



**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

April 1, 2015

Cron & Associates Transcription, Inc.
10352 Miralago Place
Santa Ana, CA 92705

Attention: Cristine Cron, President

Enclosed is a copy the Agreement by and between the City of Garden Grove and Cron & Associates Transcription, Inc., to provide transcription services for the Garden Grove Police Department.

The Agreement was approved by the City Council at their meeting held on March 24, 2015.

Sincerely,

Kathleen Bailor, CMC
City Clerk

By: Teresa Pomeroy, CMC
Deputy City Clerk

Enclosure

c: Finance Department
Finance Department/Purchasing
Police Department

PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made this 24th day of March, 2015, by the **CITY OF GARDEN GROVE**, a municipal corporation, ("CITY") and Cron & Associates Transcription, Inc., herein 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 AUTHORIZATION, DATED March 24, 2015.
2. CITY desires to utilize the services of CONTRACTOR to Provide Transcription Services for the City of Garden Grove Police Department per Scope of Work, Attachment A.
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 initial term of the Agreement shall be from April 1, 2015 through March 31, 2016, with options for CITY to extend the term of the Agreement for up to four (4) additional years, for a total of five (5) years. Option years shall be exercised two (2) years at a time, at the sole option of the CITY. This agreement may be terminated by the CITY without cause. In such event, the CITY will compensate CONTRACTOR for work performed to date in accordance with Pricing Proposal Form, Attachment B. Contractor is required to present evidence to support performed work completion.
2. **Services to be Provided.** The services to be performed by CONTRACTOR shall consist of tasks as set forth in the Scope of Work which is attached as Attachment A, and is incorporated herein by reference. The Scope of Work and this Agreement do not guarantee any specific amount of work.
3. **Compensation.** CONTRACTOR shall be compensated as follows:
 - 3.1 **AMOUNT.** Total Compensation under this agreement shall not exceed (NTE) amount of One Hundred Thirty Thousand Dollars (\$130,000.00), per year, payable in arrears and in accordance with Pricing Proposal Form, Attachment B. All work shall be in accordance with RFP No. S-1158.
 - 3.2 **Payment.** For work under this Agreement, payment shall be made per invoice for work completed. For extra work not a part of this Agreement, a written authorization by CITY will be required, and payment shall be based on schedule included in Pricing Proposal Form, Attachment B.

- 3.3 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.
- 3.4 Termination. 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.

4. Insurance requirements.

- 4.1 COMMENCEMENT OF WORK. CONTRACTOR/CONSULTANT 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 of \$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 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) Professional liability in an amount not less than \$1,000,000. Insurance companies must be admitted and licensed In California and have a Best's Guide Rating of A-, Class VII or better, as approved by the City. If the policy is written on a "claims made" basis, the policy shall be continued in full force and effect at all times during the term of the

agreement, and for a period of three (3) years from the date of the completion of services provided. In the event of termination, cancellation, or material change in the policy, professional/consultant shall obtain continuing insurance coverage for the prior acts or omissions of professional/consultant during the course of performing services under the term of the agreement. The coverage shall be evidenced either by a new policy evidencing no gap in coverage, or by obtaining separate extended "tail" coverage with the present or new carrier

An Additional Insured Endorsement, **ongoing and completed operations**, for the policy under section 4.3 (a) shall designate CITY, its 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, its 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, its officers, officials, employees, agents, and volunteers. Any insurance or self-insurance maintained by the CITY, its officers, officials, employees, agents, or volunteers shall be in excess of the CONTRACTOR's insurance and shall not contribute with it.

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. CONTRACTOR shall comply with, and shall be responsible for causing all contractors and subcontractors performing any of the work pursuant to this Agreement to comply with, all applicable federal and state labor standards, including, to the extent applicable, the prevailing wage requirements promulgated by the Director of Industrial Relations of the State of California Department of Labor. The City makes no warranty or representation concerning whether any of the work performed pursuant to this Agreement constitutes public works subject to the prevailing wage requirements.
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)
Cron & Associates Transcription, Inc.
Attention: Cristine Cron, President
10352 Miralago Place
Santa Ana, CA 92705
- b. (Address of CITY) (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.

(Agreement Signature Block On Next Page)

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

Date: 3/27/15

**"CITY"
CITY OF GARDEN GROVE**

By: [Signature]
City Manager

ATTESTED:

[Signature]
City Clerk

Date: 4/1/15

**"CONTRACTOR"
Cron & Associates Transcription, Inc.**

By: [Signature]

Name: Cristine M. Cron

Title: President

Date: 3-2-15

Tax ID No. 33-0909012

Contractor's License: _____

Expiration Date: _____

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:

[Signature]
Garden Grove City Attorney

3-12-15

ATTACHMENT "A"
SCOPE OF WORK
RFP No. S-1158

**Provide Transcription Services for the City of Garden Grove Police
Department**

SUMMARY:

The Garden Grove Police Department is seeking a contractor to provide off-site transcription services for reports. The City dictates approximately 47,448 lines of Police Reports, monthly and 569,376 lines, annually. The City may also request transcription of investigative interview tapes.

GENERAL CONDITIONS

The Service provided by the Contractor shall comply with the requirements of these specific conditions.

1. No contract shall be made by the contractor with any other party for furnishing any of the required work or services herein contracted without the written approval of the City.
2. All proposals submitted shall be in accordance with all requirements set forth within this document.

GENERAL REQUIREMENTS:

1. Proposers are required to show proof that they have been transcribing for at least five (5) or more law enforcement or government agencies doing exact or similar transcription for at least three (3) consecutive years.
2. Proposers are required to provide three business references, other than the City of Garden Grove, as required in the Proposal Requirements section of this RFP document.
3. The transcription company providing work must be located in Orange County or adjacent County within close proximity, for ease of pickups and deliveries. Contractor must specify any applicable charges for this service.
4. The transcription company must send an employee for all pickup and deliveries because of the sensitive nature of the final product. No outside courier services can be used.
5. Confidentiality: Contractor agrees to maintain the confidentiality of all police department records and information pursuant to all statutory laws relating to privacy and confidentiality that currently exist or exist at any time during the term of this contract. All such records and information shall be considered

confidential and kept confidential by contractor and contractor's staff, agents or employees.

6. Contractor should be available 24/7, 365 days per year. Digital dictation can call at any time on any day, 24 hours a day to expedite a report that is going to court the following morning or needed for a search warrant in the middle of the night or for any reason deemed necessary by a Police Department Supervisor. Expedited cases must be transcribed with a 24-hour turnaround. Contractor must specify any applicable charges for expedites.
7. Contractor shall transcribe in both English and Spanish, as requested.
8. Contractor shall transmit all documents electronically using Microsoft Exchange on a secure Internet site.
9. Contractor shall charge a flat rate for the English and Spanish for any quality of work. Hourly rate can be applied to only jail cell and extremely difficult recordings. Hourly rate can only be applied at the approval of a Garden Grove supervisor.
10. Transcript lay out for Digital Dictation: Courier New 12 font, one-inch margins.
11. Transcript lay out for interrogations: Deposition format, 25 lines per page, Courier New 12 font, one-inch margins.
12. Contractor must provide a process that allows specified employees to track the status of police reports in the transcription process.
13. **EMPLOYMENT QUALIFICATIONS VERIFICATIONS:**
 - a. Contractor's staff, agents or employees must be live-scanned and polygraphed and sign a CORI form before performing any work on this contract.
 - b. Contractor must conduct a five (5) year employer background check to verify the applicant was not terminated for dishonorable circumstances.
 - c. Contractor must conduct a minimum of two personal reference checks
 - d. Contractor must conduct a drug-screening test to verify non-usage of drugs.
14. The results of the background checks shall be furnished to the City upon request.

"ATTACHMENT B"
RFP NO. S-1158
(Transcription Services)
PROPOSAL PRICING FORM (Page 1 of 2)

PLEASE DO NOT CHANGE THE FORMAT OR ALTER THIS FORM IN ANY WAY
Partial proposals will not be accepted! ALL LINES ON THIS FORM MUST BE
COMPLETED OR THE CITY RESERVES THE RIGHT TO DEEM YOUR PROPOSAL AS
NON-RESPONSIVE!

- A. Transcription of Daily Dictated Reports in Contractor's System (English)
- a. Standard Turnaround (24 hours or less) Rate per Line \$.16
 - b. In-Custody (expedited-less than 24 hours) Rate per Line \$.32
- B. Interrogation Interview or Witness Statements-these would be emailed to the contractor or saved onto a CD for pick up by the contractor (English).
- a. Standard Turnaround (5 working days) Rate per Page \$ 4.25
 - b. Expedited Turnaround (2-4 working days) Rate per Page \$ 8.00
 - c. Next Day Turnaround Rate per Page \$ 12.00
- C. Video in English
- a. Standard Turnaround (5 working days) Rate per Page \$ 7.50
 - b. Expedited Turnaround (2-4 working days) Rate per Page \$ 15.00
 - c. Next Day Turnaround Rate per Page \$ 22.50
- D. Transcription of Daily Dictated Reports in Contractor's System (Spanish)
- a. Standard Turnaround (24 hours or less) Rate per Line \$.70
 - b. In-Custody (expedited-less than 24 hours) Rate per Line \$ 1.00
- E. Interrogation Interview or Witness Statements-these would be emailed to the contractor or saved onto a CD for pick up by the contractor (Spanish)
- a. Standard Turnaround (5 working days) Rate per Page \$ 15.00
 - b. Expedited Turnaround (2-4 working days) Rate per Page \$ 20.00
 - c. Next Day Turnaround Rate per Page \$ 25.00
- F. Video in Spanish
- a. Standard Turnaround (5 working days) Rate per Page \$ 20.00
 - b. Expedited Turnaround (2-4 working days) Rate per Page \$ 40.00
 - c. Next Day Turnaround Rate per Page \$ 60.00
- G. DELIVERY FEE: \$ NOCHARGE per _____ (please specify per mile, file, etc.)

Note: THIS COMPLETED FORM MUST BE SUBMITTED WITH PROPOSAL

"ATTACHMENT B"
RFP NO. S-1158
(Transcription Services)
PROPOSAL PRICING FORM (Page 2 of 2)

ADDITIONAL COSTS ASSOCIATED WITH PROVIDING SERVICES:

There are no additional costs associated with providing services.

Costs for Video in English and Spanish will be the same as CDs work if we are able to Strip the sound file from the video. Because of technology we are able to do this the majority of the time now. So the higher pricing for video (C and F) would be reduced to the regular pricing Listed on Attachment B (B and E)

Please provide a cost break down of how additional costs are calculated.

The undersigned hereby certifies that this Proposal is genuine and is not sham or collusive, or made in the interest or in behalf of any person not herein named, and that the undersigned has not directly or indirectly induced or solicited any other bidder to put in a sham bid, or any other person, firm or corporation to refrain from bidding, and that the undersigned has not in any manner sought, by collusion, to secure for himself an advantage over any other bidder.

Please check your calculations before submitting your Proposal; the City of Garden Grove will not be responsible for Proposer miscalculations and may deem your proposal as non-responsive.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2015

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

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

PRODUCER Ken La Tourette, Lic #0A88911 *Letty Serrato*
State Farm Insurance *714-544-3779*
State Farm 1032 Irvine Blvd *Leticia.Serrato.196f*
Tustin, CA 92780 @statefarm.com

CONTACT NAME:	Ken La Tourette,	
PHONE (A/C, No, Ext):	(714) 544-6730	FAX (A/C, No): (714) 544-6730
E-MAIL ADDRESS:	ken@kenlatourette.net	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	State Farm Mutual Automobile Insurance Company <i>A, XV</i>	25178
INSURER B:	State Farm General Insurance Company <i>A, XV</i>	25151
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED CRON & ASSOCIATES TRANSCRIPTION INC
10352 MIRALAGO PL
SANTA ANA, CA 92705

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			92-D7-3148-5 G	04/11/2014	04/11/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			V53 5148-F23-75	12/23/2014	06/23/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER 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)

Vehicle Description:
13 FORD EXPLORER SPORT
VIN: 1FM5K8GT5DGB44442

Heidi M. Jay
Risk Management
3-10-15
* For this agreement only.
Notice of coverage to follow.

CERTIFICATE HOLDER THE CITY OF GARDEN GROVE C/O HEIDI JANZ RISK MANAGEMENT P.O. BOX 3070 GARDEN GROVE CA 92842-3070	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 <i>Ken La Tourette</i>

Policy No.: 92-D73148-5 ✓

FE-6609

SECTION II ADDITIONAL INSURED ENDORSEMENT



Policy No.: 92-D73148-5

Named Insured: CRON & ASSOCIATES TRANSCRIPTION SERVICES

Additional Insured (include address):

CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES,
AGENTS AND VOLUNTEERS
11222 ACACIA PARKWAY
GARDEN GROVE, CA 92840

WHO IS AN INSURED, under SECTION II DESIGNATION OF INSURED, is amended to include as an insured the Additional Insured shown above, but only to the extent that liability is imposed on that Additional Insured solely because of **your work** performed for that Additional Insured shown above.

Any insurance provided to the Additional Insured shall only apply with respect to a claim made or a suit brought for damages for which you are provided coverage.

The Primary Insurance coverage below applies only when there is an "X" in the box.

Primary Insurance. The insurance provided to the Additional Insured shown above shall be primary insurance. Any insurance carried by the Additional Insured shall be noncontributory with respect to coverage provided to you.

All other policy provisions apply.

Reviewed and approved as to insurance language
and/or requirements


Heidi M. Jay
3-10-15
Management

FE-6609

Printed in U.S.A.

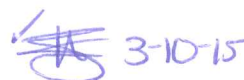
Zimbra**heidij@ci.garden-grove.ca.us**

Certificate of Insurance

From : Leticia Serrato <leticia.serrato.i96f@statefarm.com> Tue, Mar 10, 2015 12:26 PM
Subject : Certificate of Insurance  1 attachment
To : heidij@garden-grove.org

Hi Heidi

Attached is the Certificate of Insurance for the City of Garden Grove.
I requested an additional insured endorsement to be mailed to you.
It normally takes 5-10 business days for you to receive it.
Please let me know if you have any questions.

 3-10-15

Thanks,

Letty Serrato

State Farm, Ken La Tourette

1032 Irvine Blvd

Tustin, CA 92780

(714) 544-3779 Phone

(714) 544-6730 Fax

leticia.serrato.i96f@statefarm.com

 **Cron and Associates certif.pdf**
334 KB

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/07/2014

ISSUER (714)821-4340 FAX (714)821-6958
Landmark Insurance Agency
5406 Lincoln Avenue
P.O. Box 766
Cypress, CA 90630

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

INSURED Cron & Associates Transcription, Inc.
DBA: Cron Transcriptions & Associates
10352 Miralago Place
North Tustin, CA 92705

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: State Compensation Ins. Fund
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea 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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1877500-2014	08/01/2014	08/01/2015	X WC STATU-TORY LIMITS 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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
OPERATIONS USUAL TO THE INSURED AS COVERED BY THESE POLICIES.

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

Heidi M. Jay
3-10-15
Risk Management

CERTIFICATE HOLDER

CITY OF GARDEN
11222 ACACIA PARKWAY
GARDEN GROVE, CA 92840

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Adriana Fenton

Adriana Fenton

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2014

PRODUCER (310)568-0600 ~~X101~~ FAX (310)568-0211
Aragon-Haas Insurance Brokers, Inc. *Cindy 3*
5770 Uplander Way *Oren*
Culver City, CA 90230-6606
Cindy@aragon-Haas.com

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

INSURED CRON & ASSOCIATES TRANSCRIPTION, INC.
10352 MIRALAGO
SANTA ANA, CA 92705

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Insurance Company	<i>NR</i>
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOT INCLUDED			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea 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	NOT INCLUDED			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT INCLUDED			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	NOT INCLUDED			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	NOT INCLUDED			<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
A	OTHER PROFESSIONAL LIABILITY CLAIMS-MADE	PHSD978947	10/23/2014	10/23/2015	LIMITS: \$1,000,000 PER CLAIM \$2,000,000 AGGREGATE DEDUCTIBLE: \$10,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 THIS CERTIFICATE IS ISSUED TO INCLUDE "VICARIOUS LIABILITY COVERAGE" IN FAVOR OF:
 "CITY OF GARDEN GROVE" (REFER TO THE ATTACHED ENDORSEMENT)

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

RETROACTIVE DATE: 10/23/06

Heidi M. Janz
Risk Management 3-10-15

CERTIFICATE HOLDER

CITY OF GARDEN GROVE
RISK MANAGEMENT
ATTN: HEIDI JANZ
11222 ACACIA PKWY
GARDEN GROVE, CA 92840

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

©ACORD CORPORATION 1988

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

Heidi M. Janz
Risk Management 11-21-14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2015

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

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

PRODUCER Ken La Tourette, Lic #0A88911 State Farm Insurance State Farm 1032 Irvine Blvd Tustin, CA 92780	CONTACT NAME: Ken La Tourette PHONE (A/C, No, Ext): (714) 544-6730 E-MAIL ADDRESS: ken@kenlatourette.net	FAX (A/C, No): (714) 544-6730													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: State Farm Mutual Automobile Insurance Company <i>A, XV</i></td> <td>25178</td> </tr> <tr> <td>INSURER B: State Farm General Insurance Company <i>A, XV</i></td> <td>25151</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: State Farm Mutual Automobile Insurance Company <i>A, XV</i>	25178	INSURER B: State Farm General Insurance Company <i>A, XV</i>	25151	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED CRON & ASSOCIATES TRANSCRIPTION INC 10352 MIRALAGO PL SANTA ANA, CA 92705															

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			92-D7-3148-5 G	04/11/2014	04/11/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOPAGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			V53 5148-F23-75	12/23/2014	06/23/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WVC STATUTORY LIMITS <input type="checkbox"/> 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)

Vehicle Description:
 13 FORD EXPLORER SPORT
 VIN: 1FM5K8GT5DGB44442

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

 Heidi Janz
 Risk Management
 3-23-15

CERTIFICATE HOLDER THE CITY OF GARDEN GROVE C/O HEIDI JANZ RISK MANAGEMENT P.O. BOX 3070 GARDEN GROVE CA 92842-3070	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 Ken La Tourette
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STATE FARM INSURANCE COMPANIES®

900 Old River Road
Bakersfield CA 93311-9501

DATE OF NOTICE: JUN 24 2013
CODE:

AT1 23 276A A
001100 0093

THE CITY OF GARDEN GROVE
C/O HEIDI JANZ RISK
MANAGEMENTPO BOX 3070
GARDEN GROVE CA 92842-3070

NOTE: PLEASE NOTIFY STATE FARM AT THE
ADDRESS LISTED AT THE TOP, LEFT CORNER
OF THIS PAGE REGARDING ANY CHANGE OF
ADDRESS INFORMATION.



0101-ST-400808

ADDITIONAL INSURED'S NOTICE OF COVERAGE

State Farm Mutual Automobile Insurance Company

8906-FAC1M

NAMED INSURED:

CRON, LARRY & CHRISTINE &
CRON & ASSOCIATES
TRANSCRIPTION INC
10352 MIRALAGO PL
SANTA ANA CA 92705-2559

POLICY NO: V53 5148-F23-75R
YR/MAKE/MODEL: 2013 FORD SPORT WG
VIN/CAMPER: 1FM5K8GT5DGB44442
AGENT NAME: KEN LATOURETTE
AGENT PHONE: (714)544-3779
ENDORSEMENT NO: 6028BU

COVERAGE:
BI AND PD LIABILITY
\$ 1 MIL
\$250 DED. COMP.
\$250 DED. COLL.

POLICY EFFECTIVE
JUN 23 2013 UNTIL TERMINATED

POLICY MESSAGES: This policy shown above supersedes policy# V535148-75Q.
The policy includes a loss payable clause protecting the additional insured's interest in the described car to the extent of the insurance provided and subject to all policy provisions. The additional insured will be given 20 days notice if the policy is terminated. Until such notice is provided, it shall be presumed that the required renewal premiums have been paid. The additional insured must notify us within 10 days of any change of interest or ownership coming to their attention. Failure to do so will render this policy null and void.

130-5235.7 (a0821e) Rev. 11-2004

FRT

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

Heidi M. Jay
Risk Management
3-23-15