

**NO. 47**

**Q:** Are there any current or historical pain points related to the existing security services that we should be aware of to better align with your requirements & expectations?

**A:** It is important that the City or Property Manager can reach a field supervisor or account manager at all times, that interactions are conducted in a professional manner, and that the security officers are provided with all safety equipment needed. In the event that adjustments need to be made to Post Orders or protocols, the City expects flexibility from the provider in this regard.

**NO. 48**

**Q:** Is there a specific timeline or deadline for conducting the initial property survey and submitting the certification before deployment?

**A:** Contract start date will be negotiated with selected provider, such that there is no lapse in patrol services.

**NO. 49**

**Q:** Is the cost of the transition period overlap when both companies are present to be included in the total cost or separately show in another amount so labelled?

**A:** Please show it as a separate line item.

**NO. 50**

**Q:** How often does the City expect meetings or check-ins with the appointed Account Manager?

**A:** Check ins daily during the first week, then weekly for the first month, then monthly after that for the first three months. As needed thereafter.

**NO. 51**

**Q:** Is the Account Manager expected to be available onsite during specific hours, or can they be offsite with remote communication?

**A:** Offsite is fine as long as they are always available by phone. It is important that we can always get ahold of someone in an emergency.

**NO. 52**

**Q:** What metrics or standards will the City use to evaluate the quality of service provided under this contract?

**A:** Ongoing evaluations of the quality of service provider, includes reviewing

## City of Alameda, California

incident reports, historic data, and feedback from the community members such as tenants/residents/other City departments, etc.

### **NO. 53**

**Q:** Will the City conduct regular audits or evaluations of the Provider's performance?

**A:** The City reserves the right to conduct audits and/or evaluations of the Provider's performance.

### **NO. 54**

**Q:** Will access control systems, alarm systems, or other monitoring technology be provided by the City, or is a Provider expected to supply any of these? Who is the City's preferred provider of the Alarms, Cameras, if applicable, etc. Note: ABC has its own vehicle GPS and Cameras systems installed in its vehicle fleet.

**A:** The City has some alarm systems in place and security staff will be expected to navigate it. The City will provide access instructions, codes, and alarm company contacts for reference. The provider is not expected to supply any of this technology.

### **NO. 55**

**Q:** Are there existing security systems or equipment onsite that the Provider must integrate with or maintain?

**A:** Provider will not need to integrate with or maintain any such systems or equipment. Patrol officers are expected to use the systems in order to provide access to buildings or show footage to first responders.

### **NO. 56**

**Q:** A What is the FLS Monitoring System installed at the facility & expected to be monitored by Security Staff? Where is it located and who will perform training?

**A:** FLS systems vary depending on the building. The monitoring of systems is done by a separate provider, however, Patrol Officer may be asked to respond to a site to investigate an alarm and to coordinate access for emergency services.

### **NO. 57**

**Q:** How many miles does the vehicle travel in a day? Are there changes expected?

**A:** Approximately 150 miles per day.

### **NO. 58**

**Q:** Emergency landings are approximately how often and who will specify & train on the procedures for handling them?

## City of Alameda, California

**A:** This is a very rare occurrence and patrol's responsibility would be to support emergency services as directed by the Property Manager or the City.

### NO. 59

**Q:** What does System Development mean in the context of the last page of Appendix A of the Proforma Contract?

**A:** During the transition period, Property Management and the awarded security vendor establish and construct a system that establishes standards, communication, and protocols, as well as reporting mechanisms.

### NO. 60

**Q:** Our company has expansive insurance. We are open to raising the required limits; however we do not want to leave anything open-ended. While the requirement to be entitled to the broader/ and higher limits may seem facially fair, it places larger bidders at a disadvantage, as they are likely to carry higher insurance limits, that the City would likely not be entitled to. With that being said, we appreciate the need for the request and ask if a compromise on raising the insurance limits for the elimination of section f, Sufficiency of Insurance: "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.." For the elimination of the clause stated above, we would be open to raising the required policy limits to your satisfaction, within reason.

**A:** Proposers may submit redline requests with their Proposal, that will be negotiated as part of the award of the contract. It is strongly preferred that the Provider is able to accept the language in the City's standard contract.

### NO. 61

**Q:** Our company stands behind our security services and regularly accepts the obligation to indemnify clients for the comparative portion of any losses, costs or damages that are caused by the negligence, recklessness or willful misconduct of our personnel in the performance of security services under client agreements. Can HOLD HARMLESS, Section 9, lines 5-6 be revised as follows to reflect that standard? On lines 5-6, replace the language of "arising from or in any manner connected to" with the language, "to the extent caused".

**A:** See response to question 60.

### NO. 62

**Q:** What is meant by shop & storage facilities highlighted & underlined below?

#### 2. Statement of Qualifications

The Proposer shall prepare a statement of qualifications which identifies: a) The size, stability, and capacity of Proposer's organization, including, at a minimum, an identification of total number of years in operation, number of employees in the

## City of Alameda, California

office location which is intended to provide the services described in the Scope of Services, and **a description of Proposers' shop and storage facilities** intended to Support the City.

**A:** See reference 1 for clarification. No shop or storage facility description is required with submission.

**NO. 63**

**Q:** Since there is only one line on the Appendix C for assigned guards shall we just say see attached and include a list on a separate page?

**A:** Proposer is welcome to provide additional rates or services on a separate sheet.

## ATTACHMENT 1 – CHANGES TO BID PACKAGE

## **ATTACHMENT 1**

#### **IV. PROPOSAL REQUIREMENTS**

The Proposer shall include in its proposal the information outlined below in a manner which demonstrates the Proposer's competence and qualifications for the satisfactory performance of the services identified in this RFP.

##### **1. Cover Letter**

The proposal shall be submitted with a cover letter. The letter accompanying the proposal must provide the name, title, address, telephone number, and signature of the individual(s) authorized to negotiate and bind the firm contractually. An unsigned proposal or one signed by an individual unauthorized to bind the firm may be rejected. The cover letter shall provide a summary of the firm's capabilities and availability of construction management staff, information and qualifications Proposed Scope of Services.

##### **2. Statement of Qualifications**

The Proposer shall prepare a statement of qualifications which identifies:

- a) The size, stability, and capacity of Proposer's organization, including, at a minimum, an identification of total number of years in operation, number of employees in the office location which is intended to provide the services described in the Scope of Services, ~~and a description of Proposers' shop and storage facilities intended to support the City.~~
- b) An identification of the Proposer's experience performing services for projects of a similar size and scope as the services required by this RFP. Provide: (1) a brief description of the services provided, (2) an explanation of why this experience is relevant to the required Services, and (3) the name and address of the contracting agency, including contact information for a reference check (name, title, phone number, and email address).
- c) A list of the Proposer's principals, employees, agents, and sub-service providers which the Proposer intends to assign to this project. This list shall include a summary of the qualifications (including education, training, certifications, licenses, and experience) of each individual; the approximate number of hours each will devote to the contract; and the type of work to be performed by each individual.
- d) The following information on all state or federal litigation in which Proposer or any proposed subcontractor was a named party, or worked under contract with a party named in a lawsuit:
  1. Case name and case number
  2. Case location (including county and state for state litigation, or district for federal litigation)
  3. Year case was filed
  4. Whether case is pending or resolved, and outcome (if any)
  5. Description of the case (i.e., type of case, whether case is typical, what claims were alleged against Bidder or subcontractor)



CITIINC-01

IFATHIPOUR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> <b>Paramount Exclusive Insurance Services, Inc.</b> <b>15760 Ventura Blvd. Suite 500</b> <b>Encino, CA 91436</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (818) 986-7283</b> <b>FAX (A/C, No): (818) 986-4949</b> <b>E-MAIL ADDRESS: service@paramountexclusiveins.com</b>														
<b>INSURED</b>  <b>CitiGuard Inc</b> <b>22736 VANOWEN STREET STE 300</b> <b>West Hills, CA 91307</b>	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : <b>Evanston Ins. Co.</b></td> <td><b>035378</b></td> </tr> <tr> <td>INSURER B : <b>National Fire &amp; Marine Ins.</b></td> <td><b>20052</b></td> </tr> <tr> <td>INSURER C : <b>Travelers Casualty and Surety Company of America</b></td> <td><b>31194</b></td> </tr> <tr> <td>INSURER D : <b>Underwriters at Lloyd's of London</b></td> <td><b>32727</b></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Evanston Ins. Co.</b>	<b>035378</b>	INSURER B : <b>National Fire &amp; Marine Ins.</b>	<b>20052</b>	INSURER C : <b>Travelers Casualty and Surety Company of America</b>	<b>31194</b>	INSURER D : <b>Underwriters at Lloyd's of London</b>	<b>32727</b>	INSURER E :		INSURER F :	
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>BMGG100043-01</b>	<b>3/26/2025</b>	<b>3/26/2026</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> <b>MISC ERRORS OMM</b> \$ <b>1,000,000</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		<b>72APB011105</b>	<b>3/26/2025</b>	<b>3/26/2026</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <b>HNOA Section D)</b> \$ <b>1,000,000</b>
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>BMGE100039-01</b>	<b>3/26/2025</b>	<b>3/26/2026</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>Aggregate</b> \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>C</b>	<b>Crime</b>			<b>107479980</b>	<b>7/27/2024</b>	<b>7/27/2025</b>	<b>Single Loss</b> <b>100,000</b>
<b>D</b>	<b>Hired &amp; Non Owned</b>			<b>RTSHNOA-02322</b>	<b>4/23/2025</b>	<b>4/23/2026</b>	<b>Limit</b> <b>1,000,000</b>

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

The City of Alameda, its city council, boards, commissions, officials, employees, agents, and volunteers are included as additional insured Insurance is primary and non-contributory. Waiver of subrogation applies.

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6/5/2025

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Alameda</b> <b>2263 Santa Clara Ave</b> <b>Alameda CA 94501</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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POLICY NUMBER: BMGG100043-01

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
As required by written contract executed prior to commencement of operations.	All Locations. ,
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	



**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

**B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.** This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: BMGG100043-01

COMMERCIAL GENERAL LIABILITY  
CG 20 37 04 13

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

## **ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

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

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location And Description Of Completed Operations</b>
As required by written contract executed prior to commencement of operations.	All Locations ,
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: BMGG100043-01

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

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

This endorsement modifies insurance provided under the following:

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

**SCHEDULE**

<p><b>Name Of Person Or Organization:</b></p> <p>As required by written contract executed prior to commencement of operations.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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

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

**COMMERCIAL GENERAL LIABILITY  
CG 20 01 04 13**

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

**PRIMARY AND NONCONTRIBUTORY –  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

In consideration of payment of the additional premium listed below, LIABILITY COVERAGE is extended to any person or organization you are required to add to this policy as an additional insured in a written agreement between you and the additional insured that is executed prior to the "accident" provided that:

- 1) such insurance applies only to the ownership, maintenance or use of a covered auto; and
- 2) such insurance applies only to acts or omissions by you, your agents or your "employees" while such covered auto is being used in your business; and
- 3) such insurance does not apply to the acts or omissions of the additional insured or any of the additional insured's agents or "employees" other than you; and
- 4) such insurance does not apply if the additional insured is subject to motor carrier insurance requirements and is not insured for hired "autos" under an "auto" liability insurance form that insures on a primary basis the owners of the "autos" and their agents and "employees" while the "autos" are being used exclusively in the additional insured's business and pursuant to operating rights granted to the additional insured by a public authority; and
- 5) such inclusion of additional insured shall not increase our limit of liability under this policy.

All other terms, conditions and agreements remain unchanged.

Additional Premium: \$ 2,500

Company Name National Fire & Marine Insurance Company	Policy Number 72 APB 011105
	Endorsement Effective 03/26/2025 7:05 AM
Named Insured CITIGUARD INC	Countersigned by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2025

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<b>PRODUCER</b> SUNZ Insurance Solutions, LLC ID: (DecisionHR) c/o DecisionHR Holdings Inc 5801 Postal Road, PO Box 818020 Cleveland, OH 44181	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Cortney Horn</td> </tr> <tr> <td><b>PHONE (A/C, No. Ext):</b> 888-828-5511</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> Certs@DecisionHR.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td colspan="2"><b>INSURER A:</b> SUNZ Insurance Company</td> </tr> <tr> <td colspan="2"><b>INSURER B:</b></td> </tr> <tr> <td colspan="2"><b>INSURER C:</b></td> </tr> <tr> <td colspan="2"><b>INSURER D:</b></td> </tr> <tr> <td colspan="2"><b>INSURER E:</b></td> </tr> <tr> <td colspan="2"><b>INSURER F:</b></td> </tr> </table>	<b>CONTACT NAME:</b> Cortney Horn		<b>PHONE (A/C, No. Ext):</b> 888-828-5511	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> Certs@DecisionHR.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> SUNZ Insurance Company		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b> DecisionHR I Inc LCF Citiguard Inc 5801 Postal Road; PO Box 818020 Cleveland OH 44181	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>NAIC #</b></td> <td>34762</td> </tr> </table>	<b>NAIC #</b>	34762																		
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**COVERAGES****CERTIFICATE NUMBER:** 85390972**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						\$ \$ \$ \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	WC042-00263-025 WC042-00263-024	6/1/2025 3/26/2025	6/1/2026 6/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Coverage provided for all leased employees but not subcontractors of: Citiguard Inc Client Eff Date: 3/26/2025  
 Waiver of Subrogation in favor of certificate holder as per written contract, while work is performed at or in: CA

**CERTIFICATE HOLDER**

976101  
 City of Alameda  
 2263 Santa Clara Ave  
 Alameda CA 94501

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rick Leonard

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ACORD 25 (2016/03)

The ACORD name and logo 48 registered marks of ACORD

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.

The additional premium for this endorsement shall be \$ 100

Schedule

Person or Organization

Job Description

City of Alameda  
2263 Santa Clara Ave  
Alameda CA 94501

Coverage provided for all leased employees but not subcontractors of: Citiguard Inc Client Eff Date: 3/26/2025 Waiver of Subrogation in favor of certificate holder as per written contract, while work is performed at or in: CA

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: 06/01/2025  
Insured: DecisionHR I Inc  
LCF Citiguard Inc  
5801 Postal Road; PO Box 818020  
Cleveland OH 44181  
Insurance Company:  
SUNZ Insurance Company

Policy No.:WC042-00263-025      Endorsement No.:85390972

Countersigned by 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> SUNZ Insurance Solutions, LLC ID: (DecisionHR) c/o DecisionHR Holdings Inc 5801 Postal Road, PO Box 818020 Cleveland, OH 44181	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Cortney Horn</td> </tr> <tr> <td><b>PHONE (A/C, No. Ext):</b> 888-828-5511</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> Certs@DecisionHR.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td colspan="2"><b>INSURER A:</b> SUNZ Insurance Company</td> </tr> <tr> <td colspan="2"><b>INSURER B:</b></td> </tr> <tr> <td colspan="2"><b>INSURER C:</b></td> </tr> <tr> <td colspan="2"><b>INSURER D:</b></td> </tr> <tr> <td colspan="2"><b>INSURER E:</b></td> </tr> <tr> <td colspan="2"><b>INSURER F:</b></td> </tr> </table>	<b>CONTACT NAME:</b> Cortney Horn		<b>PHONE (A/C, No. Ext):</b> 888-828-5511	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> Certs@DecisionHR.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> SUNZ Insurance Company		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES****CERTIFICATE NUMBER:** 85390972**REVISION NUMBER:**

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

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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
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