

## PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made this 15<sup>th</sup> day of November, 2012, by the CITY OF GARDEN GROVE, a municipal corporation, ("CITY") and Ray Klein, Inc. dba Professional Credit Service, here in after referred to as "CONTRACTOR".

### RECITALS

The following recitals are a substantive part of this Agreement:

1. This Agreement is entered into pursuant to Garden Grove Council Resolution No. 8596-04 (July 27, 2004).
2. CITY desires to utilize the services of CONTRACTOR to **Furnish Bad Debt Collection Services for the City of Garden Grove.**
3. CONTRACTOR is qualified by virtue of experience, training, education and expertise to accomplish services.

### AGREEMENT

THE PARTIES MUTUALLY AGREE AS FOLLOWS:

1. **Term and Termination.** The term of the agreement shall commence on December 1, 2012 and shall be in full effect until services are terminated by the CITY. This agreement may be terminated by the CITY without cause. All services shall be provided in accordance with the Scope of Work, Attachment "A", which is incorporated herein by reference.
2. **Services to be Provided.** The services to be performed by CONTRACTOR shall consist of tasks as set forth in the Proposal. The Proposal is incorporated herein by reference. The Proposal and this Agreement do not guarantee any specific amount of work.
3. **Compensation.** CONTRACTOR shall be compensated as follows:
  - 3.1 **AMOUNT.** CONTRACTOR shall be compensated as follows: CONTRACTOR may charge 23% of assigned monies collected on all accounts assigned, per fee proposal in Attachment "B" which is hereby incorporated by reference. CONTRACTOR will provide CITY with a monthly statement and net check covering all collections received during the month by the 15<sup>th</sup> day of the following month.

- 3.2 Records of Expenses. CONTRACTOR shall keep complete and accurate records of all costs and expenses incidental to services covered by this Agreement. These records will be made available at reasonable times to CITY.
- 3.3 Termination. CITY shall have the right to terminate this agreement, without cause, by giving thirty (30) days written notice of termination. If the CITY terminates the Agreement, CONTRACTOR shall be entitled to compensation earned through the effective date of termination. Furthermore, in the event of termination by CITY, or expiration of this agreement, regular payment accounts, (i.e., those which have made at least three consecutive scheduled payments prior to date of termination of this Agreement), CITY shall have the option to keep accounts open with CONTRACTOR provided scheduled payments as agreed upon continue to be made, otherwise all accounts not kept open with CONTRACTOR shall be returned by CONTRACTOR to the CITY within thirty (30) days of notice of termination of the Agreement. CONTRACTOR shall be assessed a liquidated damage charge of twenty-five cents (\$0.50) per day for each account not returned within the time period as prescribed herein; and such damage charge shall accrue until the account(s) are returned to the CITY.
- 3.4 CITY shall have the right to terminate this agreement, without cause, by giving thirty (30) days written notice of termination. If the Agreement is terminated by CITY, then the provisions of paragraph 3 would apply to that portion of the work completed.
- 3.5 Disclosure of Documents. All documents or other information developed or received by CONTRACTOR are confidential and shall not be disclosed without authorization by the CITY.

**4. Insurance requirements.**

- 4.1 COMMENCEMENT OF WORK. CONTRACTOR shall not commence work under this Agreement until all certificates and endorsements have been received and approved by the CITY. All insurance required by this Agreement shall contain a Statement of Obligation on the part of the carrier to notify the CITY of any material change, cancellation, or termination at least thirty (30) days in advance.
- 4.2 WORKERS COMPENSATION INSURANCE. During the duration of this Agreement, CONTRACTOR and all subcontractors shall maintain Workers Compensation Insurance in the amount and type required by law, if applicable.

4.3 INSURANCE AMOUNTS. CONTRACTOR shall maintain the following insurance for the duration of this Agreement:

- (a) Commercial general liability in an amount not less than \$1,000,000.00 per occurrence (**claims made and modified occurrence policies are not acceptable**); Insurance companies must be acceptable to CITY and have a Best's Guide Rating of A-, Class VII or better, as approved by the CITY.
- (b) Automobile liability for all autos in an amount not less than \$1,000,000.00 combined single limit (**claims made and modified occurrence policies are not acceptable**); Insurance companies must be acceptable to CITY and have a Best's Guide Rating of A-, Class VII or better, as approved by the CITY.
- (c) Commercial crime policy in an amount of \$100,000.00 per occurrence, including employee dishonesty, forgery, alteration, and theft. Alternatively, CONTRACTOR may post a fidelity bond in the amount of \$100,000 to comply with this requirement.

An **On-Going Products and Completed Operations Additional Insured Endorsement** for the policy under section 4.3 (a) shall designate CITY, it's officers, officials, employees, agents, and volunteers as additional insureds for liability arising out of work or operations performed by or on behalf of the CONTRACTOR. CONTRACTOR shall provide to CITY proof of insurance and endorsement forms that conform to CITY's requirements, as approved by the CITY.

An Additional Insured Endorsement for the policy under section 4.3 (b) shall designate CITY, it's officers, officials, employees, agents, and volunteers as additional insureds for automobiles, owned, leased, hired, or borrowed by the CONTRACTOR. CONTRACTOR shall provide to CITY proof of insurance and endorsement forms that conform to CITY's requirements, as approved by the CITY.

For any claims related to this Agreement, CONTRACTOR's insurance coverage shall be primary insurance as respects CITY, it's officers, officials, employees, agents, and volunteers. Any insurance or self-insurance maintained by the CITY, it's officers, officials, employees, agents, and volunteers shall be excess of the CONTRACTOR's insurance.

5. **Non-Liability of Officials and Employees of the City.** No official or employee of CITY shall be personally liable to CONTRACTOR in the event of any default or breach by CITY, or for any amount, which may become due to CONTRACTOR.
  
6. **Non-Discrimination.** CONTRACTOR covenants there shall be no discrimination against any person or group due to race, color, creed, religion, sex, marital status, age, handicap, national origin, or ancestry, in any activity pursuant to this Agreement.
  
7. **Independent Contractor.** It is agreed to that CONTRACTOR shall act and be an independent contractor and not an agent or employee of the CITY, and shall obtain no rights to any benefits which accrue to CITY'S employees.
  
8. **Compliance with Law.** CONTRACTOR shall comply with all applicable laws, ordinances, codes, and regulations of the federal, state, and local government.
  
9. **Notices.** All notices shall be personally delivered or mailed to the below listed address, or to such other addresses as may be designated by written notice. These addresses shall be used for delivery of service of process.
  - a. (CONTRACTOR)  
 Ray Klein, Inc. dba Professional Credit Service  
 Attention: Joseph Hawes, Chief Executive Officer  
 12204 SE Mill Plain Blvd., Suite 101  
 Vancouver, WA 98684
  
  - b. (Address of City Purchasing)                      (with a copy to):  
 City of Garden Grove                                      Garden Grove City Attorney  
 11222 Acacia Parkway                                      11222 Acacia Parkway  
 Garden Grove, CA 92840                                      Garden Grove, CA 92840
  
10. **CONTRACTOR'S PROPOSAL.** This Agreement shall include CONTRACTOR'S proposal or bid which shall be incorporated herein by reference. In the event of any inconsistency between the terms of the proposal and this Agreement, this Agreement shall govern.
  
11. **Licenses, Permits, and Fees.** At its sole expense, CONTRACTOR shall obtain a Garden Grove Business License, all permits, and licenses as may be required by this Agreement.
  
12. **Familiarity with Work.** By executing this Agreement, CONTRACTOR warrants that: (1) it has investigated the work to be performed; (2) it has investigated the site of the work and is aware of all conditions there; and (3) it understands the facilities, difficulties, and restrictions of the work under this Agreement. Should Contractor discover any latent or unknown conditions

materially differing from those inherent in the work or as represented by CITY, it shall immediately inform CITY of this and shall not proceed, except at CONTRACTOR'S risk, until written instructions are received from CITY.

13. **Time of Essence.** Time is of the essence in the performance of this Agreement.
14. **Limitations Upon Subcontracting and Assignment.** The experience, knowledge, capability, and reputation of CONTRACTOR, its principals and employees were a substantial inducement for CITY to enter into this Agreement. CONTRACTOR shall not contract with any other entity to perform the services required without written approval of the CITY. This Agreement may not be assigned voluntarily or by operation of law, without the prior written approval of CITY. If CONTRACTOR is permitted to subcontract any part of this Agreement, CONTRACTOR shall be responsible to CITY for the acts and omissions of its subcontractor as it is for persons directly employed. Nothing contained in this Agreement shall create any contractual relationship between any subcontractor and CITY. All persons engaged in the work will be considered employees of CONTRACTOR. CITY will deal directly with and will make all payments to CONTRACTOR.
15. **Authority to Execute.** The persons executing this Agreement on behalf of the parties warrant that they are duly authorized to execute this Agreement and that by executing this Agreement, the parties are formally bound.
16. **Indemnification.** CONTRACTOR agrees to protect, defend, and hold harmless CITY and its elective or appointive boards, officers, agents, and employees from any and all claims, liabilities, expenses, or damages of any nature, including attorneys' fees, for injury or death of any person, or damage to property, or interference with use of property, arising out of, or in any way connected with performance of the Agreement by CONTRACTOR, CONTRACTOR'S agents, officers, employees, subcontractors, or independent contractors hired by CONTRACTOR. The only exception to CONTRACTOR'S responsibility to protect, defend, and hold harmless CITY, is due to the sole negligence of CITY, or any of its elective or appointive boards, officers, agents, or employees.

This hold harmless agreement shall apply to all liability regardless of whether any insurance policies are applicable. The policy limits do not act as a limitation upon the amount of indemnification to be provided by CONTRACTOR.

17. **Data Furnished by City.** All data, reports, electronic databases, and any other information, documents or materials made available to the CONTRACTOR by CITY for use by the CONTRACTOR in the performance of the CONTRACTOR'S services hereunder shall remain the property of the CITY and shall be returned to the CITY at the completion or termination of this

Agreement. No license to such data, outside the scope of the work required hereunder, is conferred or implied by the CONTRACTOR's use or possession of such data. Any updates, revisions, additions or enhancements to such data made by the CONTRACTOR in the context of the work required hereunder shall be the property of the CITY.

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(Agreement Signature Block On Next Page)

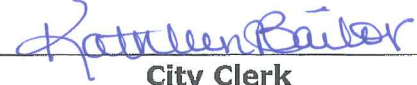
**IN WITNESS THEREOF**, these parties have executed this Agreement on the day and year shown below.

Date: 11-15-12

**"CITY"**  
**CITY OF GARDEN GROVE**


By:   
City Manager

**ATTESTED:**

  
City Clerk

Date: 11/20/2012

**"CONTRACTOR"**  
**Ray Klein, Inc. dba Professional  
Credit Service**

By: 

Name: Joseph Hawes

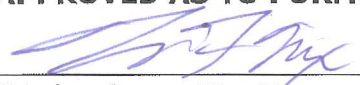
Title: Chief Executive Officer

Date: 11/1/2012

Tax ID No. 93-0586455

If CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to CITY.

**APPROVED AS TO FORM:**

  
Garden Grove City Attorney

11/14/12  
Date

## ATTACHMENT "A"

### CITY BACKGROUND

The City of Garden Grove is a full service general law city with a population of approximately 172,781 located in central Orange County. It maintains an employee work force of approximately 940, with an annual payroll of approximately \$77.8 million. The City's annual operating budget is approximately \$183.6 million. Primary municipal functions are divided into nine major departments: City Manager, Finance, Community Development, Public Works, Community Services, Fire, Police, Human Resources, and Information Technology.

### PURPOSE AND OBJECTIVES

The City of Garden Grove is seeking proposals for professional services from qualified firms to perform collection services for the City.

The City of Garden Grove has been utilizing the services of outside agencies for a number of years. It is intended that the City will enter into an agreement with the most qualified agency based on the RFQ's received and reviewed.

The contractor must operate in accordance with the ethical collection practices and obey all laws, including the Robbins-Rosenthal Fair Debt Collection Practices Act.

Please submit a detailed operational plan, which demonstrates understanding of, and capability to assume responsibility for collecting delinquent revenue for the City.

The plan shall provide all details of the methods to be used to maximize successful collections, including initiating and continuing collection attempts with the guidelines set forth by Federal and State regulations regarding the fair debt collection practices.

### SCOPE OF WORK

The most qualified agency may be involved in the collection of one or more of the following accounts:

1. Utility Billing (Water and Sewer)
2. Police Services
3. Delinquent business tax/license and transient occupancy tax payments
4. Property Damage Billings (such as graffiti, damage to City property)
5. Other recoverable services



ATTACHMENT "B"

Fee Proposal

TYPE OF COLLECTION	COLLECTION FEE CHARGED TO THE CITY OF GARDEN GROVE
Standard Collection Accounts	23%
All Accounts Requiring Litigation	23%
All Second Placement Accounts	23%

**Payment in Full Example:**

Principal Referred: \$100.00  
Total Balance Due: \$100  
Payment in Full: \$100.00  
Commission Fee of 23% of total dollars recovered  
\$23.00 to PCS / \$77.00 to Client

**Partial Payment Example:**

Principal Referred: \$100.00  
Total Balance Due: \$100  
Partial Payment: \$50.00  
Commission Fee of 23% of total dollars recovered  
\$11.50 to PCS / \$38.50 to Client

The proposed rate structure is meant to maximize the return to the City.

**Cost & Legal Fees:** PCS shall pay its own costs, court costs and legal fees associated with the collection of delinquent accounts pursuant to this agreement. PCS shall retain all attorney fees, court costs, and other fees recovered in collection to cover direct legal costs prior to disbursing prorated portion to the City accounts. These expenses are charged back to and collected from the consumer. Should the City desire to cancel an account that is in a legal status, the City will be required to reimburse PCS for any court costs or legal fees associated with that particular account.

**Payment of Compensation:** Unless otherwise agreed in writing, all accounts are assigned on a contingency basis. Compensation will be paid to PCS only on accounts collected.

**Interest:** PCS will share all interest income Seventy-Seven Percent (77%) to the City and Twenty-Three Percent (23%) to PCS on payments received by either PCS or the City on Standard Collection Service accounts. PCS shall retain 100% of all interest income on payments received by either PCS or the City on Legal and Forwarding Collection Service accounts and Second Placement accounts.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/19/2012

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

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

<b>PRODUCER</b> Collectors Insurance Agency 4040 W 70th Street  Edina MN 55435		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (952) 926-6547 FAX (A/C, No): (952) 928-3837 E-MAIL ADDRESS: collectorsinsurance@acainternational.org	
<b>INSURED</b> RAY KLEIN INC DBA:PROFESSIONAL CREDIT SERVICE PO BOX 7548 EUGENE OR 97401		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: ARGONAUT GREAT CENTRAL NAIC # 19860 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER:31479 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		DCB9302897-02	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ INCLUDED
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		DCB9302897-02	4/1/2012	4/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X		UMB9302897-01	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							WC STATUTORY LIMITS OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
IT IS AGREED THAT CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND VOLUNTEERS IS INCLUDED AS ADDITIONAL INSURED AS RESPECTS TO THE WORK PERFORMED IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY FORM. THIS INSURANCE IS PRIMARY & NON-CONTRIBUTORY.

<b>CERTIFICATE HOLDER</b>  CITY OF GARDEN GROVE 11222 ARACIA PARKWAY GARDEN GROVE, CA 92840	<b>CANCELLATION</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  J St. Martin/DENISE
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11-1-12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND  
VOLUNTEERS  
11222 ARACIA PARKWAY  
GARDEN GROVE, CA 92840

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

The following is added to Paragraph C. Who Is An Insured in Section II - Liability:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

APPROVED AND FORWARDED:  
AGENT'S SIGNATURE  
DATE

✓ 11-1-12

POLICY NUMBER: DCB9302897-02 ✓

BUSINESSOWNERS

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

**FORM NAME:** Manuscript Endorsement for Primary/Non-Contributory

As required by:

City of Bellevue  
450 110th Ave NE  
Bellevue, WA 98004

City of Garden Grove, It's Officers, Officials, Agents, Employees, and Volunteers  
11222 Aracia Parkway  
Garden Grove, CA 92840

written contract it is agreed that such insurance as is afforded by this policy for the benefit of the additional insured shown shall be primary insurance, and any other insurance maintained by the additional insured shall be excess and non-contributing as respects any claim, loss or liability allegedly arising out of the operations of the named insured.

Signature of the insured or the insured's authorized representative

Authorized Representative Signature

Page 1 of 1

Original

✓ # 11-1-12

POLICY NUMBER: DCB9302897-02

BUSINESSOWNERS  
BP 12 01 07 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BUSINESSOWNERS POLICY CHANGES

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

Endorsement No: 3

POLICY NUMBER DCB9302897-02	POLICY CHANGES EFFECTIVE 10/23/2012	COMPANY Argonaut Great Central Insurance Company		
NAMED INSURED RAY KLEIN, INC As Per Named Insured Extension PO BOX 7548 Eugené, OR 97401		AUTHORIZED REPRESENTATIVE COLLECTORS INSURANCE AGENCY, INC 4040 WEST 70th STREET EDINA, MN 55435		
<b>CHANGES</b>				
THE FOLLOWING ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION HAS BEEN ADDED TO THE POLICY:				
CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND VOLUNTEERS 11222 ARACIA PARKWAY GARDEN GROVE, CA 92840				
<b>POLICY AMOUNT AND PREMIUM ADJUSTMENT</b>				
Limits Of Insurance			Premiums	
Coverage Description	Previous Limit Of Insurance	New Limit Of Insurance	Previous Premium	New Premium Additional/Return Premium
Changes to Policy Amount and Premium Adjustment as shown above.				

11-1-12

<b>OPTIONAL COVERAGES</b> Changes to Optional Coverages as shown above.		
The following optional coverages are added under this policy when designated by an "X" in the box(es) shown below.		<input type="checkbox"/> Additional Premium
	Limits Of Insurance	<input type="checkbox"/> Returned Premium
<input type="checkbox"/> Outdoor Signs		
<input type="checkbox"/> Burglary and Robbery (Named Peril Endorsement only) or <input type="checkbox"/> Money and Securities	_____ Inside the Premises  _____ Outside the Premises	
<input type="checkbox"/> Employee Dishonesty	each occurrence	
Mechanical Breakdown <input type="checkbox"/> Boiler and Pressure Vessels <input type="checkbox"/> Air Conditioning Units <input type="checkbox"/> Pressure Vessels Only		

TOTAL PREMIUM ADJUSTMENTS	
PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE	
ADDITIONAL	RETURN
<p><b>REMOVAL PERMIT</b> If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.</p>	

\_\_\_\_\_  
Authorized Representative Signature

# OREGON WORKERS COMPENSATION CERTIFICATE OF INSURANCE



**CERTIFICATE HOLDER:**

CITY OF GARDEN GROVE  
11222 ARCADIA PKWY  
GARDEN GROVE, CA 92840

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

POLICY NO.	POLICY PERIOD	ISSUE DATE
370636	05/01/2012 to 05/01/2013	10/22/2012

**INSURED:**  
RAY KLEIN INC  
PROFESSIONAL CREDIT SERVICE  
PO BOX 7548  
SPRINGFIELD, OR 97475-0039

**BROKER OF RECORD:**

LIMITS OF LIABILITY:		
Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	each employee
Body Injury by Disease	\$1,000,000	policy limit

**DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:**

**IMPORTANT:**

The coverage described above is in effect as of the issue date of this certificate. It is subject to change at any time in the future.

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above. This certificate does not constitute a contract between the issuing insurer, authorized representative or producer and the certificate holder.

**CANCELLATION:**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO THE POLICYHOLDER AND CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS AND OREGON LAW. SAIF WILL ENDEAVOR TO PROVIDE WRITTEN NOTICE WITHIN 30 DAYS WHENEVER POSSIBLE.

AUTHORIZED REPRESENTATIVE

*Brenda JP Reddick*

President and CEO

400 High Street SE  
Salem, OR 97312  
P: 800.285.8525  
F: 503.373.8020

11-1-12



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
7/19/2012

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Aon Risk Services Central, Inc. 8300 Norman Center Dr Ste 1000  Minneapolis MN 55437-3844	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (952) 926-6547 FAX (A/C No.): (952) 926-3827	
	<b>E-MAIL ADDRESS:</b> collectorsinsurance@acainternational.org <b>PRODUCER CUSTOMER ID:</b>	
<b>INSURED</b> RAY KLEIN INC  PO BOX 7548 EUGENE OR 97401	<b>INSURER A:</b> Travelers Casualty and Surety	NAIC # 31194
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 31479      **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY CAUSES OF LOSS      DEDUCTIBLES BASIC      BUILDING BROAD      CONTENTS SPECIAL EARTHQUAKE WIND FLOOD				BUILDING \$ PERSONAL PROPERTY \$ BUSINESS INCOME \$ EXTRA EXPENSE \$ RENTAL VALUE \$ BLANKET BUILDING \$ BLANKET PERP PROP \$ BLANKET BLDG & PP \$ \$ \$	
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY  POLICY NUMBER				\$ \$ \$ \$
A	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY	105492135	9/3/2011	9/3/2012	<input checked="" type="checkbox"/> Employee Dishonesty	\$ 1,000.00 \$ \$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$ \$ \$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**

**CANCELLATION**

CITY OF GARDEN GROVE  
 11222 ARACIA PARKWAY  
 GARDEN GROVE, CA 92840

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  
 James Shoop, DENISE

ACORD 24 (2009/09)  
 INS024 000027

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11-1-12





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/19/2012

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

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

<b>PRODUCER</b> Aon Risk Services Central, Inc. 8300 Norman Center Dr Ste 1000 Minneapolis MN 55437-3844		<b>CONTACT NAME</b> PHONE (A/C No. Ext): (952) 926-6547 FAX (A/C No.): (952) 928-3837 E-MAIL ADDRESS: collectorsinsurance@acaainternational.org PRODUCER CUSTOMER ID#	
<b>INSURED</b> RAY KLEIN INC DBA: PROFESSIONAL CREDIT SERVICE 400 INTERNATIONAL WAY SPRINGFIELD OR 97477		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Travelers Casualty and Surety NAIC # 31194 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 31479 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 USER INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex-occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ex-accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					W/C STATUS - LTR Y/LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	ERRORS & OMISSIONS		105664398	8/1/2011	8/1/2012	PER CLAIM AGGREGATE \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> CITY OF GARDEN GROVE 11222 ARACIA PARKWAY GARDEN GROVE, CA 92840	<b>CANCELLATION</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 James Shoop/DENISE
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