



NEIGHBORHOOD BEAUTIFICATION PROGRAM - CONTRACTORS/VENDOR RFQ RESPONSE

Workman's Compensation Policy Provider: N/A

Policy #: N/A

Policy Limit: N/A

Policy Expiration Date: N/A

List of five (5) most recent similar jobs your firm has performed in Needles or Region:

1. Work performed / Date Rec Center Acoustical Improvements 6/1/23-7/25/23

Owners Name City of Needles

Site Address 1705 J St, Needles CA 92363

2. Work performed / Date Big Bear Lift Stations A&B Improvements 11/15/18 12/15/18

Owners Name County of San Bernardino

Site Address Lift Stations A and B Big Bear CA, 92314

3. Work performed / Date Guard Rail Replacement 10/1/19-10/15/19

Owners Name City of La Quinta

Site Address Calle Tampico/Park Ave, La Quinta, CA 92253

4. Work performed / Date Residential Improvements 12/15/20-12/24/20

Owners Name Deb Redick

Site Address 9530 Marco Rd Victorville, CA 92392

5. Work performed / Date Residential Improvements 5/20/17-6/1/17

Owners Name Casey Bergquist

Site Address 4628 Lilliput Ln, Las Vegas, NV 89102

List any experience on City and/or County Projects in Needles or San Bernardino County:

1. Work performed / Date Rec Center Acoustical Improvements

Owners Name City of Needles

Site Address 1705 J St

2. Work performed / Date Big Bear Lift Stations A&B Improvements 11/15/18 12/15/18

Owners Name County of San Bernardino

Site Address Lift Stations A and B Big Bear CA, 92314

3. Work performed / Date _____

Owners Name _____

Site Address _____

4. Work performed / Date _____

Owners Name _____

Site Address _____

5. Work performed / Date _____

Owners Name _____

Site Address _____

Contractor certifies to the following:

1. The ability to mobilize and perform work on a four (4) to twenty-four (24) hour notice. *Initials* TC.
2. The ability to digitally transmit documents from office (i.e., Cost Estimates, damage Reports) on an immediate basis. *Initials* TC.
3. The ability to maintain small inventory of items most likely to be used during repair/rehabilitation without reliance on retail hardware vendor. *Initials* TC.
4. The ability to immediately perform general cleanup pertaining to repairs / damage (water, etc.) of a project site. *Initials* TC.
5. The ability to issue computer generated billing statements. *Initials* TC.
6. The ability to sign, notarize and file notice of completion with the County of San Bernardino County Recorder within twenty-four hours of completion. *Initials* TC.
7. The ability to carry twenty-five hundred dollars (\$2,500) on credit account or with savings or draft accounts for a period of forty-five (45) days. *Initials* TC.

Please mark the specific categories for which you wish to apply:

<u>TRADE</u>	<u>Check Appropriate Line(s)</u>		
Electrician	<u> </u>		
Plumber	<u> x </u>		
Landscaper	<u> </u>		
Painter	<u> x </u>		
Roofer	<u> </u>		
Concrete	<u> x </u>		
Carpenter	<u> X </u>		
Other	<u> General </u>	Other	<u> </u>
	<u> List </u>		<u> List </u>

FOR CITY USE ONLY

Verification of License Status: . Initialed: Date:



Policy Number:

Date Entered: 5/2/2023

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2023

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	H. Linwood Insurance 4021 Layang Layang Circle Ste H Carlsbad, CA 92008	CONTACT NAME: Hadley Wood PHONE (A/C, No, Ext): (760) 720-4632 FAX (A/C, No): (760) 720-0574 E-MAIL ADDRESS: hadley@hlinwood-insurance.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Palomar Excess and Surplus INSURER B: National General Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED	Tony Cossi Construction Mr. Tony Cossi 6426 Medio Street San Diego, CA 92114	NAIC #

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PA000051400	05/01/2023	05/01/2024	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			2018539368	05/02/2023	11/2/2023	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 <input type="checkbox"/> 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	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

General Contractor

The below Certificate Holder is Additional Insured to the above General Liability. Endorsement attached.

CERTIFICATE HOLDER

CANCELLATION

City of Needles 817 Third Street Needles, CA 92363	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 Hadley Wood
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CONTRACTORS
STATE LICENSE BOARD
ACTIVE LICENSE



License Number **955425**

Entity INDIV

Business Name **TONY COSSI CONSTRUCTION**

Classification(s) **B**

Expiration Date **12/31/2024**

www.cslb.ca.gov

