



## NEIGHBORHOOD BEAUTIFICATION PROGRAM - CONTRACTORS/VENDOR RFQ RESPONSE

State Contractors License (attach copy) #: 813354 Type: B, C33

Business Address: 10205 San Fernando Road

Home Phone: N/A FAX: N/A

<u>Current Vehicle Type(s)</u>	<u>Model</u>	<u>Year</u>
SUV	Ford Explorer	2017

Current Auto / Vehicle Insurance Policy Provider Mt. Diablo Insurance Brokers, Inc

Policy #: SPP181317800

Policy Limit: \$1,000,000.00

Policy Expiration Date: 06/03/2024

Current Liability Insurance Policy Provider: Mt. Diablo Insurance Brokers, Inc

Policy #: U23AC12407003

Policy Limit: \$2,000,000.00

Policy Expiration Date: 04/25/2024

Workman's Compensation Policy Provider: Orr & Associates Insurance Services

Policy #: WTX504443005

Policy Limit: \$1,000,000.00

Policy Expiration Date: 11/14/2024

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

1. Work performed / Date N/A

Owners Name \_\_\_\_\_

Site Address \_\_\_\_\_

2. Work performed / Date \_\_\_\_\_

Owners Name \_\_\_\_\_

Site Address \_\_\_\_\_

3. Work performed / Date \_\_\_\_\_

Owners Name \_\_\_\_\_

Site Address \_\_\_\_\_

4. Work performed / Date \_\_\_\_\_

Owners Name \_\_\_\_\_

Site Address \_\_\_\_\_

5. Work performed / Date \_\_\_\_\_

Owners Name \_\_\_\_\_

Site Address \_\_\_\_\_

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

1. Work performed / Date Facility Interior Painting  
November 13, 2023 - December 20, 2023

Owners Name Victor Valley Transit Authority

Site Address 17150 Smoke Tree Street, Hesperia, CA 92345

2. Work performed / Date Re-Painting at Morongo Valley Elementary School &  
Twenty-Nine Palms Jr High School 2023/2024 / Morongo Valley Elementary School (September 11 - 21, 2023)  
Twentynine Palms Junior High School (August 14, 2023 - September 8, 2023)

Owners Name Morongo Unified School District

Site Address Morongo Valley Elementary School & Twentynine Palms Junior High School

3. Work performed / Date Exterior Painting of Barstow RAD Bighorn and Yosemite Site  
October 6, 2020 - March 8, 2021

Owners Name Housing Authority County of San Bernardino

Site Address 933 Bighorn, Barstow CA 92311

4. Work performed / Date Paint Interior Admin. Bldg 106 and Maintenance Bldg 102  
at Joshua Tree National Park / August 27, 2021 - September 10, 2021

Owners Name National Park Services - PWR - Lake Mabo

Site Address 74485 National Park Drive Twentynine Palms, CA 92277

5. Work performed / Date Exterior Painting of University Preparatory School  
May 25, 2021 - June 11, 2021

Owners Name Victor Valley Union High School District

Site Address University Preparatory School - 13853 Seneca Road, VictorvilleCA92392

Contractor certifies to the following:

1. The ability to mobilize and perform work on a four (4) to twenty-four (24) hour notice. **Initials** FJ.
2. The ability to digitally transmit documents from office (i.e., Cost Estimates, damage Reports) on an immediate basis. **Initials** FJ.
3. The ability to maintain small inventory of items most likely to be used during repair/rehabilitation without reliance on retail hardware vendor. **Initials** FJ.
4. The ability to immediately perform general cleanup pertaining to repairs / damage (water, etc.) of a project site. **Initials** FJ.
5. The ability to issue computer generated billing statements. **Initials** FJ.
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** FJ.
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** FJ.

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

<u>TRADE</u>	<u>Check Appropriate Line(s)</u>
Electrician	_____
Plumber	_____
Landscaper	_____
Painter	<input checked="" type="checkbox"/> _____
Roofer	_____
Concrete	_____
Carpenter	_____
Other	_____
	List _____
	Other _____
	List _____

\*\*\*\*\*

FOR CITY USE ONLY

Verification of License Status: \_\_\_\_\_ Initialed: \_\_\_\_\_ Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/9/2023

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).

<b>PRODUCER</b> Orr & Associates Insurance Services 28780 Single Oak Dr Ste 255 Temecula CA 92590	<b>CONTACT NAME:</b> Certificates	<b>FAX (A/C, No):</b> 800-474-3003	
	<b>PHONE (A/C, No, Ext):</b> 800-311-3081	<b>E-MAIL ADDRESS:</b> certs@orrandassociates.com	
<b>INSURED</b> US National Corp dba Jimenez Painting Company 10205 San Fernando Rd Pacoima CA 91331	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Insurance Company of the West		27847
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

License#: 0E63493  
USNATIO-01

## COVERAGES

CERTIFICATE NUMBER: 802349931

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WTX504443005	11/14/2023	11/14/2024	X 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)  
Certificate is subject to policy limits, conditions and exclusions.  
Evidence of Coverage

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage

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

*Anthony M. Maly*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/11/2023

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 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> Mt. Diablo Insurance Brokers, Inc. 3557 Mt. Diablo Boulevard Suite 21 Lafayette CA 94549		<b>CONTACT NAME:</b> Cynthia Austin <b>PHONE (A/C, No, Ext):</b> (925) 297-4072 <b>FAX (A/C, No):</b> (925) 297-4074 <b>E-MAIL ADDRESS:</b> certificatedesk@mtdiabloinsurance.com	
<b>INSURED</b> U S National Corp. DBA: Jimenez Painting 10205 San Fernando Road Pacoima CA 91331		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> U.S. Specialty Insurance Company <b>INSURER B:</b> Wesco Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 29599 25011	

## COVERAGES

CERTIFICATE NUMBER: 2023 A/L

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			U23AC12407003	4/25/2023	4/25/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			SPP181317800	6/3/2023	6/3/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			U23AC12407003	4/25/2023	4/25/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage

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

Robert Salvo/BECKY

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**US National Corp**  
**Federal And State Construction Company**

10205 San Fernando Road, Pacoima CA 91331  
(818) 216-7000

maryg@usnationalcorp.com

Certified Small Business, License No. 813354

Office: (818) 686-2166

(818) 894-8420

fredj@usnationalcorp.com



**Office of Small Business & DVBE Services**

Certification ID: 31579

Legal Business Name:

US NATIONAL CORP DBA JIMENEZ PAINTING COMPANY

Doing Business As (DBA) Name 1:

US NATIONAL CORP DBA JIMENEZ PAINTING COMPANY

Doing Business As (DBA) Name 2:

Address:

10205 SAN FERNANDO ROAD  
PACOIMA  
CA 91331

Email Address:

fredj@usnationalcorp.com

Business Web Page:

Business Phone Number:

818/216-7000

Business Fax Number:

Business Types:

Construction , Service

Certification Type	Status	From	To
SB(Micro)	Approved	10/05/2023	10/31/2025

## Contractor Information

**Legal Entity Name**

U.S. NATIONAL CORP.

**Legal Entity Type**

Corporation

**Status**

Active

**Registration Number**

1000001988

**Registration effective date**

07/01/22

**Registration expiration date**

06/30/25

**Mailing Address**

10205 SAN FERNANDO ROAD PACOIMA 91331 CA Uni...

**Physical Address**

10205 SAN FERNANDO ROAD PACOIMA 91331 CA Uni...

**Email Address**

maryg@usnationalcorp.com

**Trade Name/DBA**

JIMENEZ PAINTING COMPANY

**License Number (s)**

CSLB:813354

## Registration History

Effective Date	Expiration Date
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05/10/18	06/30/19
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05/09/17	06/30/18
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06/01/16	06/30/17
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06/04/15	06/30/16
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10/15/14	06/30/15
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07/01/19	06/30/22
----------	----------

07/01/22	06/30/25
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## Legal Entity Information

**Corporation Entity Number:**

c2392230

**Federal Employment Identification Number:**

900015834

**President Name:**

Fred Jimenez

**Vice President Name:****Treasurer Name:**

Matilde Jimenez

**Secretary Name:****CEO Name:****Agency for Service:****Agent of Service Name:**

FRED JIMENEZ