AGREEMENT BIBLIOGRAPHY

Agreement With:	Siemens Industry, Inc.
Agreement Type:	On-call traffic signal and street lighting maintenance services at various locations within the city of Garden Grove
Date Approved:	02 05 2015
Start Date:	03 01 2015
End Date:	03 01 2016
Contract Amount:	See Agreement
Comments:	Amendment No. 1 Public Works
Insurance Expiration:	10 01 2015
Date Archived:	03/03/2015



CITY OF GARDEN GROVE OFFICE OF THE CITY CLERK

Safeguard all official records of the City.

Conduct municipal elections and oversee legislative administration.

Provide reliable, accurate, and timely information to the

City Council, staff, and the general public.

Bao Nguyen Mayor

Steven R. Jones Mayor Pro Tem

Christopher V. Phan Council Member

> Phat Bui Council Member

Kris Beard Council Member

March 2, 2015

Siemens Industry, Inc. 10775 Business Center Drive Cypress, CA 90630

Enclosed is a copy of Amendment No. 1 of the Agreement by and between the City of Garden Grove and Siemens Industry, Inc., to provide on-call traffic signal and street lighting maintenance services at various locations within the city of Garden Grove.

Sincerely,

Kathleen Bailor, CMC City Clerk

Bv.

Teresa Pomeroy, CMC

Deputy City Clerk

Enclosure

c:

Finance Department

Finance Department/Purchasing

Public Works

CITY OF GARDEN GROVE

AMENDMENT NO. 1

To Furnish all material and equipment for on-call traffic signal and street lighting maintenance services at various city locations as set forth in CONSULTANT'S proposal attached hereto as Exhibit 'A'.

This Amendment No.1 to Furnish all material and equipment for on-call traffic signal and street lighting maintenance services at various locations for the City of Garden Grove is made and entered into this 5 day of February 2015, by and between the CITY OF GARDEN GROVE, hereinafter referred to as "CITY", and Siemens Intelligent Transportation Services hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract effective January 24, 2012.

WHEREAS, Contractor and CITY desire to amend the Existing Contract as provided herein.

Now, therefore, it mutually agreed, by and between the parties as follows:

Section 1.0, Term and Termination, shall be revised as follows:

The CITY hereby extends the performance period from **March 1**, **2015 to March 1**, **2016**.

Section 3.0, Compensation, shall be revised as follows:

Pricing shall be per attached fee schedule, attached as Attachment 'A' and is hereby incorporated by reference.

Except as expressly amended hereby, the Existing Contract remains in full force and effect as originally executed.

IN WITNESS WHEREOF, the parties have caused this Amendment No. 1 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.

	"CITY" CITY OF GARDEN GROVE
Dated: , 2013	By: After City Manager
ATTEST	"CONSULTANT" SIEMENS INTELLIGENT TRANSPORTATION SERVICES
Ratheen Bailor	By:
City Clerk	Title: Operations Manny
Dated:, 2015	Dated: 2-18- , 2015
APPROVED AS TO FORM:	
The Frix	If CONSULTANT/CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to CITY
Garden Grove City Attorney	
Data da 2/// 2015	

SIEMENS

February 4th, 2015

Rosemarie Jacot PW/Engineering Division City of Garden Grove 11222 Acacia Parkway Garden Grove CA 92840

Subject: Contract Extension 2015

Dear Ms. Jacot,

Please consider this letter as a formal request for the extension of our existing "On-Call Traffic Signal and Street Lighting Maintenance and Repair Services" contract. We are requesting an extension for an additional year which will extend the current contract through February 28th, 2016. At this time, the CPI is at .7% over last year so we are requesting an increase as would be typical. Please see the attached, updated pricing and let me know if you have any questions.

We feel we have completed another successful and mutually beneficial year with the City of Garden Grove, we thank you for your business and are looking forward to another year working together. Please feel free to give me a call if you have any questions or concerns.

Sincerely,

Michael J. Hutchens

Sr. Service Account Manager

Siemens Industry, Inc

5. PRICE PROPOSAL

LABOR RATES	REGULAR TIME	<u>OVERTIME</u>	PREMIUM TIME
Operations Superintendent	\$ 90.63	\$ 125.88	\$ 161.12
Engineering Technician	\$ 90.63	\$ 125.88	\$ 161.12
Traffic Signal Electrician	\$ 83.56	\$ 116.81	\$ 150.04
Traffic Signal Laborer	\$ 66.46	\$ 95.67	\$ 125.88
Traffic Signal Apprentice	\$ 66.46	\$ 95.67	\$ 125.88

EQUIPMENT RATES

Bucket Truck	\$ 28.20 / Hour
Mobile Crane	\$ 65.42 / Hour

Other equipment not listed above will be billed at the current California Department of Transportation equipment rates that equal the surcharge rate plus 15%.

MATERIAL

Cost plus

15%

ENGINEERING SERVICES

Job Classification	Rate
Principal Engineer Senior Engineer Associate Engineer Staff Engineer Senior Engineering Assistant Engineering Assistant CAD Operator Clerical	\$ 196.37 / Hr \$ 166.15 / Hr \$ 151.05 / Hr \$ 125.88 / Hr \$ 115.81 / Hr \$ 105.74 / Hr \$ 75.53 / Hr
Reproductions Other direct costs	Cost plus 15% Cost plus 15%



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/26/2014

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

MARCH USA, INC. 48 SOUTH STREET MORRISTONA, NJ 67990-4944 202 - 203 - 7875 MORRISTONA, NJ 67990-4944 PERMIS CAIL.	th	e te	rms and condi	ition	ns of the policy,	cert	ain p	olicies may require an er	ndorsei	ment. A stat	tement on th	s certificate does not c	onfer r	ights to the
MARCHUSA, NO. 48 SOUTH STREET MONOSTORM, NJ 67850-6449 202 - 203 - 7875 MICHAEL STREET MONOSTORM, NJ 67850-6449 MICHAEL STREET MICHAEL STREET MONOSTORM, NJ 67850-6449 MICHAEL STREET MICHAE	certificate holder in lieu of such endorsement(s).					CONTACT								
### SPERING INDUSTRY, INC. SPERING INDUSTRY,	MARSH USA, INC. Melissa Cavalla				PHONE	Euth.		FAX						
SEEDING INDUSTRY, INC. SEEDING INC. SEED		4	MORRISTOWN, NJ	0796	60-6454 <u>202</u>	- 2	6	3-7875	(A/G, No, Ext): (A/G, No):					
MISURED Proceeding American Burnarios Company 1433 1433 1434				sent of				1015	MUUKE		SURFRISI AFFOR	DING COVERAGE		NAIC#
SEELENS INDUSTRY, INC. SEELENS INDUSTRY, INC. SEELENS INDUSTRY, INC. SEELENS INDUSTRY, INC. SEELENS INTELLICENT THANSPORTATION SERVICES THANSPORT	4004	ים חר	EDLID Drof 1/115		DESIC	PEVI	NO.	1185P NOC60	INCHIDE	BA, HDI-Gerlin	g America Insurar	nce Company A X \	1	
SERIAMS RIJUSTAT, IT STATES OF THE POLICIES OF			EPUB-PIOI-14/13		NE310	INET	40	11001 110000	INSURE	The Travel	lers Indemnity Co	mpany A+1	XV	25658
SERVISION STATUTION SERVICES 1000 EEPREID PARKWAY BUFFALO GROVE, IL 600894013 CERTIFICATE NUMBER: NYC-0082573233 REVISION NUMBER:	11400	S				P	H	utchens	INSURE	The Charte	er Oak Fire Insura	nce Company	VV	25615
BUPFALO GONZE, IL 60099-613 COVERAGES CERTIFICATE NUMBER: MY-00325732-33 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANEE ABOVE FOR THE POLICY PERIOD DIDLOTATE. NONWHISTANDING ANY RECUIRES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANEE ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF SUCH POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF SUCH POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SECRETIFICATE MAY BE INSURED					THORS	_		1.00	INSURE	Travelers I	Property Casually	Co. of America	VI	
COVERAGES CERTIFICATE NUMBER: NYC-0082537333 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INSTEID BELOW HAVE BEEN SUBJECT TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDIVIDUAL THAT THE POLICIES OF INSURANCE INSTEID BELOW HAVE BEEN REVISION NUMBER ABOVE FOR THE POLICY PERIOD INDIVIDUAL THAT THE POLICIES OF INSURANCE INSTEID BELOW HAVE BEEN REVISION NAMED ABOVE FOR THE POLICY PERIOD INDIVIDUAL THAT THE POLICIES OF INSURANCE INSURANCE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDIVIDUAL THAT THE POLICIES OF INSURANCE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDIVIDUAL THAT THE POLICIES OF INSURANCE INSURANCE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDIVIDUAL THAT THE POLICIES OF THE POLICY PERIOD INDIVIDUAL THAT THE POLICY PERIOD INDIVIDUAL THE POLICY PERIOD INDIVIDUAL THAT THE POLICY PERIOD INDIVIDUAL THAT THE POLICY PERIOD INDIVIDUAL THE POLICY PERIOD INDIVIDUAL THAT THE POLICY PERIOD INDIVIDUAL THAT THE POLICY PERIOD INDIVIDUAL THAT THE POLICY PERIOD IN		1	000 DEERFIELD PA	ARKV	WAY	-40	05(3-2100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JAV	
COVERAGES CENTIFICATE NUMBER: NYC-08355733-33 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 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE AFFORDED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD THIS IS TO CERTIFICATE MAY BE ISSUED ON MAY PERIATIN. THE MUSH BEEN ISSUED TO THE RUSINED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED ON MAY PERIATIN. THE MUSH AND RECONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE MAD BEEN INSURANCE AFFORDED BY THE POLICY PERIOD INSURANCE MAD BY THE POLICY PERIOD AND COMMERCIAL CONTROL OF THE POLICY PERIOD AND COMMERCIAL CONTROL OF THE POLICY PERIOD AND COMMERCIAL CONTROL OF THE ABOVE PICK PERIOD AND COMMERCIAL CONTROL OF THE ABOVE PICK PERIOD AND COMMERCIAL CONTROL OF THE POLICY PERIOD AND COMMERCIAL CONTROL OF THE ABOVE PICK PERIOD AND COMMERCIAL CONTROL OF THE POLICY PERIOD AND COMMERCIAL CONTROL OF THE ABOVE PICK PERIOD AND COMMERCIAL CONTROL OF THE POLICY PERIOD AND COMMERCIAL CONTROL OF THE ABOVE PICK PERIOD AND COMMERCIAL CONTROL OF THE ABO		В	UFFALO GROVE, I	IL 60	0089-4513									
THIS IS TO CERTIEY 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 CLAMS. REFERENCE TO WHICH THIS INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. REFERENCE TO WHICH THE INSURANCE AND COLOR TO THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. REFERENCE TO WHICH THE INSURANCE INSURANCE INSURING THE POLICY FOR TH		/PP	4050	_	CED	TIEI	ATE	: MIMDED:				PEVISION NI IMRÉR.		
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 POLICES DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A CENERAL LIABILITY ORDERRAL LIABILITY CLAIMS-MADE OCCUR CERNIL AGGREGATE LIMIT APPLIES PER: X POLICY PROJUCTS - COMPANIES EIG SOZIOTIONO \$ 100012014 \$ 100012014 \$ 100012015 \$ EACH OCCURRENCE \$ 1,000,000 \$ PERSONAL & ADVINJURY \$ 1,000,0	CO	/EK	AGES	TUA									HE POL	ICY PERIOD
ADDISURY POLICY NUMBER (POLICY NUMBER) POLICY NUMBER (POLICY NUMBE	IN	DIC/	TED. NOTWIT	HST F IS	ANDING ANY RE	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS I
A CAMBREAL LIABILITY CAMBREAL LIABILITY CAMBREAL CONTROL CAMBRE						ADDL	SUBR			POLICY EFF	POLICY EXP		S	
X COMMERCIAL GENERAL LIABILITY CLAMS-MADE X OCCUR GENT. AGGREGATE LIMIT APPLES PER: X POLICY JRCT LOC D AUTOMOBILE LIABILITY X ANY AUTO X ALLOWNED X ANY AUTO X ALLOWNED X AUTOS X ANY AUTO X ALLOWSED X AUTOS X AU		GEN				mon							\$	1,000,000
CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 10,00,000		Х	COMMERCIAL GE	NER	AL LIABILITY							DAMAGE TO RENTED PREMISES (Fa occurrence)	\$	1,000,000
PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPIOP AGG \$ INCL X POLICY FEET Loc D AUTOMOBILE LIABILITY TOUR INJURY Per person \$ NICL X ANY AUTO AUTOS AUT				-	V			2					\$	100,000
GENT AGGREGATE LIMIT APPLIES PER: X POLICY PEO: X POLICY PEO: X POLICY PEO: X POLICY PEO: X ANY AUTO X ANY AUTO X ANY AUTO X ALLOS X HIRED AUTOS X NON-OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS CUD1110206			OLI MINO MATE	- L		ŀ				*			\$	1,000,000
GENTL AGGREGATE LIMIT APPLIES PER: X POLICY PROT LOC D AUTOMOBILE LIABILITY X AUTOMOBILE LIABILITY X AUTOS ALL OWNED													\$	10,000,000
X POLICY FOR I LOC X POLICY FOR I LOC AUTOMOBILE LIABILITY X ANY AUTO X ALVOWNED AUTOS X AUTOS X HIRED AUTOS X AUTOS X AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS X AUTOS X HIRED AUTOS X AUTOS		CEN	III ACCRECATE I II	MIT	ADDI IEQ DED:								\$	INCL.
D AUTOMOBILE LIABILITY X ANY AUTO X ALLOWNED AUTOS X														
X ANY AUTO X ALL OWNED X ALL OWNED X HIRED AUTOS X HON-OWNED AUTOS X HIRED AUTOS X HON-OWNED AUTOS X NON-OWNED AGREGATE \$ 5,000,000 AGREGATE \$ 5,000,000 AGREGATE \$ 5,000,000 AGREGATE \$ 5,000,000 AGREGATE \$ 10/01/2015 AND EMPLOYERS LIABILITY AND EMPLOYERS LIA	D				1 1100			TC2JCAP7440L34A14		10/01/2014	10/01/2015	COMBINED SINGLE LIMIT	\$	2,000,000
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS AND PROPERTY DAMAGE N/A NORKERS COMPRISATION AND EMPLOYERS' LIABILITY AND PROPERITORY OF OPERATIONS below AND EMPLOYERS' LIABILITY AND PROPERITORY OF OPERATIONS below A PROPERTY PROPERTY LIABILITY AND PROPERTY LIABILITY AND PROPERTY LIABILITY AND EMPLOYERS' LIABILITY AND PROPERTY LIABILITY AND PR									0					
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETERTIONS TOCOMPRISON PROPERTY DAMAGE S NA AND EMPLOYERS LIABILITY ANY PROPERTY DAMAGE S S,000,000 AGGREGATE S 5,000,000 AGGREGATE S 5,000,000 TRKUB7440L27114 (AOS) TRKUB7440L28114 (AZ, MA, OR & WI) If yes, describe under executive Description of Operations / Leach Accord 161, Additional Remarks Schedule, if more space is required) PEC AIT ACHED DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 161, Additional Remarks Schedule, if more space is required) RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES SEE ATTACHED CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			ALL OWNED	Г	SCHEDULED							BODILY INJURY (Per accident)	\$	N/A
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$ C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY OFFICENMENIBER EXCLUDED? (Mandatory in NH) If yes, describe under the professional Liability DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Altach ACORD 161, Additional Remarks Schedule, if more space is required) RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES SEE ATTACHED C CUD1110206 10/01/2014 10/01/2015 10/01/2014 10/01/2015 10/01/2				×	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	N/A
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS CLAIMS-MADE CLA		^	HIRED AUTOS	-	AUTOS							(Per accident)		
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ CLAIMS-MADE	Δ	X	IMPRELIATION	1	X	-		CUD1110206		10/01/2014	10/01/2015	EVCH OCCI IBBENCE	4	5,000,000
DED RETENTION \$ C WORKERS COMPENSATION TOZOUB7440L27114 (AOS) TOZOUB7440L27114 (AOS) TOZOUB7440L27114 (AOS) TOZOUB7440L28314 (AZ, MA, OR & WI) TOZOUB744 TOZOUB7440L28314 (AZ, MA, OR & WI) TOZOUB744 (AZ, MA, OR & WI) TOZOUB7440L28314 (AZ, MA, OR & WI)	-			ŀ	- 000001									5,000,000
C WORKERS COMPRINATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY I Y/N AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY I Y/N AND EMPLOYERS' LIABILITY I 10/01/2015 I 10/01/201						1						AGGILGATE		
AND PROPRIETOR DETAIL OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE AND PROPRIETOR PARTNER/EXECUTIVE N IN /A PROPRIETOR/PARTNER/EXECUTIVE N IN /A IN /A PROPRIETOR/PARTNER/EXECUTIVE N IN /A IN		WO				-	 	TC2OUB7440L27114 (AOS)		10/01/2014	10/01/2015	X WC STATU- OTH-	"	
CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION N / A (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIBED POLICIES BE CANCELLED BEFORE) E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 EL. DISEASE - POLICY LIMIT \$ 2,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$	370	ANI	EMPLOYERS' LIA	BILIT	TY Y/N			TRKUB7440L28314 (AZ, MA, OR	8 & WI) 10/01/2014	10/01/2015		4	2,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below A Professional Liability GLD1110106 GLD11101		OFF	ICER/MEMBER EXC	CLUD	ED? N	NIA			•				-	2,000,000
A Professional Liability GLD1110106 10/01/2014 10/01/2015 Limit: 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 1d1, Additional Remarks Schedule, if more space is required) RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES SEE ATTACHED CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION GLD1110106 10/01/2014 10/01/2015 Limit: 1,000,000 Reviewed and approved as to insurance tanguage and/or requirements. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE		lf ye	ndatory in NH) s, describe under											2,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES SEE ATTACHED CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION CITY OF GARDEN GROVE PURCHASING DIVISION CHICAGO Additional Remarks Schedule, if more space is required) Reviewed and approved as to insurance tenguage and/or requirements. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	_		201 00 00 00 00 00 00 00 00 00 00 00 00 0	RAT	IONS below	-	-	CI D11110106		10/01/2014	10/01/2015		ΙΨ	1 000 000
RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES SEE ATTACHED Reviewed and approved as to insurance tanguage Risk Management CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	А	Profe	essional Liability					GLDTTIOTO		10/01/2014	10/01/2013	Little.		1,000,000
RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES SEE ATTACHED Reviewed and approved as to insurance tanguage Risk Management CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE												9		
RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES SEE ATTACHED Reviewed and approved as to insurance tanguage Risk Management CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	==0		TOU OF ORESATIO	MIC /	LOCATIONS (VEHIC	LEC /	Attach	ACOPD 161 Additional Remarks	Schedule	if more space i	s required)			
SEE ATTACHED Reviewed and approved as to insurance tenguage and/or requirements. Risk Management CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	DES!	MICA	II TRAFFIC SIGNA	AL AN	NO STREET LIGHTING	G MAIN	NTENA	NCE AND REPAIR SERVICES	Jonesale	, it more opines i	o roquirou)			
CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	1 Share	,,, 0,	122 110 3 1 10 510111								Reviewed an	d approved as to insurance	lengue	ge
CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	SEE	ATTA	CHED								χ	and/or requirements.		
CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									ň		1/0	idi yn.	Sal	hand
CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										t t		Risk Management	1/	7)
CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								x = 1			2-29	-15		
CITY OF GARDEN GROVE PURCHASING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	CE	711	ICATE HOLD	ED					CANO	CELLATION				
	UE	(III	TOATE HOLD	CK				7	CHIA	VLLLA IIVII				
						/ISION	i	, °C						
11222 ACACIA PARKWAY THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	34								THE	EXPIRATION ORDANCE W	N DATE TH	EREOF, NOTICE WILL CY PROVISIONS.	RE DE	LIVERED IN

Mariaoni Mulcherjee

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc.

Manashi Mukherjee

AGENCY CUSTOMER ID: 100129

LOC #: Morristown



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, INC.		NAMED INSURED SIEMENS INDUSTRY, INC. SIEMENS INTELLIGENT TRANSPORTATION SERVICES			
POLICY NUMBER	NAIC CODE	1000 DEERFIELD PARKWAY BUFFALO GROVE, IL 60089-4513			
CARRIÉR	NAIC CODE	EFFECTIVE DATE:			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES

THE CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE HEREBY ADDITIONAL INSURED AS OBLIGATED UNDER CONTRACT UNDER THE REFERENCED GENERAL LIABILITY AND AUTOMOBILE LIABILITY INSURANCE POLICIES.

FOR ANY CLAIMS RELATED TO THIS AGREEMENT, CONSULTANT'S INSURANCE COVERAGE SHALL BE PRIMARY INSURANCE AS RESPECTS TO CITY, ITS OFFICIALS, EMPLOYEES, AGENTS, AND VOLUNTEERS. ANY INSURANCE OR SELF-INSURANCE MAINTAINED BY THE CITY, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS OR VOLUNTEERS SHALL BE EXCESS OF THE CONSULTANT'S INSURANCE AND SHALL NOT CONTRIBUTE WITH IT.

WAIVER OF SUBROGATION IS EFFECTUAL

IF THESE POLICIES ARE CANCELLED FOR ANY REASON OTHER THAN NON-PAYMENT OF PREMIUM, THE INSURER WILL DELIVER NOTICE OF CANCELLATION TO THE CERTIFICATE HOLDER UP TO 60 DAYS PRIOR TO THE CANCELLATION OR AS REQUIRED BY WRITTEN CONTRACT, WHICHEVER IS LESS.

POLICY NUMBER: GLD11101-06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

ANY PERSON OR ORGANIZATION REQUIRED BY WRITTEN CONTRACT

It is agreed that this insurance maintained pursuant to the written contract agreements shall be primary to, and not contribute with any insurance or self-insurance maintained by the above, but only with respect to work performed by or on behalf of the Named Insured.

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Reviewed and approved as to insurance language

Risk Management

POLICY NUMBER: GLD11101-06 V

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Person Or Organization:

ANY PERSON OR ORGANIZATION TO THE EXTENT REQUIRED BY WRITTEN CONTRACT

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

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

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

Reviewed and approved as to insurance language

and/or requirements.

Risk Management

POLICY NUMBER: GLD11101-06

HDI-GERLING AMERICA INSURANCE COMPANY THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. NOTICE OF CANCELLATION AMENDMENT

SCHEDULE

Name, Address and E-Mail Address of Other Person(s) / Organization(s):

Number of Days Notice:

Per schedule on file with the Company.

60 Days, or as required by contract, whichever is less

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

- If we cancel this policy by notice to you for any statutorily permitted reason other than nonpayment of premium, we shall endeavor to mail, e-mail or deliver a copy of such written notice of cancellation to the person(s) or organization(s) shown in the Schedule above.
- II. A copy of the notice, per paragraph I. above, will be mailed, e-mailed or delivered:
 - 1. To the appropriate addresses corresponding to the person(s) or organization(s) shown in the Schedule above;
 - 2. The number of days required for notice of cancellation, as provided in paragraph A.2. of the Common Policy Conditions or as amended by an applicable state cancellation endorsement or by the date as shown in the Schedule above.
- III. Our failure to provide such advance notification to the person(s) or organization(s) shown in the Schedule of this endorsement will not extend any policy cancellation date nor negate any cancellation of the policy.

All other terms and conditions of this policy remain unchanged.

Reviewed and approved as to insurance language

and/or requirements.

Risk Management

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name of Person(s) or Organization(s):

ANY PERSON OR ORGANIZATION WHOM YOU HAVE AGREED TO ADD AS ADDITIONAL INSURED, BUT ONLY TO COVERAGE AND MINIMUM LIMITS REQUIRED IN A WRITTEN CONTRACT

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

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

> Reviewed and approved as to insurance language and/or requirements.

> > Management

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract executed prior to any "accident", provided that the "accident" arises out of operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

Reviewed and approved as to insurance language

Risk Management

nenegenent



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 03 13 (00)

POLICY NUMBER: TC20UB-7440L27-1-14

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

DESIGNATED ORGANIZATION:

ANY PERSON OR ORGANIZATION FOR WHOM A WAIVER OF SUBROGATION IS REQUIRED BY CONTRACT OR AGREEMENT OR PERMIT, BUT COVERAGE IS LIMITED TO THE SCOPE OF THE WORK PERFORMED BY THE INSURED UNDER SUCH CONTRACT, AGREEMENT OR PERMIT.

Reviewed and approved as to insurance language

and/or requirements.

Risk Management

DATE OF ISSUE: 09-09-14

ST ASSIGN:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY - NOTICE OF CANCELLATION/NONRENEWAL PROVIDED BY US

This endorsement modifies insurance provided under the following: ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice of Cancellation: 60

NONRENEWAL:

Number of Days Notice of Nonrenewal:

PERSON OR ORGANIZATION:

Any person or organization to whom you have agreed in a written contract that notice of cancellation of this policy will be given, but only if:

1. You see to it that we receive written request to provide such notice, including the name and address of such person or organization, after the first Named Insured receives notice from us of the cancellation of this policy; and

ADDRESS:

2. We receive such written request at least 14 days before the beginning of the applicable number of days shown in this endorsement.

Reviewed and approved as to insurance language

PROVISIONS:

- A. If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.
- B. If we decide to not renew this policy for any statutorily permitted reason, and a number of days is shown for nonrenewal in the schedule above, we will mail notice of the nonrenewal to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for nonrenewal in the schedule above before the expiration date.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 99 06 03 (00)

POLICY NUMBER: TC2OUB-7440L27-1-14

GENERAL PURPOSE ENDORSEMENT

NOTICE OF CANCELLATION TO DESIGNATED PERSONS OR ORGANIZATIONS

The following is added to PART SIX - CONDITIONS:

Notice Of Cancellation To Designated Persons Or Organizations

If we cancel this policy for any reason other than non-payment of premium by you, we will provide notice of such cancellation to each person or organization designated in the Schedule below. We will mail or deliver such notice to each person or organization at its listed address at least the number of days shown for that person or organization before the cancellation is to take effect.

You are responsible for providing us with the information necessary to accurately complete the Schedule below. If we cannot mail or deliver a notice of cancellation to a designated person or organization because the name or address of such designated person or organization provided to us is not accurate or complete, we have no responsibility to mail, deliver or otherwise notify such designated person or organization of the cancellation.

SCHEDULE

Name and Address of Designated Persons or Organizations:

Any person or organization to whom you have agreed in a written contract that notice of cancellation of this policy will be given, but only if:

- 1. You see to it that we receive written request to provide such notice, including the name and address of such person or organization, after the first Named Insured receives notice from us of the cancellation of this policy; and
- 2. We receive such written request at least 14 days before the beginning of the applicable number of days shown in this endorsement.

Number of Days Notice

60

All other terms and conditions of this policy remain unchanged.

Reviewed and approved as to insurance language

and/or requirements.

Risk Management

COPYRIGHT 2013 The Travelers Indemnity Company. All rights reserved.

Page 1 of 1