited liability company, that is not shown as a Named Insured in the Declarations is a Named Insured if:

- a.** You are the sole owner of, or maintain an ownership interest of more than 50% in, such subsidiary on the first day of the policy period; and
- b.** Such subsidiary is not an insured under similar other insurance.

No such subsidiary is an insured for "bodily injury" or "property damage" that occurred, or "personal and advertising injury" caused by an offense committed:

- a.** Before you maintained an ownership interest of more than 50% in such subsidiary; or
- b.** After the date, if any, during the policy period that you no longer maintain an ownership interest of more than 50% in such subsidiary.

For purposes of Paragraph 1. of Section II – Who Is An Insured, each such subsidiary will be deemed to be designated in the Declarations as:

- a.** An organization other than a partnership, joint venture or limited liability company; or
- b.** A trust;

as indicated in its name or the documents that govern its structure.

**B. BLANKET ADDITIONAL INSURED – GOVERNMENTAL ENTITIES – PERMITS OR AUTHORIZATIONS RELATING TO OPERATIONS**

The following is added to **SECTION II – WHO IS AN INSURED**:

Any governmental entity that has issued a permit or authorization with respect to operations performed by you or on your behalf and that you are required by any ordinance, law, building code or written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" arising out of such operations.

The insurance provided to such governmental entity does not apply to:

- a.** Any "bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the governmental entity; or
- b.** Any "bodily injury" or "property damage" included in the "products-completed operations hazard".

COMMERCIAL GENERAL LIABILITY

**C. INCIDENTAL MEDICAL MALPRACTICE**

1. The following replaces Paragraph **b.** of the definition of "occurrence" in the **DEFINITIONS** Section:

**b.** An act or omission committed in providing or failing to provide "incidental medical services", first aid or "Good Samaritan services" to a person, unless you are in the business or occupation of providing professional health care services.

2. The following replaces the last paragraph of Paragraph **2.a.(1)** of **SECTION II – WHO IS AN INSURED**:

Unless you are in the business or occupation of providing professional health care services, Paragraphs **(1)(a), (b), (c)** and **(d)** above do not apply to "bodily injury" arising out of providing or failing to provide:

**(a)** "Incidental medical services" by any of your "employees" who is a nurse, nurse assistant, emergency medical technician or paramedic; or

**(b)** First aid or "Good Samaritan services" by any of your "employees" or "volunteer workers", other than an employed or volunteer doctor. Any such "employees" or "volunteer workers" providing or failing to provide first aid or "Good Samaritan services" during their work hours for you will be deemed to be acting within the scope of their employment by you or performing duties related to the conduct of your business.

3. The following replaces the last sentence of Paragraph **5.** of **SECTION III – LIMITS OF INSURANCE**:

For the purposes of determining the applicable Each Occurrence Limit, all related acts or omissions committed in providing or failing to provide "incidental medical services", first aid or "Good Samaritan services" to any one person will be deemed to be one "occurrence".

4. The following exclusion is added to Paragraph **2., Exclusions,** of **SECTION I – COVERAGES – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

**Sale Of Pharmaceuticals**

"Bodily injury" or "property damage" arising out of the violation of a penal statute or ordinance relating to the sale of

pharmaceuticals committed by, or with the knowledge or consent of, the insured.

5. The following is added to the **DEFINITIONS** Section:

"Incidental medical services" means:

**a.** Medical, surgical, dental, laboratory, x-ray or nursing service or treatment, advice or instruction, or the related furnishing of food or beverages; or

**b.** The furnishing or dispensing of drugs or medical, dental, or surgical supplies or appliances.

6. The following is added to Paragraph **4.b., Excess Insurance,** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

This insurance is excess over any valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to any of your "employees" for "bodily injury" that arises out of providing or failing to provide "incidental medical services" to any person to the extent not subject to Paragraph **2.a.(1)** of Section **II – Who Is An Insured**.

**D. BLANKET WAIVER OF SUBROGATION**

The following is added to Paragraph **8., Transfer Of Rights Of Recovery Against Others To Us,** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

If the insured has agreed in a contract or agreement to waive that insured's right of recovery against any person or organization, we waive our right of recovery against such person or organization, but only for payments we make because of:

**a.** "Bodily injury" or "property damage" that occurs; or

**b.** "Personal and advertising injury" caused by an offense that is committed;

subsequent to the execution of the contract or agreement.

**E. CONTRACTUAL LIABILITY – RAILROADS**

1. The following replaces Paragraph **c.** of the definition of "insured contract" in the **DEFINITIONS** Section:

**c.** Any easement or license agreement;

COMMERCIAL GENERAL LIABILITY

2. Paragraph **f.(1)** of the definition of "insured contract" in the **DEFINITIONS** Section is deleted.

**F. DAMAGE TO PREMISES RENTED TO YOU**

The following replaces the definition of "premises damage" in the **DEFINITIONS** Section:

"Premises damage" means "property damage" to:

- a. Any premises while rented to you or temporarily occupied by you with permission of the owner; or
- b. The contents of any premises while such premises is rented to you, if you rent such premises for a period of seven or fewer consecutive days.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC ON 04 WS A  
(Ed. 01-19)**

**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 work described in the Schedule.

Blanket Waiver: The additional premium for this endorsement shall be 2% of the California workers' compensation premium otherwise due on such remuneration.

Specific Waiver: The additional premium for this endorsement shall be 5% of the California workers' compensation premium otherwise due on such remuneration.

<b>Person or Organization</b>	<b>Schedule</b>	<b>Job Description</b>
Blanket Waiver of Subrogation		As respects to all CA jobs performed by the named insured during the policy period where by written contract a waiver of subrogation is required prior to the commencement of work.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 07/01/2025  
Insured  
A & B Mechanical, Inc.

Policy No. ONCC07014462-02      Endorsement No.  
Insurance Company Omaha National Casualty Company

Countersigned By Reagan P. Hall



PRESENTED BY  
**BOZZUTO & CO INS SVCS**  
PO BOX 1117  
ORANGEVALE, CA 95662

PROPOSED ON 06/06/2025 FOR  
**A & B MECHANICAL, INC.**  
24179 PARK STREET  
HAYWARD, CA 94544

On behalf of **BOZZUTO & CO INS SVCS** and **The Travelers Companies, Inc. and its affiliates**, we appreciate the opportunity to provide **A & B MECHANICAL, INC.** with the following policy proposal.

**Policy Number**

CUP-2P969895  
CO-2P938083  
810-2P940380

**Insuring Company**

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA  
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT  
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT



**Travelers Risk Control: Our Expertise is Your Advantage**

Travelers Risk Control is an innovative provider of cost-effective risk management services and products. As one of the largest Risk Control departments in the industry, our scale allows the right resource at the right time to meet customer needs. For over 110 years, our loss prevention professionals have assisted agents, brokers and customers across the country and around the world.

<https://www.travelers.com/risk-control>



**Claim Services:**

Travelers has over 11,000 highly trained Claim professionals located across the U.S. Our local field representatives are supported by teams of dedicated customer service, catastrophe response, legal, medical, investigative, engineering, and large loss experts. Claims can be complex and expensive. We'll help you manage claims to control your total risk-related costs.

<https://www.travelers.com/claims>

# Meet your Travelers team

## General

### Overall Account

Ohmar Gonzalez  
Account Executive  
ONGONZAL@travelers.com  
720-200-8385

### Policy Services

Kristen Brand  
Operations Account Specialist  
KHBRAND@travelers.com  
916-852-5224

To report, ask a question or discuss a claim please call 1-800-238-6225. A Claim Customer Service Representative is available 24 hours a day, 7 days a week to take the first notice of loss or provide assistance on any existing claim.

# Your policies

## General Liability - Contractors Liability Package

**Policy Number** 4T22-CO-2P938083-TCT-25  
**Effective** 07/01/2025 – 07/01/2026  
**Insuring Company** THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

## Automobile

**Policy Number** 810-2P940380-25-2S-G  
**Effective** 07/01/2025 – 07/01/2026  
**Insuring Company** THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

## Umbrella

**Policy Number** CUP-2P969895-25-2S  
**Effective** 07/01/2025 – 07/01/2026  
**Insuring Company** TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

# Locations schedule

## CO - 2P938083 – General Liability - Contractors Liability Package

LOC/BLDG	DESCRIPTION	ADDRESS
1/1	BUILDING	2252 RAILROAD AVENUE, LIVERMORE, CA 94550
2/2	CONTRACTOR	2266 RAILROAD AVENUE, LIVERMORE, CA 94550



# Property coverage premium summary

**Policy Number** CO-2P938083

## Coverage schedule

**Deductible amount** – Deductibles shown are per occurrence. If an asterisk (\*) is shown then separate occurrence deductibles apply by cause of loss – refer to the Additional Coverage Information section below.

## Coverage information

ST	PREM / BLDG NUMBER	COVERAGE	LIMITS OF INSURANCE	CAUSE OF LOSS	DEDUCTIBLE AMOUNT	COINSURANCE	VALUATION **	AGREED VALUE APPLIES	INFLATION GUARD
CA	1/1	Business Income and Extra Expense Rental Value Only Extended Business Income: 30 Days Ordinary Payroll is Included	\$144,000	Special	72 Hours	90%	n/a	No	n/a
		Building	\$1,000,000	Special	\$1,000	90%	RC	No	n/a
		Your Business Personal Property	\$350,000	Special	\$1,000	90%	RC	No	n/a
CA	2/2	Building	\$300,000	Special	\$1,000	90%	RC	No	n/a

\*\* ACV Actual Cash Value  
 RC Replacement Cost  
 FBV Functional Building Valuation  
 FPPV Functional Personal Property Valuation

<b>Gross Premium:</b>	\$4,804
<b>Taxes and Surcharges:</b>	\$0
<b>Total:</b>	\$4,804

*Greg Byrkit*



# General Liability coverage premium summary

**Policy Number** CO-2P938083

## Coverage information

COVERAGE		LIMITS
<b>Aggregate Limits of Insurance</b>	General Aggregate (Other than Products-Completed Operations)	\$2,000,000
	Products-Completed Operations Aggregate	\$2,000,000
<b>Personal And Advertising Injury Limit (Subject to the General Aggregate Limit)</b>	Any One Person or Organization	\$1,000,000
<b>Each Occurrence Limit</b>	Combined Single Limit Bodily Injury & Property Damage (Subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	\$1,000,000
<b>Damage To Premises Rented To You Limit (Subject to Each Occurrence Limit)</b>	Any One Premises	\$1,000,000
<b>Medical Expense Limit (Subject to the Each Occurrence Limit)</b>	Any One Person	\$5,000

### Coverage A Bodily Injury and Property Damage Liability

- Premises/Operations
- Products/Completed Operations
- Contractual Liability
- Liquor Liability
- Non-Owned Watercraft
- Damage To Premises Rented To You
- Employees as Insureds
- Incidental Medical Malpractice - Named Insured
- Limited Worldwide Products Liability
- Newly Acquired or Formed Organizations - 180 Days

### Coverage B Personal and Advertising Injury Liability

### Coverage C Medical Payments

### Contractors Liability Program Highlights

- Blanket Waiver of Subrogation
- Non-Owned Watercraft
- Broadened Named Insured –Unnamed Subsidiaries
- Damage To Premises Rented To You Extension
  - Perils if fire, explosion, lightning, smoke, water
  - Limit increase to \$300,000
- Incidental Medical Malpractice
- Contractual Liability - Railroads
- Increased Supplementary Payments
  - Cost for bail bonds increased to \$2,500
  - Loss of earnings increased to \$500 per day
- Knowledge and Notice of Occurrence or Offense

*Greg Byrkit*

Unintentional Omission  
 Blanket Additional Insureds – Governmental Entities  
 Blanket Additional Insured - Managers or Lessors of Premises  
 Blanket Additional Insured – Lessors of Leased Equipment  
 Who is an Insured – Newly Acquired or Formed Organizations  
 Aircraft Chartered with Pilot

## Deductibles

LIABILITY DEDUCTIBLE	DEDUCTIBLE AMOUNT	LOSS TYPE
Property Damage Deductible	\$5,000	Loss and ALAE
	Prod/Compl Ops and Prem/Ops	

## Composite General Liability class code schedule

STATE	CLASS CODE	DESCRIPTION	SUBLINE	EXPOSURE	RATE	PREMIUM
CA	69861	CONSTRUCTION - PAYROLL (TRAVELERS)	Combined	1,460,000	29.145	\$42,552

## Optional coverage

COVERAGE	LIMIT	PREMIUM
<b>XTEND</b> <b>Increased Fire Damage Liability</b>		Included \$250

### Gross Premium

\$42,802

<b>Employee Benefits Liability(Claims Made Coverage) Premium</b>	\$300
Aggregate Limit	\$2,000,000
Each Employee Limit	\$1,000,000
Deductible	NONE
Retroactive date	12/1/2019

This policy is subject to a general liability deductible. You will be required to reimburse Travelers for paid losses which are within the general liability deductible stated above. Deductible plan losses will be billed on a monthly basis. Additional terms and conditions regarding this deductible are contained in the above referenced endorsement, Deductible Liability Insurance.

*Greg Byrkit*



# General Liability coverage premium summary

## **CG 21 54 – Excl – Designated Ops Covered By A Controlled (Wrap Up) Insurance Program**

ANY LOCATION THAT IS OR WAS SUBJECT TO A "CONTROLLED (WRAP-UP) INSURANCE PROGRAM". HOWEVER, FOR THE PURPOSES OF PARAGRAPH A.1. OF THIS ENDORSEMENT, A LOCATION WILL NOT BE CONSIDERED TO BE SUBJECT TO A "CONTROLLED (WRAP-UP) INSURANCE PROGRAM" IF:

- (1) YOUR ONLY ONGOING OPERATIONS AT SUCH LOCATION ARE PUNCH LIST OR WARRANTY WORK; AND
- (2) THE "BODILY INJURY" OR "PROPERTY DAMAGE" FOR WHICH COVERAGE IS SOUGHT OCCURS AFTER THE EXPIRATION OF ALL COVERAGE THAT WAS AVAILABLE TO THE INSURED UNDER THAT "CONTROLLED (WRAP-UP) INSURANCE PROGRAM" FOR "BODILY INJURY" OR "PROPERTY DAMAGE" ARISING OUT OF YOUR ONGOING OPERATIONS.

## **CG T4 81 – Excl – Hazards W/Designated Exposure**

"Your work" on or for any project that, in whole or in part, is or will become any single- or multi-family housing, any residential condominium, or any residential apartment.

This description does not include "your work":

1. On or for any project that is a nursing home, assisted living facility, hospital, dormitory, jail, prison, hotel, motel, or housing for the military of the United States of America; or
2. Within the boundaries of, or below, what is or will become any publicly or privately owned parking lot, street, roadway, driveway or right of way.

## **CG D3 16 – XTEND Endorsement For Contractors**

*Greg Byrkit*



# Inland Marine coverage premium summary

**Policy Number** CO-2P938083

## Other Terms and Conditions

## Installation Coverage Form CM T2 41

### COVERAGE AND LIMITS OF INSURANCE

#### Coverage

Covered Property consists of the following indicated by an 'X':

Property usual to your business

#### Limits of Insurance

The most we will pay for Covered Property:

	LIMIT OF INSURANCE
<b>At each Job Site Location:</b>	\$200,000
<b>At each Off-Site Fabrication Location:</b>	Not Covered
<b>At each Temporary Storage Location:</b>	\$50,000
<b>At All Covered Locations Combined:</b>	\$250,000
<b>In Transit</b>	\$50,000

The applicable Limit of Insurance shown above applies unless a more specific Limit of Insurance is shown in the applicable Supplemental Declarations or elsewhere in this proposal.

#### Deductible

Deductible applying to Covered Property unless a more specific Deductible for the covered loss is shown in the applicable Supplemental Declarations or elsewhere in this proposal: \$1,000

#### Coinsurance And Valuation

The following Coinsurance Percentage applies when indicated by an 'X':

100%  90%  80%  No Coinsurance Percentage Applies

The following Valuation applies when indicated by an 'X':

*Greg Byrkit*

Replacement Cost  Actual Cash Value

**Premium**

The following Premium option applies when indicated by an 'X':

**Non Reporting**

Total Term Premium:\$2,674

**Other Terms and Conditions**

**CM B0 90** – Installation Coverage Extensions And Additional Coverages Supplemental Declarations

COVERAGE EXTENSION	LIMIT OF INSURANCE
Document And Data Restoration Costs:	\$50,000
Expediting Expense And Extra Expense:	\$25,000
Fire Protective Systems:	\$75,000
Landscaping Other Than Covered Property:	\$10,000
Soft Costs:	\$10,000
Temporary Works Other Than Covered Property:	\$10,000
Unassigned Property In Or On Your Vehicles:	\$5,000
<b>ADDITIONAL COVERAGES</b>	
Additional Cost Of Construction Materials And Labor:	\$25,000
Claim Data Expense:	\$25,000
Construction Contract Penalty:	\$10,000
Increased Debris Removal:	\$75,000
Fire Or Police Department Service Charges:	\$50,000
Pollutant Clean Up And Removal:	\$50,000
Preservation Of Property:	\$10,000
Reward Coverage:	
25% of covered loss up to a maximum of:	\$50,000
Rigging Or Disassembling Of Property Services:	\$10,000

**CM U5 81** – Limited Coverage For Fungus, Wet Rot And Dry Rot

Limit of Insurance: \$10,000

**CM T7 95** – Collapse Or Imminent Collapse From Flood Or Movement Of The Earth Exclusion

**CM U3 06** – Movement by Crane Restriction

# Contractors Equipment Coverage Form CM T2 42

**COVERAGE AND LIMITS OF INSURANCE**

**Covered Property**

Coverage consists of the following when indicated by an 'X':

**Unscheduled Owned Equipment**

Total limit of insurance for all unscheduled owned equipment: \$15,000

Limit of insurance for any one unscheduled owned item of equipment: \$2,500

**Total limit of insurance for all items of Equipment in any one Occurrence:** \$15,000

**Deductible**

*Greg Byrkit*

Deductible applying to all covered loss or damage indicated by an 'X' below unless a more specific Deductible for the covered loss or damage is shown elsewhere in this proposal:

Dollar Deductible: \$1,000

### Valuation and Coinsurance

#### Valuation

The following Valuation applies to the applicable Covered Property:

#### Unscheduled Owned Equipment:

Actual Cash Value Valuation applies unless replaced by the Optional Valuation indicated by an 'X'.

Valuation Determined By Age Of The Equipment – Number of Years:5

Replacement Cost applies to equipment manufactured up to the number of years indicated above; and  
Actual Cash Value applies to equipment manufactured over the number of years indicated above.

#### Equipment Owned By Others:

The amount for which you are legally liable, not to exceed Replacement Cost.

#### Coinsurance

The following coinsurance applies to Scheduled Items when indicated by an 'X':

100%     90%     80%     No Coinsurance Applies

#### Premium

The following Premium options apply when indicated by an 'X':

**Scheduled and Unscheduled Owned Equipment**

Non Reporting Premium \$269

Premium Adjustment Values  
Premium Base  
Estimated Premium Base Amount  
Annual Rate Per \$100  
Inception Premium  
Adjustment Rate Per \$100

#### Other Terms and Conditions

#### CM B0 97 - Contractors Equipment Supplemental Declarations

COVERAGE EXTENSIONS	LIMIT OF INSURANCE
<b>Business Personal Property In Job Trailers:</b>	\$10,000
<b>Document And Data Restoration Costs:</b>	\$50,000
<b>Fire Protective Systems:</b>	\$75,000
<b>Hauling Property Of Others:</b>	\$100,000
<b>Newly Acquired Equipment - Per Item:</b>	\$250,000
<b>Rental Costs:</b>	
Any One Item:	\$5,000
Any One Occurrence:	\$25,000

*Greg Byrkit*

**Upgrades To Covered Property:** \$25,000

ADDITIONAL COVERAGES	LIMIT OF INSURANCE
<b>Claim Data Expenses:</b>	\$5,000
<b>Continuing Rental Payments:</b>	
Any One Item:	\$5,000
Any One Occurrence:	\$25,000
<b>Contract Penalty:</b>	\$25,000
<b>Debris Removal Increased Limit:</b>	\$75,000
<b>Employee Tools, Equipment And Clothing:</b>	
Any One Item:	\$1,000
Any One Employee:	\$2,500
Any One Occurrence:	\$5,000
<b>Errors Or Unintentional Omissions:</b>	\$100,000
<b>Expediting Expenses:</b>	\$25,000
<b>Expendable Supplies:</b>	\$10,000
<b>Fire Or Police Department Service Charge:</b>	\$25,000
<b>Lost Warranty Or Service Contract:</b>	\$10,000
<b>Pollutant Clean Up And Removal:</b>	\$25,000
<b>Preservation Of Property Expense:</b>	\$50,000
<b>Reward Coverage:</b>	\$2,500
<b>Tracking System Deductible Waiver Amount:</b>	\$10,000

**CM U3 41 – Additional Exclusions**

When an 'X' is indicated in the applicable box below, the following exclusions are added:

The weight of any load exceeding the rated lifting capacity of any item of equipment.

Collision of the boom or jib with any object.

**CM U3 50 – Flood Exclusion**

**CM U3 66 – Earth Movement Exclusion**

**CM U6 04 – Property Not Covered – Waterborne Property**

*Greg Byrkit*

**Gross Premium:** \$2,943



## Electronic Vandalism Limitation And Other Changes CM U6 17

ELECTRONIC VANDALISM

LIMIT OF INSURANCE

Aggregate in any 12 month period of this policy:

\$10,000



# Commercial Auto composite premium summary

**Policy Number** 810-2P940380

## ISO Business Auto Composite coverage form

COVERAGE	AUTO SYMBOL	LIMITS
<b>Liability</b>	1	\$1,000,000 any one accident
<b>Medical Payments</b>	2	\$5,000 Each Insured.
<b>UM BI &amp; PD/Underinsured Motorist</b>	2	As Elected. Named Insured will be required to complete Uninsured and Underinsured election forms (for all states that have an election form), prior to the effective date of the policy.
<b>Collision</b>	8 , 11	ACV less deductible
<b>Comprehensive</b>	8 , 10	ACV less deductible

## Composite deductibles

VEHICLE TYPE	COMPREHENSIVE	SCOL	COLLISION
<b>PRIVATE PASSENGER TYPE</b>	\$1,000		\$1,000
<b>LIGHT TRUCK TRAILER</b>	\$1,000		\$1,000

## Amendments

Symbol 10 - COMPREHENSIVE COVERAGE APPLIES TO ALL OWNED POWER UNITS EXCEPT TRAILERS

Symbol 11 - COLLISION COVERAGE APPLIES TO ALL OWNED POWER UNITS EXCEPT TRAILERS

- HIRED CAR PHYSICAL DAMAGE CA T0 03

	ESTIMATED ANNUAL COST OF HIRE:	\$1,500
	COMPREHENSIVE DEDUCTIBLE:	\$500
	COLLISION DEDUCTIBLE:	\$1,000
  
- RENTAL REIMBURSEMENT CA 99 23

	NUMBER OF DAYS:	30
	AMOUNT PER DAY:	\$75

*Greg Byrkit*

## Composite rating summary

COVERAGE	EXPOSURE	RATE	PREMIUM
<b>PRIVATE PASSENGER TYPE</b>			
COLLISION	1	\$563	\$563
COMPREHENSIVE LIABILITY	1	\$309	\$309
	1	\$2,347	\$2,347
<b>LIGHT TRUCK</b>			
COLLISION	20	\$352	\$7,040
COMPREHENSIVE LIABILITY	20	\$135	\$2,700
	20	\$2,807	\$56,140
<b>TRAILER</b>			
LIABILITY	1	\$307	\$307

*Greg Byrkit*



# Commercial Auto composite premium summary

## Composite premium summary

COVERAGE	PREMIUM
Liability Premium	\$58,794.00
Physical Damage Premium	\$10,612.00
Miscellaneous Coverages Premium	\$1,484.00
<b>Gross Premium</b>	<b>\$70,890.00</b>
Taxes and Surcharge	\$0.00
<b>Total</b>	<b>\$70,890.00</b>

This policy is composite rated. No mid-year reporting for vehicle additions, changes or deletions unless they are garaged in CA, MA, NY or any other state which requires Travelers to report. After the completion of the policy term, a premium adjustment will be made for mid-year changes during the premium audit.

Commercial Automobile:

- This quotation is based on our understanding that all insured drivers have satisfactory driving records. As part of our underwriting review, we may obtain Motor Vehicle Reports.
- UM/UIM – If you wish to have Uninsured/Underinsured Motorist coverage(s) limits which differ from the default limits stated in the individual state election offer forms, you will need to complete a valid election prior to policy issuance. For new business, UM/UIM will be quoted with the limit(s) you requested. At the time of policy issuance, if we have not received the individual state(s) election offer form(s), as applicable, your policy will be issued with the default limits as stated in the individual state election offer form(s). Renewals will be issued as per the expiring UM/UIM limit(s) unless a valid updated election on the state offer form is received or we notify you of a change in the law or the interpretation thereof.

*Greg Byrkit*

# IMPORTANT INFORMATION CONCERNING YOUR MOTOR VEHICLE INSURANCE AND DMV REPORTING

## States Requiring Electronic Reporting

Where reporting is required for a Composite Rated policy, only Policy level information (Policy Number, Named Insured, FEIN, Address) will be electronically submitted to the DMV system. Individual vehicle information is not required therefore the DMV must make a manual connection between the VIN and the policy that was reported. Upon issuance of the policy, it is recommended to take a list of all registered vehicles to the DMV and provide Proof of Insurance to ensure all vehicles are recognized as insured.

The following states require the carrier to electronically report to the DMV System: AK, AZ, CT, FL, ID, LA, MD, NV, NM, NC, OR, VA

- Recommended Proof of Insurance is a Commercial Fleet ID Card that contains no vehicle specific information.
- When communicating with the DMV, referring to the policy as “Non-Vehicle Specific” may avoid confusion with requirements.
- Registration Renewals cannot be completed online.

The following states require electronic reporting of the individual vehicle information to the State DMV System: California, Massachusetts, and New York.

- Except for Massachusetts, the required Proof of Insurance for California and New York is a Commercial Vehicle Specific ID Card containing vehicle specific information. i.e., Year, Make, Model, and VIN.
- Registration Renewals can be completed online.

However, it is **important** for you to understand state DMV reporting requirements as governmental statutes change frequently.

## Commercial Exemption

The following states have a Commercial Exemption and do not require the carrier to electronically report to the DMV System: AL, AR, CO, DC, GA, IL, KS, KY, MI, MS, MO, MT, NE, NJ, OK, PA, RI, SC, TN, TX, UT, WV, WY

- Recommended Proof of Insurance is a Commercial Fleet ID Card that contains no vehicle specific information.
- When communicating with the DMV, referring to the policy as “Non-Vehicle Specific” may avoid confusion with requirements.
- Some states may have a “Fleet” indicator that must be applied to the vehicle.
- Registration Renewals cannot be completed online.

It is **important** for you to understand state DMV reporting requirements as governmental statutes change frequently.

## Mid-term Changes

Mid-term changes to your fleet can only be reported to DMV if we are made aware of the changes. Providing your agent with timely updates to your fleet will allow timely reporting.

## Notice of Suspension

If you receive a Notice of Suspension or Request for Proof of Insurance, it is important to follow the instructions on the notice received and respond to the state directly or provide it to your agent for review as soon as possible. A timely reaction to these notices could avoid potential suspensions and fees.

Again, we strongly encourage you to contact your local Department of Motor Vehicle Office or your Agent for information related to DMV reporting requirements for your Composite auto policy.



# Umbrella coverage premium summary

**Policy Number** CUP-2P969895

## Coverage information and limits

COVERAGE		LIMITS
<b>Aggregate Limits of Liability</b>	General Aggregate Limit (other than Products-Completed Operations)	\$5,000,000
	Products-Completed Operations Aggregate Limit	\$5,000,000
<b>Occurrence Limit</b>	Occurrence Limit (subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	\$5,000,000
<b>Crisis Management Services Expenses Limit</b>	All "crisis management events"	\$50,000
<b>Self-Insured Retention</b>	Any one "occurrence"	\$10,000

COVERAGES	LIMIT	SELF-INSURED RETENTION	PREMIUM
<b>Umbrella</b>	\$5,000,000	\$10,000	\$33,492.00
		Taxes and Surcharges	\$0.00
		<b>TOTAL PREMIUM</b>	<b>\$33,492.00</b>

## Underlying schedule

POLICY NUMBER	COVERAGE	COMPANY		LIMIT
<b>810 - 002P940380</b>	Auto Liability	TCT	Policy Limit	1,000,000
<b>CO - 2P938083</b>	Employee Benefits	TCT	Each Employee Aggregate	1,000,000 2,000,000
<b>CO - 2P938083</b>	General Liability	TCT	General Aggregate Products-Completed Ops Aggregate Personal & Advertising Injury Each Occurrence	2,000,000 2,000,000 1,000,000 1,000,000
<b>WC E861674 01</b>	Employers Liability	GREAT AMERICAN ALLIANCE INSURANCE COMPANY	Policy Limit Each Accident Each Employee	1,000,000 1,000,000 1,000,000

### EU 03 04 - Designated Exposure Exclusion - Coverage B

*Greg Byrkit*

"YOUR WORK" ON OR FOR ANY PROJECT THAT, IN WHOLE OR IN PART, IS OR WILL BECOME ANY SINGLE- OR MULTI-FAMILY HOUSING, ANY RESIDENTIAL CONDOMINIUM, OR ANY RESIDENTIAL APARTMENT. THIS DESCRIPTION DOES NOT INCLUDE "YOUR WORK": 1.ON OR FOR ANY PROJECT THAT IS A NURSING HOME, ASSISTED LIVING FACILITY, HOSPITAL, DORMITORY, JAIL, PRISON, HOTEL, MOTEL, OR HOUSING FOR THE MILITARY OF THE UNITED STATES OF AMERICA; OR 2.WITHIN THE BOUNDARIES OF, OR BELOW, WHAT IS OR WILL BECOME ANY PUBLICLY OR PRIVATELY OWNED PARKING LOT, STREET, ROADWAY, DRIVEWAY OR RIGHT OF WAY.

"YOUR WORK" ON OR FOR ANY PROJECT THAT, IN WHOLE OR IN PART, IS OR WILL BECOME ANY SINGLE- OR MULTI-FAMILY HOUSING, ANY RESIDENTIAL CONDOMINIUM, OR ANY RESIDENTIAL APARTMENT. THIS DESCRIPTION DOES NOT INCLUDE "YOUR WORK": 1.ON OR FOR ANY PROJECT THAT IS A NURSING HOME, ASSISTED LIVING FACILITY, HOSPITAL, DORMITORY, JAIL, PRISON, HOTEL, MOTEL, OR HOUSING FOR THE MILITARY OF THE UNITED STATES OF AMERICA; OR 2.WITHIN THE BOUNDARIES OF, OR BELOW, WHAT IS OR WILL BECOME ANY PUBLICLY OR PRIVATELY OWNED PARKING LOT, STREET, ROADWAY, DRIVEWAY OR RIGHT OF WAY.

# Federal Terrorism Risk Insurance Act Disclosure

The Federal Terrorism Risk Insurance Act of 2002 as amended (“TRIA”) establishes a program under which the Federal Government may partially reimburse “Insured Losses” (as defined in TRIA) caused by “Acts Of Terrorism” (as defined in TRIA). “Act Of Terrorism” is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government’s share of compensation for such Insured Losses is 80% of the amount of such Insured Losses in excess of each Insurer’s “Insurer Deductible” (as defined in TRIA), subject to the “Program Trigger” (as defined in TRIA).

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For any Workers Compensation and Employers Liability coverage provided by this policy, the charge for such Insured Losses is an additional premium, which is reflected in any Workers Compensation and Employers Liability premium schedule included in this proposal or, if this proposal does not include such premium schedule, is reflected in a Workers Compensation premium summary included with this proposal. Note: terrorism premium charges listed in any such premium schedule or summary are subject to change at any time based on state regulatory action.

For any coverage provided by this policy, other than any Workers Compensation and Employers Liability coverage, that applies to such Insured Losses, the charge for such Insured Losses is included in the premium for such coverage. The charge for such Insured Losses that has been included for any such coverage is the percentage of the premium for such coverage indicated below and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA. Note: terrorism premium charges shown below are subject to change at any time based on state regulatory action.

The charge for such Insured Losses (for any coverage other than any Workers Compensation and Employers Liability coverage) is:

- 7% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 3% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 4% of your total Businessowners Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 2% of your total Businessowners Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 1% of your total Commercial Inland Marine Coverage Part premium if applicable.
- 1% of your total Boiler and Machinery or Equipment Breakdown Coverage Part if applicable.
- 1% of your total premium for any Commercial Liability Coverage included in this policy that is subject to the Federal Terrorism Risk Insurance Act of 2002 as amended.
- 1% of your total premium for any Commercial Ocean Marine Coverage Part premium if applicable.

Designated Cities are:			
<b>Albuquerque, NM</b>	<b>El Paso, TX</b>	<b>Miami, FL</b>	<b>San Antonio, TX</b>
<b>Atlanta, GA</b>	<b>Fort Worth, TX</b>	<b>Milwaukee, WI</b>	<b>San Diego, CA</b>
<b>Austin, TX</b>	<b>Fresno, CA</b>	<b>Minneapolis, MN</b>	<b>San Francisco, CA</b>
<b>Baltimore, MD</b>	<b>Honolulu, HI</b>	<b>Nashville-Davidson, TN</b>	<b>San Jose, CA</b>
<b>Boston, MA</b>	<b>Houston, TX</b>	<b>New Orleans, LA</b>	<b>Seattle, WA</b>
<b>Charlotte, NC</b>	<b>Indianapolis, IN</b>	<b>New York, NY</b>	<b>St. Louis, MO</b>
<b>Chicago, IL</b>	<b>Jacksonville, FL</b>	<b>Oakland, CA</b>	<b>Tucson, AZ</b>
<b>Cleveland, OH</b>	<b>Kansas City, MO</b>	<b>Oklahoma City, OK</b>	<b>Tulsa, OK</b>
<b>Colorado Springs, CO</b>	<b>Las Vegas, NV</b>	<b>Omaha, NE</b>	<b>Virginia Beach, VA</b>
<b>Columbus, OH</b>	<b>Long Beach, CA</b>	<b>Philadelphia, PA</b>	<b>Washington, DC</b>
<b>Dallas, TX</b>	<b>Los Angeles, CA</b>	<b>Phoenix, AZ</b>	<b>Wichita, KS</b>
<b>Denver, CO</b>	<b>Memphis, TN</b>	<b>Portland, OR</b>	
<b>Detroit, MI</b>	<b>Mesa, AZ</b>	<b>Sacramento, CA</b>	

# Account summary

## Premium summary

COVERAGE	POLICY NUMBER	PREMIUM
PROPERTY	CO-2P938083	\$4,804
GENERAL LIABILITY	CO-2P938083	\$42,802
EMPLOYEE BENEFITS LIABILITY	CO-2P938083	\$300
INLAND MARINE	CO-2P938083	\$2,943
AUTO	810-2P940380	\$70,890
UMBRELLA	CUP-2P969895	\$33,492
<b>Total</b>		<b>\$155,231</b>

**Note:** The estimated premium shown above may differ from actual premiums shown on the policies and installment bills due to installment charges, estimated taxes and surcharges, as well as rounding.

## Payment plan

**Direct Bill - 10 Equal**

**Bill Payment Options can be found at:** [Travelers.com/AutoPay](https://Travelers.com/AutoPay)

**Note:** The amount of each installment will be reflected on your policy invoicing.

*Greg Byrkit*

# Account summary

## Disclosure

Unless accepted, the offer(s) of insurance contained in this proposal expire(s) automatically thirty (30) days after the proposal date referenced on the cover page, or the proposed effective date if earlier. This proposal is not a binding contract of insurance. If you have questions regarding this proposal, please contact your Travelers Representative.

The following outlines the coverage forms, limits of insurance, policy endorsements and other terms and conditions provided in this proposal/quote. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this proposal/quote have not been agreed to by Travelers. Please review this proposal/quote carefully and if you have any questions, please contact your Travelers representative.

This proposal/quote does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Please note that changes in the exposures, limits, or coverages may result in changes in rates and/or account pricing. Additionally, due to the expense of processing and servicing this account, in the event this quote is not accepted in its entirety, we reserve the right to reprice and reunderwrite this quote.

The policies will also be subject to all state-mandated endorsements.

At our discretion, we may decide to perform an interim test audit during the upcoming policy period to verify the adequacy of the exposure estimates that have been provided to us. If we decide to perform an interim test audit, a Travelers Auditor will contact the insured at the appropriate time to set up an appointment. The results of any interim test audit that we perform will be shared with you as soon as possible after the audit report has been completed.

As Broker/Agent you will be responsible for being aware of and complying with the various legal requirements associated with countersignature in various jurisdictions covered in the policies.



# Property coverage form index

**Policy Number** CO-2P938083

## Coverage and amendments

DESCRIPTION	FORM NUMBER
COMMERCIAL PROPERTY CONDITIONS	CP 00 90
TABLE OF CONTENTS COMMERCIAL PROPERTY	CP T0 00
MORTGAGEE SCHEDULE	CP T0 05
COMMERCIAL PROPERTY DECLARATION	CP T0 11
BUILDING AND PERSONAL PROPERTY COVERAGE	CP T1 00
BUS INC (AND EXTRA EXPENSE) COV FRM	CP T1 04
CAUSE OF LOSS-SPECIAL FORM	CP T1 08
PROPERTY EXTRA	CP T3 38
FUNGUS WET ROT OR DRY ROT AND OTHER CAUS	CP T3 68
ELECTRONIC VANDALISM LIMIT & OTHER CHANG	CP T3 69
FEDERAL TERRORISM RISK INSURANCE ACT DIS	CP T3 81
DIGITAL ASSETS EXCL	CP T4 52

*Greg Byrkit*



# General Liability coverage form index

**Policy Number**

CO-2P938083

## Coverage and amendments

DESCRIPTION	FORM NUMBER
EXCL-DESIG OPS CVRD BY A CONTROLLED IP	CG 21 54
EXCLUSION-LEAD	CG D0 76
EXCLUSION - DISCRIMINATION	CG D1 42
AMEND-POLL EXCL-INCL LTD COV POLL COST	CG D1 73
AMEND-NON CUMULATION OF EACH OCC	CG D2 03
EXCL-EXTERIOR INSULATION & FINISH SYSTEM	CG D2 04
DESIGNATED PROJECTS(S) GEN AGGR LIMIT	CG D2 11
EXCLUSION - SILICA	CG D2 40
FUNGI OR BACTERIA EXCLUSION	CG D2 43
BLANKET AI-W/COMP OPS IF REQ BY CONTRACT	CG D2 46
EXCL-CONSTR MAN ERRORS AND OMISSIONS	CG D2 93
DEDUCTIBLE LIABILITY INSURANCE	CG D3 05
XTEND ENDORSEMENT FOR CONTRACTORS	CG D3 16
EXCL-CLMS OR SUITS BY NAMED INSUREDS	CG D3 22
OTHER INS-DESIG ADDL INS-PRIMARY	CG D4 26
EXCL - ARCHITECT/ENG/SURVEY PROF SERV	CG D5 46
EXCL-VIOLATION OF CONSUMER FIN PROT LAWS	CG D6 18
ELECTRONIC DATA LIABILITY COVERAGE	CG D8 23
AMENDMENT OF INTELLECTUAL PROPERTY EXCL	CG D9 10
EXCLUSION - PFAS	CG D9 41
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 44
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 48
COMM'L GENERAL LIABILITY DEC	CG T0 01
DECLARATIONS PREMIUM SCHEDULE	CG T0 07
KEY TO DECLARATIONS PREMIUM SCHEDULE	CG T0 08
EMPLOYEE BENEFITS LIAB COV PART DEC	CG T0 09
TABLE OF CONTENTS - COM GEN LIAB COV	CG T0 34
EMPLOYEE BENEFITS LIAB TABLE OF CONTENTS	CG T0 43
GL DECLARATIONS COMPOSITE SCHEDULE	CG T0 71
COMMERCIAL GENERAL LIABILITY COV FORM	CG T1 00
EMPLOYEE BENEFITS LIABILITY COV FORM	CG T1 01
EXC-HAZARD-CONNECTED DESIGNATED EXPOSURE	CG T4 81

*Greg Byrkit*

# Package common coverage form index

**Policy Number** CO-2P938083

## CO Common coverage and amendments

DESCRIPTION	FORM NUMBER
NUCLEAR ENERGY LIABILITY EXCLUSION	IL 00 21
CA CHANGES - ACTUAL CASH VALUE	IL 01 02
CA CHANGES	IL 01 04
CALIFORNIA CHGS - CANC AND NONRENEWAL	IL 02 70
CA CHANGES - REPLACEMENT COST	IL F1 00
COMMON POLICY CONDITIONS	IL T0 01
COMMON DEC	IL T0 02
LOCATION SCHEDULE	IL T0 03
CALCULATION OF PREMIUM-COMPOSITE RATE(S)	IL T3 02
EXCLUSION OF CERTAIN COMPUTER LOSSES	IL T3 55
FED TERRORISM RISK INS ACT DISCLOSURE	IL T3 68
EXCL OF LOSS DUE TO VIRUS OR BACTERIA	IL T3 82
DESIG PERSON, ORG-NOTICE PROVIDED BY US	IL T4 05
AMNDT COMMON POLICY COND-PROHIBITED COVG	IL T4 12
CAP ON LOSSES FROM CERT ACTS OF TERRORIS	IL T4 14
PROTECTION OF PROPERTY	IL T4 40
GENERAL PURPOSE ENDORSEMENT	IL T8 03
FLOOD POLICYHOLDER NOTICE	PN T0 53
NOTICE INDEPENDENT AGENT AND BROKER COMP	PN T4 54

*Greg Byrkit*



# Inland Marine coverage form index

**Policy Number**                      CO-2P938083

## Coverage and amendments

### Inland Marine

DESCRIPTION	FORM NUMBER
COMMERCIAL INLAND MARINE CONDITIONS	CM 00 01
INSTALLATION COVERAGE FORM DECLARATIONS	CM B0 85
INSTALL COV EXT & ADD'L COVS SUPPL DEC	CM B0 90
CONTRACTORS EQUIPMENT COVERAGE FORM DEC	CM B0 96
CONTRACTORS EQUIPMENT SUPPLEMENTAL DEC	CM B0 97
TABLE OF CONTENTS	CM T0 11
INSTALLATION COVERAGE FORM	CM T2 41
CONTRACTORS EQUIPMENT COVERAGE FORM	CM T2 42
FEDERAL TERRORISM RISK INSURANCE ACT DIS	CM T3 98
COLLAPSE FROM FL OR MOVEMENT EARTH EXCL	CM T7 95
MOVEMENT BY CRANE RESTRICTION	CM U3 06
ADDITIONAL EXCLUSIONS	CM U3 41
FLOOD EXCLUSION	CM U3 50
EARTH MOVEMENT EXCLUSION	CM U3 66
LTD COV FOR FUNGUS, WET ROT & DRY ROT	CM U5 81
PROPERTY NOT COVERED-WATERBORNE PROP	CM U6 04
ELECTRONIC VAND LIMITATION & OTHER CHGS	CM U6 17
DIGITAL ASSETS EXCL - DIGITAL CURRENCY	CM U6 41

*Greg Byrkit*



# Commercial Auto coverage form index

**Policy Number** 810-2P940380

## Coverage and amendments

DESCRIPTION	FORM NUMBER
OVERPRINT PAGE	AUNN1A16
POLICY COVER	AUNN2I16
BUSINESS AUTO COVERAGE FORM	CA 00 01
CALIFORNIA CHANGES	CA 01 43
CALIFORNIA CHANGES - WAIVER OF COLLISION DEDUCTIBLE	CA 03 05
CALIFORNIA AUTO MEDICAL PAYMENTS COVERAGE	CA 04 24
CALIFORNIA DRIVE OTHER CAR COVERAGE - BROADENED COVERAGE FOR NAMED INDIVIDUALS	CA 04 26
LESSOR - ADDITIONAL INSURED AND LOSS PAYEE	CA 20 01
CALIFORNIA UNINSURED MOTORISTS COVERAGE - BODILY INJURY	CA 21 54
RENTAL REIMBURSEMENT COVERAGE	CA 99 23
CALIFORNIA AUTOMOBILE LIABILITY INSURANCE IDENTIFICATION CARD	CA ID CA
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 1 AND 2)	CA T0 01
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 4 AND 5)	CA T0 03
BUSINESS AUTO/AUTO DEALERS/MOTOR CARRIER COVERAGE PART SUPPLEMENTARY SCHEDULE - ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE	CA T0 30
TABLE OF CONTENTS BUSINESS AUTO COVERAGE FORM	CA T0 31
BUSINESS AUTO EXTENSION ENDORSEMENT	CA T3 53
LOSS PAYABLE CLAUSE	CA T4 45
SHORT TERM HIRED AUTO - ADDITIONAL INSURED AND LOSS PAYEE	CA T4 52
AMENDMENT OF EMPLOYEE DEFINITION	CA T4 59
BLANKET ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE - CONTRACTORS	CA T4 99
ROADSIDE ASSISTANCE COVERAGE	CA T6 25
LONG TERM LEASED AUTOS COVERED AS OWNED AUTOS	CA T6 44
COVERAGE DESCRIPTION	COVDESC
NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)	IL 00 21
CALIFORNIA CHANGES - CANCELLATION AND NONRENEWAL	IL 02 70
COMMON POLICY CONDITIONS	IL T0 01
COMMON POLICY DECLARATIONS	IL T0 02
LENDER'S CERTIFICATE OF INSURANCE - FORM A	IL T0 10
CALCULATION OF PREMIUM - COMPOSITE RATES	IL T3 02
AMENDMENT OF COMMON POLICY CONDITIONS - PROHIBITED COVERAGE - UNLICENSED INSURANCE AND TRADE OR ECONOMIC SANCTIONS	IL T4 12
FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS	IL T8 01
CALCULATION OF PREMIUM - COMPOSITE RATES	IL T8 25
COMMERCIAL AUTO ROADSIDE ASSISTANCE COVERAGE CARDS	PN CB 36
IMPORTANT NOTICE - INDEPENDENT AGENT AND BROKER COMPENSATION	PN T4 54
IMPORTANT INFORMATION CONCERNING YOUR MOTOR VEHICLE INSURANCE AND DMV REPORTING	PN U4 97
COMMERCIAL AUTO TAB PAGE	ZZ TA BS CA 01
INTERLINE ENDORSEMENTS TAB PAGE	ZZ TA BS IL 01
POLICYHOLDER NOTICES TAB PAGE	ZZ TA BS PN 01



# Umbrella coverage form index

**Policy Number** CUP-2P969895

## Coverage and amendments

DESCRIPTION	FORM NUMBER
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE	EU 00 01
POLICY DECLARATIONS EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE POLICY	EU 00 02
SCHEDULE OF UNDERLYING INSURANCE	EU 00 03
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM AND EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES	EU 00 07
CALIFORNIA CHANGES	EU 00 33
COVERAGE FOR FINANCIAL INTEREST IN FOREIGN INSURED ORGANIZATIONS	EU 01 44
CLAIMS BY NAMED INSUREDS AGAINST OTHER NAMED INSUREDS EXCLUSION - COVERAGES A AND B	EU 01 46
DAMAGE TO PROPERTY EXCLUSION - COVERAGE A	EU 01 48
NUCLEAR ENERGY LIABILITY EXCLUSION (BROAD FORM) - COVERAGES A AND B	EU 02 09
POLLUTION NOT RELATED TO AUTOS EXCLUSION WITH LIMITED EXCEPTIONS - COVERAGE A	EU 02 16
AMENDMENT OF COVERAGE - DEFINITIONS	EU 02 34
DESIGNATED EXPOSURE EXCLUSION - COVERAGE B	EU 03 04
AIRCRAFT LIABILITY EXCLUSION INCLUDING SERVICE FOR HIRE WITH LIMITED EXCEPTION FOR UNMANNED AIRCRAFT - COVERAGES A AND B	EU 03 12
CONSTRUCTION IDENTIFIED HAZARDS EXCLUSIONS - COVERAGE B	EU 03 22
DISCRIMINATION EXCLUSION - COVERAGE B	EU 03 31
FUNGI OR BACTERIA EXCLUSION - COVERAGE B	EU 03 35
LEAD EXCLUSION - COVERAGE B	EU 03 44
NON CUMULATION OF OCCURRENCE LIMIT	EU 03 46
SILICA OR SILICA-RELATED DUST EXCLUSION - COVERAGE B	EU 03 63
INTELLECTUAL PROPERTY EXCLUSION - COVERAGE B	EU 04 21
PFAS EXCLUSION - COVERAGE B	EU 04 42
VIOLATION OF BIOMETRIC INFORMATION PRIVACY LAWS EXCLUSION - COVERAGE B	EU 04 44
FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE	IL T3 68
IMPORTANT NOTICE - LEAD EXCLUSION	PN T1 94
IMPORTANT NOTICE REGARDING INDEPENDENT AGENT AND BROKER COMPENSATION	PN T4 54

*Greg Byrkit*



# CALIFORNIA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

**KFLETCHER**

DATE (MM/DD/YYYY)  
**06/18/2025**

<b>PRODUCER</b> <b>Bozzuto &amp; Company Insurance Services, Inc.</b> 9300 Madison Ave Ste 200 Orangevale, CA 95662-4950	<b>CARRIER</b> <b>Travelers Indemnity Co of CT</b> NAIC CODE <b>25682</b>
	COMPANY POLICY OR PROGRAM NAME PROGRAM CODE
	POLICY NUMBER <b>4T22-CO-2P938083-TCT-25</b>
<b>CONTACT NAME: Steven Bozzuto</b> PHONE (A/C, No, Ext): <b>(800) 400-6394</b> FAX (A/C, No): <b>(800) 286-0808</b> E-MAIL ADDRESS: <b>info@bozzutoinsurance.com</b> CODE: _____ SUBCODE: _____	<b>UNDERWRITER</b> UNDERWRITER OFFICE
AGENCY CUSTOMER ID: <b>A&amp;BMECH-01</b> License # <b>0C77495</b>	STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM

**LINES OF BUSINESS**

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> YACHT
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input type="checkbox"/>
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/>
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$	<input type="checkbox"/>
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$	<input type="checkbox"/>
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$	<input type="checkbox"/>
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$	<input type="checkbox"/>

**ATTACHMENTS**

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> <b>GL Claim Info Contd</b>
<input checked="" type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input checked="" type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input checked="" type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

**POLICY INFORMATION**

PROPOSED EFF DATE <b>07/01/2025</b>	PROPOSED EXP DATE <b>07/01/2026</b>	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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**APPLICANT INFORMATION**

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> <b>A &amp; B Mechanical, Inc.</b> 2252 Railroad Ave Livermore, CA 94550	GL CODE	SIC	NAICS	FEIN OR SOC SEC # <b>94-3276601</b>
	BUSINESS PHONE #: <b>(510) 264-5800</b>			
	WEBSITE ADDRESS <b>www.abmechanical.com</b>			
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	
<b>Named Insured for the Buil</b>				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> <b>511 Railroad LLC</b>	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	

**CONTACT INFORMATION**

CONTACT TYPE: <b>Accounting Contact</b>				CONTACT TYPE: <b>Inspection Contact</b>			
CONTACT NAME: <b>Greg Byrkit</b>				CONTACT NAME: <b>Greg Byrkit</b>			
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
<b>(510) 264-5800</b>		<b>(510) 264-5800</b>		<b>(510) 264-5800</b>		<b>(510) 264-5800</b>	
PRIMARY E-MAIL ADDRESS: <b>gbyrkit@abmechanical.com</b>				PRIMARY E-MAIL ADDRESS: <b>gbyrkit@abmechanical.com</b>			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC # <b>1</b>	STREET <b>2252 -2266 Railroad Avenue</b>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$ <b>5,500,000</b>
BLD # <b>1</b>	CITY: <b>Livermore</b> STATE: <b>CA</b>	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: ZIP: <b>94550</b>				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: <b>Mechanical contractor specializing in commercial service, repair and improvements. 25+ yrs exp.</b>					TOTAL BUILDING AREA: <b>5,000</b> SQ FT
					ANY AREA LEASED TO OTHERS? Y / N <b>Y</b>
LOC # <b>1</b>	STREET <b>2252 -2266 Railroad Avenue</b>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>2</b>	CITY: <b>Livermore</b> STATE: <b>CA</b>	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: ZIP: <b>94550</b>				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: <b>1,500</b> SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) <b>09/17/1997</b>
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

**Mechanical contractor specializing in commercial service, repair and improvements.**

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK <b>100%</b>
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**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED**

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
						LOCATION: BUILDING:	
							VEHICLE: BOAT:
							AIRPORT: AIRCRAFT:
							ITEM CLASS: ITEM:
	REFERENCE / LOAN #:	INTEREST END DATE:		ITEM DESCRIPTION			
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				<b>N</b>
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				<b>N</b>
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				<b>Y</b>
<input checked="" type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input checked="" type="checkbox"/> MONTHLY MEETINGS <input checked="" type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				<b>N</b>
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				<b>N</b>
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?				<b>N</b>
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input checked="" type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				<b>N</b>
7. DURING THE LAST FIVE YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?				<b>N</b>
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				<b>N</b>
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				<b>N</b>
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				<b>N</b>
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? <b>NAME OF TRUST:</b>				<b>N</b>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				<b>N</b>
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				<b>N</b>
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
<b>2022 - 2023</b>	CARRIER	<b>The Travelers Indemn</b>			
	POLICY NUMBER	<b>4T22-CO-2P938083-TCT-22</b>			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	<b>07/01/2022</b>			
	EXPIRATION DATE	<b>07/01/2023</b>			

**PRIOR CARRIER INFORMATION (continued)**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2021 2022	CARRIER	<b>The Travelers Indemn</b>			
	POLICY NUMBER	<b>4T21-CO-2P938083-TCT-21</b>			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	<b>07/01/2021</b>			
	EXPIRATION DATE	<b>07/01/2022</b>			
2020 2021	CARRIER	<b>The Travelers Indemn</b>			
	POLICY NUMBER	<b>4T20-CO-2P938083-TCT-20</b>			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	<b>07/01/2021</b>			
	EXPIRATION DATE	<b>07/01/2022</b>			

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST <b>5</b> YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N
						<b>N</b>	<b>N</b>

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**COMMENTS**  
 ....Continued. Client froze the pipe for a service item to replace a valve. The client no longer uses Freezing pipes as means to stop water flow. "Line Stop" is the new process. This is the only GL claim client has ever had in 30-years of business.

**SIGNATURE / FRAUD**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

**For your protection, California law requires the following to appear on this form:**

**Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

PRODUCER'S SIGNATURE <i>Stm Bozzuto</i>	PRODUCER'S NAME (Please Print) <b>Steven Bozzuto</b>	NATIONAL PRODUCER NUMBER <b>2655289</b>
APPLICANT'S SIGNATURE <i>Greg Byrkit</i>	DATE <b>06/19/2025 05:23PM UTC</b>	



AGENCY CUSTOMER ID: **A&BMECH-01**

**KFLETCHER**

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
**06/18/2025**

AGENCY Bozzuto & Company Insurance Services, Inc.	License # <b>0C77495</b>	CARRIER Travelers Indemnity Co of CT	NAIC CODE <b>25682</b>
POLICY NUMBER <b>4T22-CO-2P938083-TCT-25</b>	EFFECTIVE DATE <b>07/01/2025</b>	APPLICANT / FIRST NAMED INSURED <b>A &amp; B Mechanical, Inc.</b>	

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.**

**COVERAGES**

**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	<b>2,000,000</b>		PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION		PREMISES/OPERATIONS
<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input checked="" type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:			
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	<b>2,000,000</b>	PRODUCTS
<input checked="" type="checkbox"/> PROPERTY DAMAGE	\$ <b>5,000.00</b>	PERSONAL & ADVERTISING INJURY	\$	<b>1,000,000</b>	OTHER
<input type="checkbox"/> BODILY INJURY	\$	EACH OCCURRENCE	\$	<b>1,000,000</b>	
<input type="checkbox"/>	\$	DAMAGE TO RENTED PREMISES (each occurrence)	\$	<b>1,000,000</b>	TOTAL
		MEDICAL EXPENSE (Any one person)	\$	<b>5,000</b>	
		EMPLOYEE BENEFITS	\$	<b>1,000,000</b>	
			\$		

**OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)**  
 See attached Additional Coverages overflow.

**APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:**

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE.      2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.

**SCHEDULE OF HAZARDS**

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Subcontracted Cost	91585	C	100,000					
1	2	HVAC/Refrigeration Contractor		S	5,500,000					
1	3	HVAC Labor Payroll	95647	P	1,460,000					
1	4	Active Owner	95647	P	33,600					

**RATING AND PREMIUM BASIS**  
 (S) GROSS SALES - PER \$1,000/SALES      (P) PAYROLL - PER \$1,000/PAY      (C) TOTAL COST - PER \$1,000/COST      (U) UNIT - PER UNIT  
 (A) AREA - PER 1,000/SQ FT      (M) ADMISSIONS - PER 1,000/ADM      (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$ <b>0</b>	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE: <b>12/01/2019</b>

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?				N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED <b>Crane, Air Balance &amp; Controls, Plumbing</b>	\$ PAID TO SUB-CONTRACTORS: <b>100,000.00</b>	% OF WORK SUBCONTRACTED: <b>2</b>	# FULL-TIME STAFF:	# PART-TIME STAFF:

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
<b>Mechanical</b>	<b>5,500,000</b>					

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? <b>Mechanical Related</b>		Y
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? <b>Industry Standard</b>		Y
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		N

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																		
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																		
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT								
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																	
	SMALL TOOLS	LARGE EQUIPMENT																		
	SMALL TOOLS	LARGE EQUIPMENT																		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																		
7. ANY PARKING FACILITIES OWNED/RENTED?		N																		
8. IS A FEE CHARGED FOR PARKING?		N																		
9. RECREATION FACILITIES PROVIDED?		N																		
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																				
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																		
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																		
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																				
12. ARE SOCIAL EVENTS SPONSORED?		N																		
13. ARE ATHLETIC TEAMS SPONSORED?																				
<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </tbody> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP															
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EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																	
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																		

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				<b>N</b>
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				<b>N</b>
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				<b>N</b>
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				<b>N</b>
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				<b>N</b>
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? <b>OSHA and Union compliant</b>				<b>Y</b>
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				<b>N</b>

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SEE ATTACHED ACORD 101**

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>Steven Bozzuto</i>	PRODUCER'S NAME (Please Print) <b>Steven Bozzuto</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>0C08646</b>
APPLICANT'S SIGNATURE <i>Greg Byrkit</i>	DATE 06/19/2025 05:23	NATIONAL PRODUCER NUMBER <b>2655269</b>



### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>		License # <b>0C77495</b>	NAMED INSURED <b>A &amp; B Mechanical, Inc.</b> 2252 Railroad Ave Livermore, CA 94550
POLICY NUMBER <b>4T22-CO-2P938083-TCT-25</b>			
CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>	EFFECTIVE DATE: <b>07/01/2025</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 126 FORM TITLE: COMMERCIAL GENERAL LIABILITY SECTION

**Other Coverages, Restrictions, And/Or Endorsements**  
**Blanket AI with Completed Ops; Blanket Primary & Non- Contributory, Blanket WOS. Per Project Aggregate.**  
**WRAP-UP Exclusion with offsite exception.**

**ADDITIONAL COVERAGES OVERFLOW**

**A&BMECH-01**

**KFLETCHER**

**PAGE 1**

**OF 1**

\* State CA; Code EBL; Description Ee' Benefits Liab; Limit 1 \$1,000,000; Limit 2 \$2,000,000; Deductible \$0; Deductible type EE

\* Code MIGRT; Description Retro Date:12/01/19

\* State CA; Code MIGRT; Description Per Project Gen Agg



AGENCY CUSTOMER ID: **A&BMECH-01**

**KFLETCHER**

**PROPERTY SECTION**

DATE (MM/DD/YYYY)  
**06/18/2025**

AGENCY NAME <b>Bozzuto &amp; Company Insurance Services, Inc.</b>		License # <b>0C77495</b>	CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>
POLICY NUMBER <b>4T22-CO-2P938083-TCT-25</b>		EFFECTIVE DATE <b>07/01/2025</b>	NAMED INSURED(S) <b>A &amp; B Mechanical, Inc.</b>	

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

<b>PREMISES INFORMATION</b>		PREMISES #: <b>1</b>	STREET ADDRESS: <b>2252 -2266 Railroad Avenue, Livermore, CA 94550</b>						
		BUILDING #: <b>1</b>	BLDG DESCRIPTION: <b>Office/Shop</b>						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>CONTENTS</b>	<b>350,000</b>	<b>90</b>	<b>R</b>	<b>SPECI</b>		<b>1,000</b>			
<b>Business Income / Extra Expense</b>	<b>144,000</b>								<b>Period of Restoration 72 Hrs</b>
<b>Building</b>	<b>1,000,000</b>	<b>90</b>	<b>R</b>	<b>Special (Including theft)</b>		<b>1,000</b>	<b>Per Occur</b>		

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE <b>CONCRETE</b>	DISTANCE TO HYDRANT <b>50 FT</b>	FIRE STAT <b>2 MI</b>	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES <b>1</b>	# BASM'TS <b>0</b>	YR BUILT <b>1984</b>	TOTAL AREA <b>5,000</b>
--------------------------------------	-------------------------------------	--------------------------	---------------	-------------	---------	-----------------------	-----------------------	-------------------------	----------------------------

<b>BUILDING IMPROVEMENTS</b>	BLDG CODE GRADE	TAX CODE	ROOF TYPE <b>Wood Shake/Shingle</b>	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: <b>2015</b> <input checked="" type="checkbox"/> PLUMBING, YR: <b>2015</b>				
<input checked="" type="checkbox"/> ROOFING, YR: <b>2015</b> <input checked="" type="checkbox"/> HEATING, YR: <b>2015</b>	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
OTHER: YR: _____	RESISTIVE			MANUFACTURER: _____

<b>PRIMARY HEAT</b>	<b>SECONDARY HEAT</b>
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

<b>RIGHT EXPOSURE &amp; DISTANCE</b> <b>Commercial</b>	<b>LEFT EXPOSURE &amp; DISTANCE</b> <b>Commercial</b>	<b>FRONT EXPOSURE &amp; DISTANCE</b> <b>Street</b>	<b>REAR EXPOSURE &amp; DISTANCE</b> <b>Commercial</b>
---	--	---	--

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY <b>Bay Area Security Specialists Inc</b>	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) <b>Heat Sensors in all buildings</b>	% SPRNK	FIRE ALARM MANUFACTURER	<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
---	---------	-------------------------	--

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	<b>Heritage Bank of Commerce</b> <b>2252 - 2266 Railroad Ave</b> <b>Livermore, CA 94550</b>	LOCATION: <b>1</b> BUILDING: <b>1</b>
	REFERENCE / LOAN #:	ITEM CLASS: ITEM:
		ITEM DESCRIPTION <b>2252 -2266 Railroad Avenue,</b> <b>Livermore, CA 94550</b>

AGENCY CUSTOMER ID: **A&BMECH-01**

**KFLETCHER**

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: <b>1</b>	STREET ADDRESS: <b>2252 -2266 Railroad Avenue, Livermore, CA 94550</b>								
BUILDING #: <b>2</b>	BLDG DESCRIPTION: <b>Metal Building with bathroom</b>								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>300,000</b>	<b>90</b>	<b>R</b>	<b>Special (Including theft)</b>		<b>1,000</b>	Per Occur		

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
<b>Metal Building</b>	FT	MI						<b>1984</b>	<b>1,500</b>

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE		SEMI-RESISTIVE <input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
---	---------	-------------------------	--

**ADDITIONAL INTEREST ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> Additional Insured and Mortg	<b>Heritage Bank of Commerce                  Insurance Service Center                  PO Box 863329                  Plano, TX 75086</b>	LOCATION: <b>1</b> BUILDING: <b>2</b> ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION <b>2252 -2266 Railroad Avenue,                  Livermore, CA 94550</b>
	REFERENCE / LOAN #: <b>1312500100 &amp; 131250010</b>	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

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**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Steven Bozzuto</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>0C08646</b>
APPLICANT'S SIGNATURE 	DATE 06/19/2025 05:23	NATIONAL PRODUCER NUMBER <b>2655289</b>



AGENCY CUSTOMER ID: **A&BMECH-01**

**KFLETCHER**

## EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)  
**06/18/2025**

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>	License # <b>0C77495</b>	CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>
POLICY NUMBER <b>4T22-CO-2P938083-TCT-25</b>	EFFECTIVE DATE <b>07/01/2025</b>	APPLICANT / FIRST NAMED INSURED <b>A &amp; B Mechanical, Inc.</b>	

TERRITORY OF OPERATION <b>Northern CA</b>	TYPE OF OPERATION <b>HVAC</b>
--	----------------------------------

**COVERAGE / DEDUCTIBLE**

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		IN BUILDING	OUTSIDE					
		\$	\$		<b>Misc Tools</b>	<b>2,500</b>	<b>15,000</b>	
		\$	\$					
		\$	\$					

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS**  **ACORD 45 Attached**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER: _____
					OTHER _____
ITEM DESCRIPTION: _____					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER: _____
					OTHER _____
ITEM DESCRIPTION: _____					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER: _____
					OTHER _____
ITEM DESCRIPTION: _____					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO / FROM OTHERS WITH / WITHOUT OPERATORS?	<b>N</b>
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	<b>N</b>
3. PROPERTY USED UNDERGROUND?	<b>N</b>
4. ANY WORK DONE AFLOAT?	<b>N</b>

**SCHEDULED EQUIPMENT**

% COINSURANCE

AGENCY CUSTOMER ID: **A&BMECH-01**

**KFLETCHER**

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Steven Bozzuto</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>0C08646</b>
APPLICANT'S SIGNATURE 	DATE 06/19/2025 05:23	NATIONAL PRODUCER NUMBER <b>2655289</b>

<b>ACORD™ INSTALLATION/BUILDERS RISK SECTION</b>				DATE (MM/DD/YYYY) <b>06/18/2025</b>			
PRODUCER	PHONE (A/C, No, Ext): <b>(800) 400-6394</b>	APPLICANT					
	FAX (A/C, No): <b>(800) 286-0808</b>	<b>A &amp; B Mechanical, Inc.</b>					
<b>Bozzuto &amp; Company Insurance Services, Inc.</b> 9300 Madison Ave Ste 200 Orangevale, CA 95662-4950		PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	PREM. ADJ.	
		<b>07/01/2025</b>	<b>07/01/2026</b>	<input checked="" type="checkbox"/> AGENCY <input checked="" type="checkbox"/> DIRECT			
		<input checked="" type="checkbox"/> INSTALLATION <input type="checkbox"/> BUILDERS RISK		FOR COMPANY USE ONLY			
<b>A&amp;BMECH-01</b>		<b>License # 0C77495</b>					

**OPEN REPORTING FORM**

**COVERAGE**

LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$ <b>200,000</b>	\$	\$ <b>50,000</b>	\$ <b>50,000</b>

**CAUSES OF LOSS & DEDUCTIBLE**

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
<input checked="" type="checkbox"/> SPECIAL		
BROAD <input type="checkbox"/> BASIC		<b>1,000</b>

**Territory**

SPECIFY THE APPLICANTS OPERATING TERRITORY:

**RECEIPTS**

ENTER THE GROSS INSTALLATION RECEIPTS.

PAST 12 MONTHS	NEXT 12 MONTHS (ESTIMATE)
\$	\$

**JOBS/VALUES**

TYPE	ANNUAL NUMBER	DURATION	# JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% of Total)
			MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
RESIDENTIAL					\$	\$	\$	%
COMMERCIAL					\$	\$	\$	%

**ADDITIONAL INTERESTS (Attach a separate sheet if necessary)**

NAME & ADDRESS	NAME & ADDRESS				
INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED
NAME & ADDRESS	NAME & ADDRESS				
INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED

**RIGGING**

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

**TRANSPORTATION/SECURITY**

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

%

DESCRIBE JOB SITE SECURITY

REMARKS

**REMARKS**

# of Jobs Ongoing At Any One Time? 20-30 (open service calls) 5-10 (construction projects)

The average job value is \$2K-\$5K for service calls and anywhere from \$30K to \$200K for construction projects.

ACORD 147 (2001/02) SPECIFIC JOB ON REVERSE SIDE © ACORD CORPORATION 2001

**SPECIFIC JOB**

**A&BMECH-01**

**KFLETCHER**

**COVERAGE**

LIMIT AT LOCATION	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$	\$	\$

**CAUSES OF LOSS & DEDUCTIBLE**

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/>	BASIC

**JOB TERM/VALUES**

JOB TERM		CONTRACT AMOUNT	VALUE OF OWNER SUPPLIED PROPERTY
COMMENCEMENT	COMPLETION		
		\$	\$

**SECURITY**

DESCRIBE JOB SITE SECURITY

**JOB DESCRIPTION**

DESCRIBE THE WORK TO BE PERFORMED

INSURED'S JOB NUMBER: \_\_\_\_\_

**ADDITIONAL INTERESTS (Attach a separate sheet if necessary)**

NAME & ADDRESS		NAME & ADDRESS	
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED

**TRANSPORTATION**

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.

AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED
\$	%		

**RIGGING**

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

REMARKS



AGENCY CUSTOMER ID: **A&BMECH-01**

**KFLETCHER**

# BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)  
**06/18/2025**

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>		License # <b>0C77495</b>	CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>
POLICY NUMBER <b>810-2P940380-25-2S-G</b>	EFFECTIVE DATE <b>07/01/2025</b>	NAMED INSURED(S) <b>A &amp; B Mechanical, Inc.</b>		

**COVERAGES / LIMITS**

**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION**

**DRIVER INFORMATION**     **ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Adam N Henriquez	U	U	01/17/1995		2011	F4281524	CA					
2	Arthur D Dawson	U	U	08/17/1966		1982	C2664494	CA					
3	Behnam Yazdani-Seysan	U	U	03/24/1969		2012	F7579792	CA					
4	David M Byrkit	U	U	05/30/1979		1993	B5073498	CA					
5	Deborah D Byrkit	U	U	01/15/1956			N0965014	CA					
6	Dominic M Jackson	U	U	04/03/1971			A2028771	CA					
7	Enrique Munoz	U	U	07/18/1968			C6766325	CA					
8	Facundo Figueroa Jr.	M	U	09/25/1974			B6261288	CA					
9	Gregory S Byrkit	U	U	04/12/1955			N0282986	CA					
10	Janelle Byrkit	U	U	03/23/1984			D1864289	CA					
11	Jeremy E Raasch	U	U	04/07/1974		1990	A4150444	CA					
12	John H Leal	U	U	01/22/1982		1999	D2372005	CA					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES													Y / N	
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?													N	
VEH #		NAME OF OTHER OWNER					VEH #		NAME OF OTHER OWNER					
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?													N	
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?													Y	
4. ARE ANY VEHICLES LEASED TO OTHERS?													N	
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)													Y	
VEH #		DESCRIPTION			COST		VEH #		DESCRIPTION			COST		
					\$							\$		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)													N	
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?													N	

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?	<b>N</b>										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	<b>N</b>										
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	<b>Y</b>										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	<b>N</b>										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	<b>N</b>										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	<b>N</b>										
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:                      1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or                      2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.</small> <table border="1" style="width:100%; margin-top: 5px;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:20%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS <b>Personal Residence</b>	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**  **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ <b>Ally Financial</b> <b>P.O. Box 8128</b> <b>Cockeysville, MD 21030</b>	INTEREST IN ITEM NUMBER VEHICLE: <b>7</b> LOCATION: <b>2016 Ford F250</b> <b>1FDBF2A65GEC17879</b>
	REFERENCE / LOAN #: _____	
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ <b>Kia Motor Finance</b> <b>PO BOX 105299</b> <b>Atlanta, GA 30348-5299</b>	INTEREST IN ITEM NUMBER VEHICLE: <b>13</b> LOCATION: <b>2019 Ford Transit</b> <b>1FTYE1YM5KKB04721</b>
	REFERENCE / LOAN #: _____	

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**SEE ATTACHED ACORD 101**

**VEHICLE DESCRIPTION**  **ACORD 129 attached for additional vehicles**

VEH # <b>1</b>	YEAR <b>2008</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Pickup Truck</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>F-250</b>		V.I.N.: <b>1FDNF20528ED99905</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
	<b>Livermore</b>					<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>21,850</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	ACV	<input checked="" type="checkbox"/> COMP/OTC		SPEC C OF L
							\$ <b>1,000</b>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			

VEH # <b>2</b>	YEAR <b>2013</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Pickup Truck</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>F150</b>		V.I.N.: <b>1FTFX1CF7DKE93665</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
	<b>Livermore</b>					<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>28,495</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	ACV	<input checked="" type="checkbox"/> COMP/OTC		SPEC C OF L
							\$ <b>1,000</b>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			

VEH # <b>3</b>	YEAR <b>2015</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Pickup Truck</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>F250 SD</b>		V.I.N.: <b>1FTBF2A64FEA12184</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
	<b>Livermore</b>					<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>32,135</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	ACV	<input checked="" type="checkbox"/> COMP/OTC		SPEC C OF L
							\$ <b>1,000</b>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			

VEH # <b>4</b>	YEAR <b>2016</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Van</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>T-150</b>		V.I.N.: <b>1FTYE1ZM7GKA14900</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
	<b>Livermore</b>					<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>30,960</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	ACV	<input checked="" type="checkbox"/> COMP/OTC		SPEC C OF L
							\$ <b>1,000</b>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE <i>Steven Bozzuto</i>	PRODUCER'S NAME (Please Print) <b>Steven Bozzuto</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>0C08646</b>
APPLICANT'S SIGNATURE <i>Greg Byrkit</i>	DATE 06/19/2025 05:23	NATIONAL PRODUCER NUMBER <b>2655269</b>



# CALIFORNIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

A&BMECH-01

KFLETCHER

DATE (MM/DD/YYYY)

06/18/2025

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>	License # <b>0C77495</b>	APPLICANT (First Named Insured) <b>A &amp; B Mechanical, Inc.</b>
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**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	<input checked="" type="checkbox"/> 1	4	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <b>1,000,000</b>				
	<input type="checkbox"/> 2	7		BI EACH ACCIDENT \$			
	<input type="checkbox"/> 3	8		PROPERTY DAMAGE \$			
<b>PHYSICAL DAMAGE</b>							
			TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$		
			COMP / OTC	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
				<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$ <b>5,000</b>	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
	<input type="checkbox"/> 3 <input type="checkbox"/> 7			<input type="checkbox"/> 3 <input type="checkbox"/> 7			
UNINSURED MOTORIST	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 6	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <b>1,000,000</b>	COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
	<input type="checkbox"/> 3 <input type="checkbox"/> 7			<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			
	<input type="checkbox"/> 4			PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <b>1,500</b> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO CA	GROUP TYPE					<input type="checkbox"/> COMP \$
		<input checked="" type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS		NUMBER OF <b>13</b>			<input type="checkbox"/> SPEC C OF L \$
							<input type="checkbox"/> COLL \$
COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY							
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS				

**ENDORSEMENTS / REMARKS**

**TRUCKERS SECTION**

**A&BMECH-01**

**KFLETCHER**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
LIABILITY	41	46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMP / OTC	42	46	\$				
	42	47			43	47					
	43	50			42	46		<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW			
			SPECIFIED CAUSES OF LOSS	43	47	\$					
			COLLISION	42	46	\$					
			<input type="checkbox"/> WAIVER OF DEDUCTIBLE	43	47						
MEDICAL PAYMENTS	42	46	EACH PERSON \$	TOWING & LABOR	46	\$					
	43										
UNINSURED MOTORIST	42	46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE							
	43				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45				COMP / OTC	48					
				SPECIFIED CAUSES OF LOSS	48						
					49						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	48					\$	
				<input type="checkbox"/> WAIVER OF DEDUCTIBLE	49						
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO		GROUP TYPE		NUMBER OF						
			EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER	COVERAGE IS:		PRIMARY	SECONDARY			

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO  
 (42) OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT  
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS  
 (47) HIRED AUTOS ONLY  
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (50) NON-OWNED AUTOS ONLY

**ENDORSEMENTS / REMARKS**

**MOTOR CARRIER SECTION**

**A&BMECH-01**

**KFLETCHER**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	67	CSL	BI EA PER	\$				
	62	68	BI EACH ACCIDENT		\$				
	63	71	PROPERTY DAMAGE		\$				
	64								
			SPECIFIED CAUSES OF LOSS	62 67 63 68 64	SCL FT LSP F FTW	\$			
			COLLISION	62 67 63 68 64		\$			
			WAIVER OF DEDUCTIBLE	64					
MEDICAL PAYMENTS	62 64 63 67	EACH PERSON	\$	TOWING & LABOR	63 67	\$			
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$				
	63	67	BI EACH ACCIDENT		\$				
	64		PROPERTY DAMAGE		\$				
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
			COMP / OTC	69 70					
			SPECIFIED CAUSES OF LOSS	69 70					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE	IF ANY BASIS	COLLISION	69 70				\$
		\$		WAIVER OF DEDUCTIBLE	70				
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
		\$							
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE	NUMBER OF						
		EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
OTHER				OTHER				COVERAGE IS: PRIMARY SECONDARY	

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

**ENDORSEMENTS / REMARKS**

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE <i>Greg Byrkit</i>	DATE 06/19/2025 05:23	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER <b>2655289</b>
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# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
**06/18/2025**

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>		License # <b>0C77495</b>	CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>
POLICY NUMBER <b>810-2P940380-25-2S-G</b>		EFFECTIVE DATE <b>07/01/2025</b>	NAMED INSURED(S) <b>A &amp; B Mechanical, Inc.</b>	

**VEHICLE DESCRIPTION**

VEH # <b>5</b>	YEAR <b>2013</b>	MAKE: <b>Ford</b>	MODEL: <b>E-150</b>	BODY TYPE: <b>Van</b>	V.I.N.: <b>1FTNE1EW7DDA07276</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
		<b>Livermore</b>		<b>Livermore</b>		<b>CA</b>		<b>94550</b>				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>			\$ <b>26,755</b>		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA		<input checked="" type="checkbox"/>	\$ <b>1,000</b>
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL					\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>6</b>	YEAR <b>2017</b>	MAKE: <b>Ford</b>	MODEL: <b>F250</b>	BODY TYPE: <b>Pickup Truck</b>	V.I.N.: <b>1FDBF2A66HEB86790</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
		<b>Livermore</b>		<b>Livermore</b>		<b>CA</b>		<b>94550</b>				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
<b>CA</b>	<b>060</b>	<b>7,500</b>			<b>0.00</b>		<b>50</b>			\$ <b>42,038</b>		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA		<input checked="" type="checkbox"/>	\$ <b>1,000</b>
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL					\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>7</b>	YEAR <b>2016</b>	MAKE: <b>Ford</b>	MODEL: <b>F250</b>	BODY TYPE: <b>Pickup Truck</b>	V.I.N.: <b>1FDBF2A65GEC17879</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
		<b>Livermore</b>		<b>Livermore</b>		<b>CA</b>		<b>94550</b>				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
<b>CA</b>	<b>060</b>	<b>7,500</b>			<b>0.00</b>		<b>50</b>			\$ <b>34,984</b>		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA		<input checked="" type="checkbox"/>	\$ <b>1,000</b>
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL					\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>8</b>	YEAR <b>2015</b>	MAKE: <b>Ford</b>	MODEL: <b>Transit</b>	BODY TYPE: <b>Van</b>	V.I.N.: <b>NM0LS7F74F1228314</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
		<b>Livermore</b>		<b>Livermore</b>		<b>CA</b>		<b>94550</b>				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
<b>CA</b>	<b>060</b>	<b>7,500</b>			<b>0.00</b>		<b>50</b>			\$ <b>25,000</b>		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA		<input checked="" type="checkbox"/>	\$ <b>1,000</b>
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL					\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>9</b>	YEAR <b>2018</b>	MAKE: <b>Ford</b>	MODEL: <b>F150</b>	BODY TYPE: <b>Pickup Truck</b>	V.I.N.: <b>1FTEW1EP2JKC15367</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
		<b>Livermore</b>		<b>Livermore</b>		<b>CA</b>		<b>94550</b>				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>			\$ <b>57,580</b>		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA		<input checked="" type="checkbox"/>	\$ <b>1,000</b>
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL					\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
**06/18/2025**

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>		License # <b>0C77495</b>	CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>
POLICY NUMBER <b>810-2P940380-25-2S-G</b>		EFFECTIVE DATE <b>07/01/2025</b>	NAMED INSURED(S) <b>A &amp; B Mechanical, Inc.</b>	

**VEHICLE DESCRIPTION**

VEH # <b>10</b>	YEAR <b>2020</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Pickup Truck</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>F-250 SD</b>		V.I.N.: <b>1FT7W2BT1LEC62679</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			<b>Livermore</b>			<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>52,115</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	COMP/OTC	COLL	ACV	COMP/OTC
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # <b>11</b>	YEAR <b>2015</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Pickup Truck</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>F-250 SD</b>		V.I.N.: <b>1FTBF2A61FED54269</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			<b>Livermore</b>			<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>34,765</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	COMP/OTC	COLL	ACV	COMP/OTC
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # <b>12</b>	YEAR <b>2015</b>	MAKE: <b>Carry-On</b>	BODY TYPE: <b>18 ft / 2 axels</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Utility</b>		V.I.N.: <b>4YMFS1827FN010002</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			<b>Livermore</b>			<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>5,000</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	COMP/OTC	COLL	ACV	COMP/OTC
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # <b>13</b>	YEAR <b>2019</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Cargo Van</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Transit</b>		V.I.N.: <b>1FTYE1YM5KKB04721</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			<b>Livermore</b>			<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>28,825</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	COMP/OTC	COLL	ACV	COMP/OTC
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # <b>14</b>	YEAR <b>2022</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Sport Utility Vehicle</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Bronco</b>		V.I.N.: <b>3FMCR9B60NRD90433</b>		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			<b>Livermore</b>			<b>CA</b>	<b>94550</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>CA</b>	<b>060</b>	<b>10,000</b>			<b>0.00</b>		<b>50</b>
FARTHEST TERMINAL		COST NEW					
		\$ <b>30,530</b>					
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC
FARM	<input checked="" type="checkbox"/> SERVICE		<input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL
RENT REIMB FG	DEDUCTIBLES	AA	ST AMT	COMP/OTC	COLL	ACV	COMP/OTC
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
**06/18/2025**

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>		License # <b>0C77495</b>	CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>
POLICY NUMBER <b>810-2P940380-25-2S-G</b>		EFFECTIVE DATE <b>07/01/2025</b>	NAMED INSURED(S) <b>A &amp; B Mechanical, Inc.</b>	

**VEHICLE DESCRIPTION**

VEH # <b>15</b>	YEAR <b>2022</b>	MAKE: <b>Ford</b>	MODEL: <b>Explorer</b>	BODY TYPE: <b>Sport Utility Vehicle</b>	V.I.N.: <b>1FM5K8GC3NGC11671</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Livermore</b>		COUNTY		STATE <b>CA</b>	ZIP <b>94550</b>						
LIC STATE <b>CA</b>	TERR <b>060</b>	GVW / GCW <b>10,000</b>	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL		COST NEW \$ <b>49,175</b>				
USE	COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRI NS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	\$ <b>1,000</b>	\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$										

VEH # <b>16</b>	YEAR <b>2023</b>	MAKE: <b>Ford</b>	MODEL: <b>Transit</b>	BODY TYPE: <b>Cargo Van</b>	V.I.N.: <b>1FTYE1Y87PKB28724</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Livermore</b>		COUNTY		STATE <b>CA</b>	ZIP <b>94550</b>						
LIC STATE <b>CA</b>	TERR <b>060</b>	GVW / GCW <b>9,000</b>	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL		COST NEW \$ <b>47,500</b>				
USE	COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRI NS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	\$ <b>1,000</b>	\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$										

VEH # <b>17</b>	YEAR <b>2017</b>	MAKE: <b>Ford</b>	MODEL: <b>TRANSIT</b>	BODY TYPE: <b>Van</b>	V.I.N.: <b>1FTYE1YM9HKA25190</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Livermore</b>		COUNTY		STATE <b>CA</b>	ZIP <b>94550</b>						
LIC STATE <b>CA</b>	TERR <b>060</b>	GVW / GCW <b>10,000</b>	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL		COST NEW \$ <b>33,500</b>				
USE	COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRI NS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	\$ <b>1,000</b>	\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$										

VEH # <b>18</b>	YEAR <b>2015</b>	MAKE: <b>Ford</b>	MODEL: <b>F-250</b>	BODY TYPE: <b>Pickup Truck</b>	V.I.N.: <b>1FTBF2A66FED19758</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Livermore</b>		COUNTY		STATE <b>CA</b>	ZIP <b>94550</b>						
LIC STATE <b>CA</b>	TERR <b>060</b>	GVW / GCW <b>10,000</b>	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL		COST NEW \$				
USE	COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRI NS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	\$ <b>1,000</b>	\$ COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$										

VEH # <b>19</b>	YEAR <b>2016</b>	MAKE: <b>Ford</b>	MODEL: <b>F-250</b>	BODY TYPE: <b>Pickup Truck</b>	V.I.N.: <b>1FTBF2A60GEA94352</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Livermore</b>		COUNTY		STATE <b>CA</b>	ZIP <b>94550</b>						
LIC STATE <b>CA</b>	TERR <b>060</b>	GVW / GCW <b>10,000</b>	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL		COST NEW \$ <b>31,990</b>				
USE	COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRI NS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>	\$ <b>1,000</b>	\$ <b>1,000</b> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$										



AGENCY CUSTOMER ID: A&BMECH-01

KFLETCHER

# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
**06/18/2025**

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>		License # <b>0C77495</b>	CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>
POLICY NUMBER <b>810-2P940380-25-2S-G</b>		EFFECTIVE DATE <b>07/01/2025</b>	NAMED INSURED(S) <b>A &amp; B Mechanical, Inc.</b>	

**VEHICLE DESCRIPTION**

VEH # <b>20</b>	YEAR <b>2023</b>	MAKE: <b>Ford</b>	MODEL: <b>F-150</b>	BODY TYPE: <b>Pickup Truck</b>	V.I.N.: <b>1FTEX1CP2PKF92547</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
				<b>Livermore</b>				<b>CA</b>	<b>94550</b>			
LIC STATE <b>CA</b>	TERR <b>060</b>	GVW / GCW <b>10,000</b>		CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	COST NEW \$ <b>43,000</b>		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA	ST AMT	\$ <b>1,000</b>	
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL				\$ <b>1,000</b>	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							

VEH # <b>21</b>	YEAR <b>2016</b>	MAKE: <b>Ford</b>	MODEL: <b>Transit Connect</b>	BODY TYPE: <b>Van</b>	V.I.N.: <b>1FTYR1ZM1GKA87457</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
				<b>Livermore</b>				<b>CA</b>	<b>94550</b>			
LIC STATE <b>CA</b>	TERR <b>060</b>	GVW / GCW <b>10,000</b>		CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	COST NEW \$ <b>21,850</b>		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA	ST AMT	\$ <b>1,000</b>	
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL				\$ <b>1,000</b>	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							

VEH # <b>22</b>	YEAR <b>2016</b>	MAKE: <b>Ford</b>	MODEL: <b>F-250</b>	BODY TYPE: <b>Utility Bed</b>	V.I.N.: <b>1FTBF2A68GED25160</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
				<b>Livermore</b>				<b>CA</b>	<b>94550</b>			
LIC STATE <b>CA</b>	TERR <b>060</b>	GVW / GCW <b>10,000</b>		CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	COST NEW \$ <b>30,000</b>		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA	ST AMT	\$ <b>1,000</b>	
FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL				\$ <b>1,000</b>	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW		
										\$		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA	ST AMT	\$	
FARM	SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL				\$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW		
										\$		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP / OTC		AA	ST AMT	\$	
FARM	SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL				\$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							



AGENCY CUSTOMER ID: A&BMECH-01

# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
06/18/2025

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>	License # <b>0C77495</b>	CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>
POLICY NUMBER <b>810-2P940380-25-2S-G</b>	EFFECTIVE DATE <b>07/01/2025</b>	NAMED INSURED(S) <b>A &amp; B Mechanical, Inc.</b>	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ <b>Ford Motor Credit</b> <b>PO Box 30201</b> <b>College Station, TX 77842</b>	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: <b>16</b> BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION <b>2023 Ford Transit</b> <b>1E1YE1Y87PKB28724</b>
		REFERENCE / LOAN #: _____	INTEREST END DATE: _____
		LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____
REASON FOR INTEREST: <b>2023 Ford Transit #8724</b>		E-MAIL ADDRESS: _____	

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ <b>Toyota Financial</b> <b>PO Box 5855</b> <b>Carol Stream, IL 60197</b>	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: <b>17</b> BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION <b>2017 Ford TRANSIT</b> <b>1E1YE1YM9HKA25190</b>
		REFERENCE / LOAN #: _____	INTEREST END DATE: _____
		LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____
REASON FOR INTEREST: <b>2017 Ford #5190</b>		E-MAIL ADDRESS: _____	

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input checked="" type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ <b>Ford Motor Credit</b> <b>PO Box 30201</b> <b>College Station, TX 77842</b>	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: <b>20</b> BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION <b>2023 Ford F-150 1FTEX1CP2PKF92547</b>
		REFERENCE / LOAN #: _____	INTEREST END DATE: _____
		LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____
REASON FOR INTEREST: _____		E-MAIL ADDRESS: _____	

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ _____ _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
		REFERENCE / LOAN #: _____	INTEREST END DATE: _____
		LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____
REASON FOR INTEREST: _____		E-MAIL ADDRESS: _____	

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ _____ _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
		REFERENCE / LOAN #: _____	INTEREST END DATE: _____
		LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____
REASON FOR INTEREST: _____		E-MAIL ADDRESS: _____	



**ADDITIONAL COVERAGES OVERFLOW**

**A&BMECH-01**

**KFLETCHER**

**PAGE 1**

**OF 1**

\* Code OTHER; Description DRIVE OTHER CAR

\* Code UNDSP; Description Underinsured Motorist Combined/Split Limits; Covered Auto Symbol 2; Limit 1 \$1,000,000



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>		License # 0C77495	NAMED INSURED <b>A &amp; B Mechanical, Inc. 24179 Park Street Hayward, CA 94544</b>
POLICY NUMBER <b>810-2P940380-25-2S-G</b>			
CARRIER <b>Travelers Indemnity Co of CT</b>	NAIC CODE <b>25682</b>	EFFECTIVE DATE: <b>07/01/2025</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 127 FORM TITLE: BUSINESS AUTO SECTION

**Endorsements, Forms, Conditions**  
Business Auto Enhancement incl: Blkt AI/WOS/Primary, Hired  
Phys Damage, Rental Reimbursement \$75/day for 30 days,  
DOC Coverage for Greg & Deb.

**BACheckboxes**  
Selecting UM and UIM limits equal to my liability limits.

**Permanently attached equipment**  
All Equipment is included in total vehicle values  
GPS used in all trucks to confirm speed, stops, staying on route, and maintenance scheduling.

- 2013 Ford F-150 VIN 1FTFX1CF7DKE93665 Ladder Rack, bins & racks, cab driver alarm decals 8k
- 2015 Ford F250 SD VIN 1FTBF2A64FEA12184 Ladder Rack, bins & racks, cab driver alarm decals 8k
- 2016 Ford T-150 VIN 1FTYE1ZM7GKA14900 Bin head rack, ladder rack
- 2013 Ford E-150 VIN 1FTNE1EW7DDA07276 Utility box, ladder rack
- 2017 Ford F250 VIN 1FDBF2A66HEB86790 Utility box, ladder rack, special locks, alarm decals 8k
- 2016 Ford F250 VIN 1FDBF2A65GEC17879 Utility box, ladder rack, special locks, alarm decals
- 2015 Ford Transit VIN NM0LS7F74F1228314 Bin head rack, ladder rack
- 2015 Ford F-250 SD VIN 1FTBF2A61FED54269 Utility box, ladder rack, special locks, alarm decals
- 2019 Ford Transit VIN 1FTYE1YM5KKB04721 Bin head rack, ladder rack
- 2023 Ford Transit VIN 1FTYE1Y87PKB28724 Bin head rack, ladder rack
- 2017 Ford Transit VIN 1FTYE1YM9HKA25190 Bin head rack, ladder rack
- 2015 Ford F-250 VIN 1FTBF2A66FED19758 Utility box, ladder rack, special locks, alarm decals
- 2016 Ford F-250 VIN 1FTBF2A60GEA94352 Utility box, ladder rack, special locks, alarm decals
- 2016 Ford Transit VIN 1FTYR1ZM1GKA87457 Bin head rack, ladder rack
- 2016 Ford F-250 VIN 1FTBF2A68GED25160 Utility Bed valued at \$15k



AGENCY CUSTOMER ID: A&BMECH-01

KFLETCHER

# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)  
06/18/2025

**IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.**

AGENCY <b>Bozzuto &amp; Company Insurance Services, Inc.</b>	License # <b>0C77495</b>	CARRIER <b>Travelers Property Casualty Insurance Company</b>	NAIC CODE <b>36161</b>
POLICY NUMBER <b>CUP-2P969895-25-2S</b>	EFFECTIVE DATE <b>07/01/2025</b>	NAMED INSURED(S) <b>A &amp; B Mechanical, Inc.</b>	

**POLICY INFORMATION**

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE		
<input checked="" type="checkbox"/>	RENEWAL	<input checked="" type="checkbox"/>	EXCESS	<input type="checkbox"/>	CLAIMS MADE		
					RETROACTIVE DATE		
					PROPOSED	CURRENT	
EXPIRING POL #:				\$	<b>5,000,000 EA OCC</b>	\$	<b>10,000</b>
				\$	<b>5,000,000 Gen Aggregate</b>		
				\$	<b>5,000,000 Prod/Comp Ops</b>	FIRST DOLLAR DEFENSE (Y / N)	<b>Y</b>

**EMPLOYEE BENEFITS LIABILITY**

LIMIT OF INSURANCE (Ea Employee) <b>\$ 1,000,000</b>	AGGREGATE LIMIT FOR EBL <b>\$ 1,000,000</b>	RETAINED LIMIT FOR EBL <b>\$ 2,500</b>	RETROACTIVE DATE FOR EBL <b>12/01/2015</b>
NAME OF BENEFIT PROGRAM			

**PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)**

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: <b>A &amp; B Mechanical, Inc.</b> LOCATION: <b>26062 Eden Landing Road Ste 5 Hayward, CA 94545</b> DESCRIPTION: <b>SEE ACORD 125</b>		<b>\$5,500,000.00</b>		
	NAME: LOCATION: DESCRIPTION:				

**UNDERLYING INSURANCE**

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	<b>Travelers Indemnity Co of CT</b>  <b>810-2P940380-25-2S-G</b>	<b>07/01/2025</b>	<b>07/01/2026</b>	CSL EA ACC	\$ <b>1,000,000</b>	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$		
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE  <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	<b>Travelers Indemnity Co of CT</b>  <b>4T22-CO-2P938083-TCT-25</b>	<b>07/01/2025</b>	<b>07/01/2026</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>	PREM / OPS	
				GENERAL AGGR	\$ <b>2,000,000</b>	\$	
				PROD & COMP OPS AGGREGATE	\$ <b>2,000,000</b>	PRODUCTS	
				PERSONAL & ADV INJURY	\$ <b>1,000,000</b>	\$	
				DAMAGE TO RENTED PREMISES	\$	OTHER	
				MEDICAL EXPENSE	\$	\$	
				EMPLOYERS LIABILITY	<b>Palomar Specialty Insurance Co</b>  <b>TBD</b>	<b>07/01/2025</b>	<b>07/01/2026</b>
			DISEASE	\$ <b>1,000,000</b>			
			EACH EMPLOYEE	\$ <b>1,000,000</b>			
EBL	<b>Travelers Indemnity Co of CT</b> <b>4T22-CO-2P938083-TCT-24</b>	<b>07/01/2024</b>	<b>07/01/2025</b>	1,000,000	\$ <b>2,000,000.00</b>	\$	
					\$		

**UNDERLYING INSURANCE (continued)**

**UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)**

1. ARE DEFENSE COSTS:  WITHIN AGGREGATE LIMITS?  A SEPARATE LIMIT?  UNLIMITED?

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)  **N**

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)  **N** EFF. DATE: \_\_\_\_\_

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input checked="" type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>	CGL - CLAIMS MADE	<input checked="" type="checkbox"/> EMPLOYEE BENEFIT LIABILITY	<input checked="" type="checkbox"/>	VENDORS LIABILITY	
<input checked="" type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL		WATERCRAFT LIABILITY	
	<b>COVERAGE</b>	<b>EXPOSURE</b>			
	AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY			
	AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input checked="" type="checkbox"/>	ADDITIONAL INTERESTS	LIQUOR LIABILITY			
		<input checked="" type="checkbox"/> POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

**Per Project Aggregate, Blanket WOS**

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.  
**see 125 for info with DOL 01/06/15**

NO SUCH CLAIMS

**CARE, CUSTODY, CONTROL**

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

**OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY**

\*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

**VEHICLES**

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT	<b>14</b>					
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

**ADDITIONAL EXPOSURES**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y / N
<b>ADVERTISERS LIABILITY</b>		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		<b>N</b>
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		<b>N</b>
<b>AIRCRAFT LIABILITY</b>		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		<b>N</b>
<b>AUTO LIABILITY</b>		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		<b>N</b>
6. ARE PASSENGERS CARRIED FOR A FEE?		<b>N</b>
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		<b>N</b>
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		<b>N</b>
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		<b>Y</b>
<b>CONTRACTORS LIABILITY</b>		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		<b>N</b>
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		<b>N</b>
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		<b>N</b>
<b>EMPLOYERS LIABILITY</b>		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		<b>N</b>
16. SUBJECT TO:	<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
<b>INCIDENTAL MALPRACTICE LIABILITY</b>		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		<b>N</b>
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		<b>N</b>
19. INDICATE # OF DOCTORS:	NURSES:	BEDS:

**ADDITIONAL EXPOSURES (continued)**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED											Y / N																			
POLLUTION LIABILITY																														
EPA #:																														
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?											N																			
21. INDICATE THE COVERAGES CARRIED:																														
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION				<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT																										
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY				<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																										
PRODUCT LIABILITY																														
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?											N																			
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)											N																			
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)											N																			
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____																														
PROTECTIVE LIABILITY																														
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																														
WATERCRAFT LIABILITY																														
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?											N																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">LOC #</th> <th style="width: 15%;"># OWNED</th> <th style="width: 15%;">LENGTH</th> <th style="width: 15%;">HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				LOC #	# OWNED	LENGTH	HORSEPOWER					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">LOC #</th> <th style="width: 15%;"># OWNED</th> <th style="width: 15%;">LENGTH</th> <th style="width: 15%;">HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				LOC #	# OWNED	LENGTH	HORSEPOWER											
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APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS																														
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**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Empty box for remarks.

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ \_\_\_\_\_ \* UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ \_\_\_\_\_ \*

\* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. [ ] (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. [ ] (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. [ ] (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. [ ] (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. [ ] (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. [ ] (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. [ ] (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. [ ] (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE: Steven Bozzuto; PRODUCER'S NAME: Steven Bozzuto; STATE PRODUCER LICENSE NO: 0C08646; APPLICANT'S SIGNATURE: Greg Byrkit; DATE: 06/19/2025 05:23; NATIONAL PRODUCER NUMBER: 2055789