

**BIDDER/CONTRACTOR/CONSULTANT STATEMENT
REGARDING INSURANCE COVERAGE
(Submit with IFB/RFP Package)**

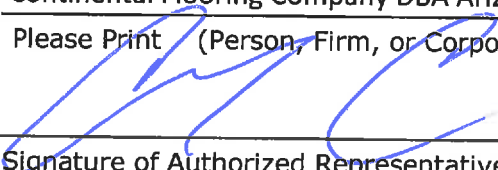
This signed document must be included with your bid package in order for your bid to be considered complete!

BIDDER/CONTRACTOR/CONSULTANT HEREBY CERTIFIES that he/she has reviewed and understands the insurance coverage requirements specified in the attached Insurance Requirements Checklist.

Should we/I be awarded the contract, we/I certify that we/I can meet the specified requirements for insurance, including insurance coverage of the subcontractors, and agree to name the **City/Successor Agency/Sanitary District** and other additional insureds as per the agreement for the work specified and we/I will comply with the provisions of Section 3700 of the Labor Code, which require every employer to be insured against liability for worker's compensation or to undertake self-insurance in accordance with the provisions of that code, before commencing the performance of the work specified.

Continental Flooring Company DBA Arizona Continental Flooring Company

Please Print (Person, Firm, or Corporation)


Signature of Authorized Representative

Christopher L. Coleman, President

Please Print (Name & Title of Authorized Representative)

10/21/2022	800-825-1221	stevew@continentalflooring.com
Date	Phone Number	Email

Please note that the City of Garden Grove is now contracted with EBIX for insurance certificate management and review services. EBIX will collect the insurance requirements in the contract on behalf of the City. If you are awarded the contract, you will be contacted by EBIX regarding the insurance requirements listed within the sample contract. Please forward all insurance documents to EBIX directly per their instructions when contacted.

NOTE: All insurance certificates and endorsements must be received by EBIX within ten (10) City working days of the original request or the City reserves the right to proceed with the next lowest responsible bidder or the next highest scoring proposer in the process.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/15/2022

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

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

PRODUCER AZCAL Insurance Serv Agy Inc 7689 E Paradise Lane Unit 4 Scottsdale AZ 85260		CONTACT NAME: Gracie Milligan PHONE (A/C, No, Ext): (480) 948-8008 FAX (A/C, No): E-MAIL ADDRESS: graciem@azcalinsurance.com	
INSURED Continental Flooring Company 9319 N 94th Way Ste 1000 Scottsdale AZ 85258		INSURER(S) AFFORDING COVERAGE INSURER A: THE HARTFORD NAIC # 00914 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	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 OTHER:						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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea 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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	59WEIY8111	09/21/2022	09/21/2023	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Waiver of Subrogation included. See attached form

CERTIFICATE HOLDER**CANCELLATION**

Continental Flooring Company 9319 N. 94th Way #1000 AZ Scottsdale 85258	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>Gracie Milligan</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2021

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

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

PRODUCER Risk Strategies Company 2040 Main Street, Suite 450 Irvine, CA 92614	CONTACT NAME: Risk Strategies Company
	PHONE (A/C, No. Ext): 949-242-9240 FAX (A/C, No.):
www.risk-strategies.com	E-MAIL ADDRESS: syoung@risk-strategies.com
CA DOI License No. 0F06675	INSURER(S) AFFORDING COVERAGE
INSURED Continental Flooring Company 9319 N. 94th Way, Suite 1000 Scottsdale AZ 85258	INSURER A: Ohio Security Insurance Company NAIC # 24082
	INSURER B: Ohio Casualty Insurance Company 24074
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 64742973

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Ded: 25,000 BI/PD Per Occ		BKS56264714	11/1/2021	11/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY		BAS56264714	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		ESO56264714	11/1/2021	11/1/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 Following Form GL AUTO: <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				
A	Business Property		BKS56264714	11/1/2021	11/1/2022	BPP Includes Property of Others at Insd location/warehouse; LI: \$2,293,000 LI: \$100,000/\$1,000 Ded LI: \$505,000/\$100,000 at Storage Locs
A	Leased/Rented Equipment		BKS56264714	11/1/2021	11/1/2022	
B	Installation Floater		BMO59084094	11/1/2021	11/1/2022	

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

Evidence of Insurance.
Policy No. BMO59084094 includes \$100,000 Transit Coverage.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

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

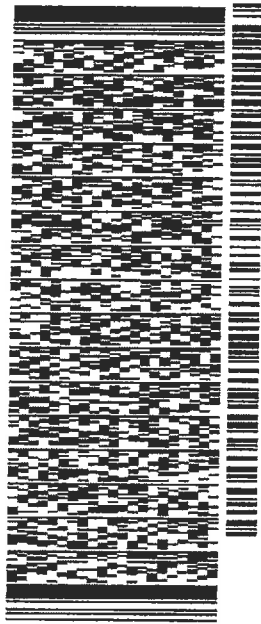
RSC Insurance Brokerage

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ORIGIN ID:SCFEA (800) 825-1221
 TRACY JOHNSON
 9319 N 94TH WAY
 SUITE 1000
 SCOTTSDALE, AZ 85258
 UNITED STATES US
 SHIP DATE: 19OCT12Z
 ACTWGT: 1.00 LB
 CAD: 253393502JNET4530
 BILL SENDER

TO SANDRA SEGAWA - PURCHASING
 IITY OF GARDEN GROVE
 11222 ACACIA PARKWAY
 ROOM 220
 GARDEN GROVE CA 92840
 (714) 741-5000
 INV: REF: 950 CASTLE BOND
 PO: DEPT:

581J1/AC5F/FE2D



TRK# 7702 4856 7250
 0201
 THU - 20 OCT 10:30A
 PRIORITY OVERNIGHT

WZAPVA
 92840
 CAUS SNA


After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.
 Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

Bond

SECTION 3 - DOCUMENTS.

BID BOND

BOND NO. Bid Bond Only

Premium N/A

(10% of aggregate amount of bid)
(Not required if cash, cashier's or certified check
in the required amount accompanies bid.)

KNOW ALL PERSONS BY THESE PRESENTS: That we, Continental Flooring Company dba Arizona Continental Flooring Company as Principal and Employers Mutual Casualty Company, as Surety, are held and firmly bound unto the City of Garden Grove, State of California, the sum of ten percent of the aggregate amount of bid, the payment of which we hereby bind ourselves, our successors, heirs, executors, and administrators, jointly and severally, firmly by these presents.

That the Surety's office is located at 1778 Cable Street, San Diego, CA 92107, California, Telephone No. (602)432-2012 and the Surety is licensed to do business in the State of California, and the California resident agent for Surety is Joseph A. Clarcken, Non-Resident Agent California Insurance Agent License No. OD86439.

That the following clause must be completed if in fact a non-resident agent for the Surety is a party to the transaction:

Name of non-resident agent: Joseph A. Clarcken III
Non-resident agent office address: 7220 N. 16th Street, Building K, Phoenix, AZ 85020
Telephone No.: 480-878-4226

The condition of the foregoing obligation is such that, whereas the above principal is about to submit to the Council of the City of Garden Grove a bid or proposal for the performance of the work therein mentioned, in compliance with the plans and specifications there, pursuant to published notice inviting bids:

Now, if the bid or proposal of the principal is accepted and the work awarded to the principal by the City Council, and if the principal shall fail or neglect to enter into a contract in accordance with the provisions of said bid or proposal and the accompanying Instructions and Information for Bidders, and to execute adequate faithful performance and labor and material surety bonds to the satisfaction of the City Attorney of the CITY, then the sum guaranteed by this bond is forfeited to the City of Garden Grove.

WITNESS OUR HANDS AND SEALS THIS 5th **DAY OF** October 2022,
Continental Flooring Company dba Arizona Continental Flooring Company

Principal

By: Christopher I. Coleman, President

Employers Mutual Casualty Company

Surety

By: Joseph A. Clarcken III
Attorney-in-Fact

Joseph A. Clarcken III

SECTION 3 - DOCUMENTS (Cont.),

BID BOND (Continued)


STATE OF ~~CALIFORNIA~~)
Arizona) ss.
COUNTY OF Maricopa)

On this 6th day of October, 2022, before me, a Notary Public in and for said County, residing therein, duly commissioned and sworn, personally appeared Joseph A. Clarken III known to me to be the Attorney-in-Fact of the Employers Mutual Casualty Company

a corporation, of Des Moines, Iowa
(City) (State)

and acknowledged to me that he executed the attached bond to the City of Garden Grove as such Attorney-in-Fact and as the free act and deed of said corporation, and that said bond was executed on behalf of said corporation by authority of its board of directors.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by Official Seal, the day and year in this certificate first above written.

 Jennifer Castillo
Notary Public - ARIZONA
MARICOPA COUNTY
Commission No. 603879
My Commission Expires May 16, 2025

Notary Public in and for said County and State.
My Commission Expires: May 16, 2025

(Acknowledgment by Non-resident Agent as Attorney in Fact must be attached)



POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

KNOW ALL MEN BY THESE PRESENTS, that:

- 1. Employers Mutual Casualty Company, an Iowa Corporation
- 2. EMCASCO Insurance Company, an Iowa Corporation
- 3. Union Insurance Company of Providence, an Iowa Corporation
- 4. Illinois EMCASCO Insurance Company, an Iowa Corporation
- 5. Dakota Fire Insurance Company, a North Dakota Corporation
- 6. EMC Property & Casualty Company, an Iowa Corporation

hereinafter referred to severally as "Company" and collectively as "Companies", each does, by these presents, make, constitute and appoint:

JOSEPH A. CLARKEN, III

its true and lawful attorney-in-fact, with full power and authority conferred to sign, seal, and execute the Bid Bond

Any and All Bonds

and to bind each Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of each such Company, and all of the acts of said attorney pursuant to the authority hereby given are hereby ratified and confirmed.

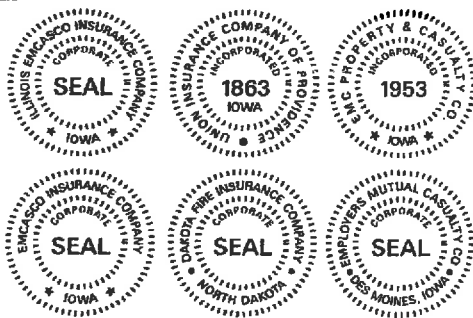
AUTHORITY FOR POWER OF ATTORNEY

This Power-of-Attorney is made and executed pursuant to and by the authority of the following resolution of the Boards of Directors of each of the Companies at the first regularly scheduled meeting of each company duly called and held in 1999:

RESOLVED: The President and Chief Executive Officer, any Vice President, the Treasurer and the Secretary of Employers Mutual Casualty Company shall have power and authority to (1) appoint attorneys-in-fact and authorize them to execute on behalf of each Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof; and (2) to remove any such attorney-in-fact at any time and revoke the power and authority given to him or her. Attorneys-in-fact shall have power and authority, subject to the terms and limitations of the power-of-attorney issued to them, to execute and deliver on behalf of the Company, and to attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and any such instrument executed by any such attorney-in-fact shall be fully and in all respects binding upon the Company. Certification as to the validity of any power-of-attorney authorized herein made by an officer of Employers Mutual Casualty Company shall be fully and in all respects binding upon this Company. The facsimile or mechanically reproduced signature of such officer, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power-of-attorney of the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS THEREOF, the Companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this 22nd day of September, 2022.

Seals



Scott R. Jean

Scott R. Jean, President & CEO
of Company 1; Chairman, President
& CEO of Companies 2, 3, 4, 5 & 6

Todd Strother

Todd Strother, Executive Vice President
Chief Legal Officer & Secretary of
Companies 1, 2, 3, 4, 5 & 6

On this 22nd day of September, 2022 before me a Notary Public in and for the State of Iowa, personally appeared Scott R. Jean and Todd Strother, who, being by me duly sworn, did say that they are, and are known to me to be the CEO, Chairman, President, Executive Vice President, Chief Legal Officer and/or Secretary, respectively, of each of the Companies above; that the seals affixed to this instrument are the seals of said corporations; that said instrument was signed and sealed on behalf of each of the Companies by authority of their respective Boards of Directors; and that the said Scott R. Jean and Todd Strother, as such officers, acknowledged the execution of said instrument to be their voluntary act and deed, and the voluntary act and deed of each of the Companies.

My Commission Expires October 10, 2025.

Kathy Loveridge

Notary Public in and for the State of Iowa



CERTIFICATE

I, Ryan J. Springer, Vice President of the Companies, do hereby certify that the foregoing resolution of the Boards of Directors by each of the Companies, and this Power of Attorney issued pursuant thereto on 22nd day of September, 2022, are true and correct and are still in full force and effect.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 26th day of October, 2022.

Ryan J. Springer

Vice President



STATEMENT OF COMPLIANCE

The undersigned Proposer declares that the Proposal submitted to Furnish All Labor, Material and Prep Work for the Installation of Carpeting at the Purcell Building per the bid specifications as described in, and in response to City of Garden Grove IFB No. S-1299 was prepared in strict compliance with the instructions, conditions and terms listed in the IFB, Scope of Work and Draft Agreement, with exceptions listed below, if applicable. At least one box for each item must be checked.

RFP Instructions and Terms & Conditions (Check One)

No Exceptions Taken

Exceptions Taken

Scope of Services (Check One)

No Exceptions Taken

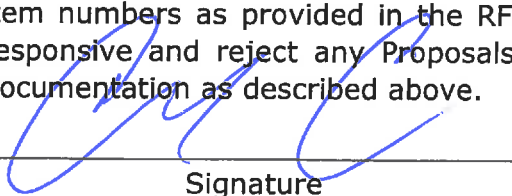
Exceptions Taken

Draft Agreement/Insurance Requirements (Check One)

No Exceptions Taken

Exceptions Taken

If any exceptions are taken, this Statement of Compliance shall include a narrative that identifies each item to which the Proposer is taking exception or is recommending change, including the suggested rewording of the contractual obligations or suggested change in RFP, and identifies the reasons for submitting the proposed exception or change. When available, please reference specific line item numbers as provided in the RFP. The City reserves the right to rule as non-responsive and reject any Proposals that are not accompanied with the required documentation as described above.



Signature

Christopher L. Coleman, President

Printed Name and Title

(Attach a separate sheet(s) detailing each exception being taken, if applicable)

10-21-22

Date
Continental Flooring Company DBA
Arizona Continental Flooring Company

Name of Proposer

SECTION 3 - DOCUMENTS (Cont.).

DESIGNATION OF SUB-CONTRACTORS

1. Pursuant to Public Contract Code Sections §4104 of California Public Contract Code, the undersigned certifies that it has used the sub-bids of the following listed subcontractors to whom the Bidder proposes to subcontract portions of the work in an amount in excess of one-half of one percent of the total Bid Proposal and that the subcontractors listed will be used for the work for which they bid subject to the approval of the Engineer and in accordance with the applicable provisions of the Specifications. Please attach additional pages if needed.

1. Name of Subcontractor: Del Mar Floor Covering DIR Reg# 1000044673
Address: 1324 N Balboa Ave, Ontario, CA 71764 Phone No: 909-331-6637
Individual, Partnership or Corporation: LLC
Work to be Performed: Carpet and Base Removal and Installation

2. Name of Subcontractor: Pacific Decorative Concrete Southwest DIR Reg# 1000000168
Address: 5421 Stationers Way, Sacramento, CA 95842 Phone No: 916-349-1200
Individual, Partnership or Corporation: Corp.
Work to be Performed: Grind and Seal Concrete in Gym Area

3. Name of Subcontractor: _____ DIR Reg# _____
Address: _____ Phone No: _____
Individual, Partnership or Corporation: _____
Work to be Performed: _____

4. Name of Subcontractor: _____ DIR Reg# _____
Address: _____ Phone No: _____
Individual, Partnership or Corporation: _____
Work to be Performed: _____

5. Name of Subcontractor: _____ DIR Reg# _____
Address: _____ Phone No: _____
Individual, Partnership or Corporation: _____
Work to be Performed: _____

REFERENCES

List and describe in full the contracts performed by your firm which demonstrate your ability to provide the services included in the scope of work. Attach additional pages if required. The City reserves the right to contact each of the references listed for additional information regarding your firm's qualifications.

Reference 1

Agency Name: DePere Housing Authority Contact Individual: Wade Schmechel
Address: DePere, WI Phone Number: 920.336.0755

Email Address: _____
Contract Amount: \$109,536.00
Description of Project: Walk off carpet tile, tread and base

Reference 2

Agency Name: Harris County Public Library Contact Individual: David Hefner
Address: LaPorte, TX Phone Number: 281.470.5160

Email Address: _____
Contract Amount: \$107,204.00
Description of Project: Carpet tile and base

Reference 3

Agency Name: Merced Comm College Contact Individual: Stacey Hicks
Address: Merced, CA Phone Number: 209.384.6225

Email Address: _____
Contract Amount: \$78,900.00
Description of Project: Carpet replacement

THIS FORM MUST BE COMPLETED AND INCLUDED WITH THE BID. BIDS THAT DO NOT CONTAIN THIS FORM WILL BE CONSIDERED NON-RESPONSIVE.

SECTION 3 - DOCUMENTS (Cont.).

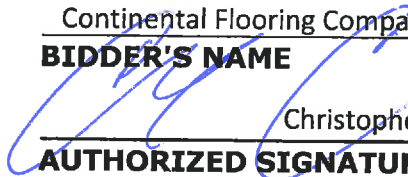
QUESTIONNAIRE TO GENERAL CONTRACTORS

1. Were bid depository or registry services used in obtaining subcontractor bid figures in order to compute your bid?
Yes () No (X)
2. If the answer to No. 1 is "yes", please forward a copy of the rules of each bid depository you used with this questionnaire.
3. Did you have any source of subcontractors' bids other than bid depositories?
Yes () No (X)
4. Has any person or group threatened you with subcontractor boycotts, union boycotts or other sanctions to attempt to convince you to use the services or abide by the rules of one or more bid depositories?
Yes () No (X)
5. If the answer to No. 4 is "Yes", please explain the following details:
 - (a) Date:
 - (b) Name or person or group:
 - (c) Job involved (if applicable):
 - (d) Nature of threats:
 - (e) Additional Comments:
(Use additional paper if necessary)

*******WORKER'S COMPENSATION REQUIREMENT*******

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured for worker's compensation or to undertake self-insurance in accordance with the provisions of that Code and I will comply with such provisions before commencing the performance of the work of this contract.

Continental Flooring Company DBA Arizona Continental Flooring Company
BIDDER'S NAME


Christopher L. Coleman, President
AUTHORIZED SIGNATURE

Per Labor Code 1861

CONTRACTORS QUESTIONNAIRE

1. List any lawsuit(s) filed against you or your firm over the past ten (10) years for breach of non-performance of contract.

None

2. List the results of any lawsuit(s):

3. List any claim(s) filed by subcontractors against you or your firm over the past ten (10) years:

None

4. List the results of each claim:

5. List any disciplinary action and the ultimate disposition within the past ten (10) years taken against you or your firm by the State Contractor's License Board:

No

6. List projects similar to the type applied for herein which you have worked on and how recently the project was performed:

Attached

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE, COMPLETE, ACCURATE AND CORRECT.

Dated: 10/21/2022



Contractor's Signature

Christopher L. Coleman, President

Continental Flooring Company - National Installation References

Customer Name	Location	Materials Installed	Comp Date	Contract Amount	Contact Name	Contact
DePere Housing Authority	DePere, WI	Walk off carpet tile, tread and base	Nov-21	\$109,536.00	Wade Schmechel	920-336-0755
Oxnard Housing Authority	Oxnard, CA	VCT and base	Feb-21	\$ 376,372.00	Deborah Jones	805-385-8041
North Andover Housing Authority	North Andover, MA	LVT and stair treads	Oct-20	\$ 84,690.00	Gary Boucher	978-408-4711
Harris County Public Library	LaPorte, TX	Carpet tile and base	Sep-20	\$ 107,204.00	David Hefner	281-470-5160
Sommerville Housing Authority	Sommerville, MA	LVT	Jun-20	\$ 111,035.00	Brian Langton	617-331-2397
Merced Community College	Merced, CA	Carpet Tile	Jan-20	\$ 78,900.00	Stacey Hicks	209-384-6225
School District of Greenville County	Greenville County, SC	Armstrong VCT, Flexco 4" base	Jul-19	\$ 484,231.92	Jason Franklin	864-355-8078
Rock Island RAD LP	Rock Island, IL	Carpet Tile, LVT, base	Aug-19	\$ 78,987.00	Jeff Westerfield	309-429-2992
Hillsborough Cty Aviation Auth.	Tampa, Florida	Custom pattern match carpet	Aug-19	\$ 904,950.00	Carol Cowen	813-870-7875
Hopewell Public Schools	Hopewell, VA	Armstrong VCT, Flexco Base	Aug-19	\$ 82,217.06	Patrick Barnes	804-541-6400
Autauga County Schools	Prattville, AL	Flooring Installation	Jul-19	\$ 283,541.00	Jay Thompson	334-799-3035
Eldorado Memorial Library	Eldorado, IL	Carpet and Flooring Replacement	May-19	\$ 67,147.00	John C. Baker	618-993-8250
Erie International Airport	Erie, PA	Johnsonite and Congoleum flooring	May-19	\$ 157,254.00	Ian Bogle	814-833-4558
Chicopee Housing Authority	Chicopee, MA	Ruvver tile and stair treads	Feb-19	\$ 176,154.00	Robert Kachinski	413-592-6132
State of West Virginia	Huntington, WV	Shaw Stacked Tile	Feb-19	\$ 245,988.00	David Parsons	304-550-9650
Luke AFB	Luke AFB, AZ	Durkan , Amtico Vintage and Daltile	Jan-19	\$ 139,505.50	Jane Yates	575-915-4685
Garfield County	Rifle, CO	Mohawk Carpet and Johnsonite base	Dec-18	\$ 95,977.00	Frank Coberly	970-625-5921
Patrick Air Force Base	Patrick AFB, FL	Flooring Replacements	Dec-18	\$ 84,909.35	Scott Fisher	321-302-9095
City of La Porte	La Porte, TX	Installed LVT and Carpet	Dec-18	\$ 124,809.30	Cherell Daeumer	281-470-5123
Peterson AFB	Colorado Springs, CO	Installed Carpet and Ceramic	Nov-18	\$ 239,095.00	Sean Dooley	719-556-4024
US Navy	San Diego, CA	Flooring Replacement	Sept 18	\$ 131,830.00	Elisa R. Wing	858-386-9543
Stanislaus County	Modesto, CA	Installed Carpet Tile	July-18	\$ 109,680.00	Mike Herzog	209-661-6123
GSA San Diego	San Diego, CA	Various Projects	Apr-18	\$ 400,000.00	Warren Leske	415-696-1174
USC Aiken B&E Building Repairs	Aiken SC	Floor Repairs	Mar-18	\$ 271,696.00	Brian Enter	803-641-3254
El Paso County Colorado	Colorado Springs	Carpet Replacement	Mar-18	\$ 124,380.00	Tom Sesler	719-520-6560
Little Rock Courthouse/ Post Office	Litter Rock, AR	Installed Carpet Tiles	Mar-18	\$ 148,380.00	Eric Johnson	501-707-2400
Oxnard Housing Authority	Oxnard, CA	VCT and base	Dec-17	\$ 362,500.00	Deborah Jones	805-385-8041
Frank Lemon Gym School	Jefferson, LA	Gym Floor Replacement	Dec-17	\$ 103,711.00	Brad Roth	504-813-7014
Rutherford County Schools	Murfreesboro, TN	Install carpet tiles and base	May-17	\$ 240,975.00	Drew Hodge	615-893-5815
Bloomsburg University	Bloomsburg, PA	Install Mohawk carpet and base	Apr-17	\$ 124,067.00	Kevin Whitney	570-389-4579
Minneapolis Veterans Home	Minneapolis, MN	Install carpet and base	Jan-17	\$ 283,830.00	Jesse Klankowski	612-331-7178
San Diego GSA	San Diego, CA	Shaw Carpet Tiles	Nov-16	\$ 319,837.30	David Dilks	619-696-2816
Tampa International Airport	Tampa, Florida	Carpet replacement	May-16	\$ 697,000.00	Adam Smith	813-676-4337
Department of Veterans Affairs	Jamaica, NY	Install Flexco LVT	Apr-16	\$ 170,478.34	Dominik Gammon	714-526-1000
Cheraw Housing Authority	Cheraw, SC	LVT and base	Sep-15	\$ 262,118.50	Eddie Jenkins	843-669-4163
US Air Force	Peterson AFB, CO	Install VCT & Base	Jun-15	\$ 118,485.80	Sean Dooley	719-556-4024
Maxwell AFB	Montgomery, AL	Install carpet, rubber flooring and base	Apr-14	\$ 112,651.59	Susan Thomas	210-395-7869
Town of West Hartford	West Hartford, CT	VCT and base	Aug-13	\$ 405,929.56	Michael Longo	860-561-7927
Army National Guard	Gulfpport, MS	Carpet, VCT and Base	Aug-12	\$ 398,300.00	Dennis Shadwell	228-323-0207
Town of Maynard	Maynard, MA	VCT and Cove Base	Jul-12	\$ 160,635.85	Gregg Leffer	978-897-1308
Oxnard Housing Authority	Oxnard, CA	Sheet Vinyl and base	Apr-12	\$ 374,891.00	Mehrdad Rahimi	805-385-8033
SSA Administration	Philadelphia, PA	Shaw Carpet Tiles	Dec-11	\$ 265,380.00	Barry Ellis	215-597-8204
California State University	Hayward, CA	Carpet and sheet vinyl	Sep-11	\$ 587,888.00	Keat Saw	510-885-3968
County of San Joaquin	Stockton, CA	Carpet and VCT	Apr-11	\$ 894,396.30	Gabrial Karam	209-468-3357
Hampton Redevelopment and HA	Hampton, VA	Sheet Vinyl, Vinyl Base	Nov-10	\$ 207,600.00	Karen Gelhaar	757-727-1521
Springdale Housing Authority	Springdale, AR	Armstrong VCT	Nov-10	\$ 333,830.00	Randy Hoeshchen	901-848-5675
SSA	Philadelphia, PA	Shaw Carpet Tile	Aug-10	\$ 238,083.00	Jan Carter	215-697-8205
Hillsborough Cty Aviation Auth.	Tampa, Florida	Carpet and Ceramic	Aug-10	\$ 1,159,710.66	Rey Bulnes	813-870-7846
State of Rhode Island	Providence RI	Flooring	Jun-10	\$ 833,336.00	Artie Jochmann	401-222-1285

ATTACHMENT "B" (BID PROPOSAL) PAGE 1 OF 3
SECTION 2 - PROPOSAL

THE HONORABLE MAYOR AND CITY COUNCIL
CITY OF GARDEN GROVE
11222 ACACIA PARKWAY
GARDEN GROVE, CALIFORNIA 92840

To: THE HONORABLE MAYOR AND CITY COUNCIL

The undersigned having carefully examined the Plans and Specifications for: Furnish All Labor, Material and Prep Work for the Installation of Carpeting at the Purcell Building per the Specifications, HEREBY PROPOSE to finish all labor, materials, equipment and transportation, and do all the work required to complete work in accordance with the Plans and Specifications for the sum price of:

.....
PARTS A, B AND C BELOW MUST BE COMPLETED OR BID MAY BE DEEMED AS NON-RESPONSIVE. PARTIAL BIDS WILL NOT BE ACCEPTED!

PART A: CONTRACTOR'S MEASUREMENTS	
1) TOTAL SQUARE FOOTAGE OF CARPETING	16,965 SF
2) TOTAL LINEAR FEET OF COVE BASE	4,200 LF
3) TOTAL LINEAR FEET OF TRANSITIONAL MOLDING	96 LF

PART B: BID PRICING INFORMATION	
1) TOTAL PRICE FOR CARPETING	\$ 69,588.00
2) TOTAL PRICE FOR COVE BASE	\$ 7,650.00
3) TOTAL PRICE FOR TRANSITIONAL MOLDING	\$ 400.00
TOTAL FOR PART B (ITEMS 1-3 ABOVE)	\$ 77,638.00

PART C: GRIND AND SEAL OF GYM FLOOR	
TOTAL PRICE FOR GRIND AND SEAL	\$ 22,250.00

TOTAL BID AMOUNT (Total of PARTS B-C)

\$ 99,888.00

ATTACHMENT "B" (BID PROPOSAL) PAGE 2 OF 3

Total Bid Amount in Written Words:

Ninety Nine Thousand Eight Hundred Eighty Eight Dollars

(In the event of an error, the written words will prevail)

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ATTACHMENT "B" (BID PROPOSAL) PAGE 3 OF 3

It is understood and agreed that:

(a) No verbal agreement or conversation with any officer, agent, or employee of CITY, either before or after the execution of the Agreement, shall affect or modify any of the terms or obligations of this Proposal.

(b) CITY will not be responsible for any errors or omissions on the part of the undersigned in making up his bid, nor will bidders be released on account of errors.

(c) 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.

(d) The undersigned is licensed in accordance with the laws of the State of California.

Check below where appropriate:

Partnership: That _____ are partners, doing business under the firm name of _____, and that the co-partnership makes the accompanying proposal.
Christopher L. Coleman, Continental Flooring Company DBA Arizona

Corporation: That President of Continental Flooring Company make the accompanying proposal.

Individual: That _____ is the bidder and makes the accompanying proposal.

Continental Flooring Company DBA Arizona Continental Flooring Company
Company Name

9319 N. 94th Way, Suite 1000

Address

Scottsdale, Arizona 85258

City - State - Zip Code

800-825-1221

Telephone

647757

California Contractors License Number

Christopher L. Coleman, President

Bidder's Name (Please Print)

10/21/2022

Authorized Signature

Date



CONTRACTORS
STATE LICENSE BOARD
ACTIVE LICENSE



647757

CORP

CONTINENTAL FLOORING COMPANY
DBA ARIZONA CONTINENTAL
FLOORING COMPANY

C15



06/30/2024

www.cslb.ca.gov

Contractor Information

Legal Entity Name
Continental Flooring Company dba Arizona Continental Floor...

Legal Entity Type
Corporation

Status
Active

Registration Number
PW-LR-1000738848

Registration effective date
04/28/21

Registration expiration date
06/30/23

Mailing Address
9319 N 94TH WAY, SUITE 1000 SCOTTSDALE 85258 AZ Unite...

Physical Address
9319 N 94TH WAY, SUITE 1000 SCOTTSDALE 85258 AZ Unite...

Email Address
licenses@continentalflooring.com

Trade Name/DBA
CONTINENTAL FLOORING COMPANY DBA ARIZONA CONTIN...

License Number (s)
CSLB:647757

Registration History

Effective Date	Expiration Date
04/28/21	06/30/23

Legal Entity Information

Corporation Entity Number: 1000019277

Federal Employment Identification Number: 860369902

President Name: CHRISTOPHER L COLEMAN

Vice President Name: GERALD F MCMAHON

Treasurer Name: LISA M COLEMAN

Secretary Name: LISA M COLEMAN

CEO Name: CHRISTOPHER L COLEMAN

Agency for Service:

Agent of Service Name: CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA
Agent of Service Mailing Address: 2710 GATEWAY OAKS DRIVE, SUITE 150N SACRAMENTO 95833-3505 CA USA

Worker's Compensation

Do you lease employees through Professional Employer Organization (PEO)?: No

Please provide your current worker's compensation insurance information below:

PEO Information	PEO Name	PEO Phone	PEO Email

Insured by Carrier

Policy Holder Name:

Insurance Carrier:

Policy Number:

Inception date:

Expiration Date:

CONTINENTAL FLOORING COMPANY DBA AR
THE HARTFORD
59WEIY8111
09/21/20
09/21/21

Contractor Information

Legal Entity Name

DEL MAR FLOOR COVERING

Legal Entity Type

Corporation

Status

Active

Registration Number

1000044673

Registration effective date

07/18/22

Registration expiration date

06/30/23

Mailing Address

P.O. BOX 4183 ONTARIO 91761 CA United States of ...

Physical Address

1324 N. BALBOA AVENUE ONTARIO 91764 CA Unite...

Email Address

martydelrio62@gmail.com

Trade Name/DBA

FLOORING

License Number (s)

CSLB:873992

CSLB:873992

Registration History

Effective Date	Expiration Date
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06/30/17	06/30/18
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11/17/16	06/30/17
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06/29/19	06/30/19
----------	----------

11/15/19	06/30/20
----------	----------

07/01/21	06/30/22
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11/23/20	06/30/21
----------	----------

07/18/22	06/30/23
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Legal Entity Information

Corporation Entity Number:

C3311531

Federal Employment Identification Number:

273408213

President Name:

Martha Del Rio

Vice President Name:

Anthony Del Rio

Treasurer Name:

Martha Del Rio

Secretary Name:

Martha Del Rio

CEO Name:

Martha Del Rio

Agency for Service:

Agent of Service Name:

Agent of Service Mailing Address:

Martha Del Rio

1324 N Balboa Ave Ontario 91764 CA United States of America

Worker's Compensation

Do you lease employees through Professional Employer Organization (PEO)?: No

Please provide your current worker's compensation insurance information below:

PEO Information	PEO	PEO	Name	Phone	Email
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Insured by Carrier

Policy Holder Name:

Insurance Carrier:

Policy Number:

Inception date:

Expiration Date:

Del Mar Floor Covering
Technology Insurance Company
TWC3947057
01/08/21
01/08/23

Contractor Information

Legal Entity Name
PACIFIC DECORATIVE CONCRETE, INC.

Legal Entity Type

Corporation

Status

Active

Registration Number

1000000168

Registration effective date

07/01/21

Registration expiration date

06/30/23

Mailing Address

5421 STATIONERS WAY SACRAMENTO 95842 CA Uni...

Physical Address

5421 STATIONERS WAY SACRAMENTO 95842 CA Uni...

Email Address

hsargenti@pacificdecorative.com

Trade Name/DBA

Pacific Decorative Concrete, Inc.

License Number (s)

CSLB:818796

CSLB:818796

Registration History

Effective Date	Expiration Date
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06/20/18	06/30/19
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05/09/17	06/30/18
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06/07/16	06/30/17
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07/17/15	06/30/16
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07/03/14	06/30/15
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07/01/19	06/30/20
----------	----------

07/01/20	06/30/21
----------	----------

07/01/21	06/30/23
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Legal Entity Information

Corporation Entity Number:

C2417651

Federal Employment Identification Number:

731646076

President Name:

DAVID STRATTON

Vice President Name:

Treasurer Name:

Secretary Name:

CEO Name:

Agency for Service: PACIFIC DECORATIVE CONCRETE INC
Agent of Service Name: 5421 STATIONERS WAY SACRAMENTO 95842 CA United States of America
Agent of Service Mailing Address:

Worker's Compensation

Do you lease employees through Professional Employer Organization (PEO)?: No

Please provide your current worker's compensation insurance information below:

PEO Information	PEO	PEO	Name	Phone	Email
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Insured by Carrier

Policy Holder Name:

Insurance Carrier:

Policy Number:

Inception date:

Expiration Date:

PACIFIC DECORATIVE CONCRETE, INC.
ZENITH INSURANCE COMPANY
M1259501
08/31/20
08/31/21