



Meeting Date: 9/13/2011

ACTION	TYPE OF ITEM
<input type="checkbox"/> Approved Recommendation	<input checked="" type="checkbox"/> Info/Consent
<input type="checkbox"/> Ord. No(s). _____	<input type="checkbox"/> Report
<input type="checkbox"/> Res. No(s). _____	<input type="checkbox"/> Public Hearing (Info/consent)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Prepared By: Mehrdad Rahimi *MR* Agenda Item No. **J-10**

Reviewed By: City Manager *[Signature]* City Attorney *[Signature]* Finance *[Signature]* Other (Specify) _____

DATE: August 30, 2011

TO: City of Oxnard Housing Authority Board of Commissioners

FROM: William E. Wilkins, Housing Director
Housing Authority *[Signature]*

SUBJECT: Award of Contract for the Replacement of Flooring in Public Housing Units and Common Areas.

RECOMMENDATION

That the City of Oxnard Housing Authority Board of Commissioners approve and authorize the Chairman to execute a firm-fixed price contract in the amount of \$374,891 with Continental Flooring Company (Agreement number A-7439), using funds previously appropriated from the 2009 Capital Fund grant, for the replacement of the existing flooring in 150 public housing units and the common areas at two senior housing developments located at 401 and 801 South C Street.

DISCUSSION

On September 12, 2009, the City of Oxnard Housing Authority (OHA) received a \$1,954,884 Capital Fund grant for the modernization and rehabilitation of public housing units. The 2009 grant was approved by the Department of Housing and Urban Development (HUD) and included the new flooring projects. The funds must be 100% obligated by September 14, 2011.

In July 2011, the OHA solicited bids for the replacement of the flooring in 150 housing units and in the common areas of two public housing high rise buildings located at 401 and 801 South C Street. During the solicitation period seven companies attended the walk-through, and on August 23, 2011, three bids were received and evaluated. Continental Flooring Company was considered to be the most responsive and responsible to the Housing Authority. The purpose of this project is to replace the old carpet with vinyl flooring which will enhance the health and safety standards required by HUD and will reduce the maintenance operation cost for the public housing project.

FINANCIAL IMPACT

Funding for this contract would come from the Capital Fund Grant of 2009 authorized by the Department of Housing and Urban Development.

CITY OF OXNARD HOUSING AUTHORITY
CAPITAL IMPROVEMENT CONTRACT

Date of contract: September 1, 2011

Name of Contractor: Continental Flooring Company dba Arizona Continental Flooring
Address: 9319 N. 94th Way, Ste. 1000, Scottsdale, AZ
Project description: Flooring project at (CAL 31-5) Plaza Vista Senior Apartments and (CAL 31-8) Palm Vista Senior Apartments, Oxnard, CA for the Oxnard Housing Authority.

This contract is made at Oxnard, California, as of this 1st day of September 2011 between the Housing Authority of the City of Oxnard, called herein the "Authority", and the above-named contractor for the construction of the capital improvement project described herein. The parties hereto agree as follows:

1. Type of Contract

This contract is a firm-fixed price contract as defined by 24 CFR 85.36(d)(2) and the Department of Housing and Urban Development (HUD) Handbook 7460.8, Rev. 2.

2. Contract Price

Contractor shall perform the work described and the Authority shall pay the contractor, in full payment for said work, the following sum: \$374,891.

The above sum includes all taxes and the costs of any required bonds, and required certificates with the exception of permit fees.

3. Payment Schedule

Payment is required to be made no earlier than 35 calendar days after acceptance of contractor's invoices by the Authority and shall be made no later than 60 calendar days after the certificate of completion has been issued and approved, provided that the Authority may withhold from final payment an amount sufficient to protect the Authority from disputes as well as 1.5 times the amount of any stop notice claims.

4. Scope of Services

Contractor shall furnish all tools, equipment, apparatus, facilities, labor and materials necessary to, and shall perform and complete in a good, safe and workmanlike manner, the work generally described as follows: Flooring Project at Palm Vista Senior Apartments, and Plaza Vista Senior Apartments.

5. Contract Documents

The complete contract consists of all the following which are specifically incorporated herein by reference:

- a. The notice inviting bids.
- b. This contract.
- c. Addenda numbers: None
- d. Specifications.
- e. Plans
- f. Contractor's bid proposal and list of subcontractors (if applicable).
- g. Performance and payment bonds as required by the specifications and applicable law. Unless otherwise specified, each such bond shall be 100 percent of the contract price.
- h. Insurance as required by the specifications and applicable law.
- i. All applicable wage determinations, safety and health regulations, non-discrimination provisions, labor standards, and requirements if the contract is federally assisted. This includes but is not limited to such items enumerated in the specifications and addenda thereto.

6. Indemnity

Contractor agrees to indemnify, hold harmless and defend Authority, its Commission, and each member thereof, and every officer, employee, representative or agent of Authority, from any and all liability, claims, demands, actions, damages (whether in contract or tort, including personal injury, death at any time, or property damage), costs and financial loss, including all costs and expenses and fees of litigation or arbitration, that arise directly or indirectly from any acts or omissions related to this Agreement performed by Contractor or its agents, employees, Subcontractors, Contractors, and other persons acting on Contractor's behalf. This agreement to indemnify, hold harmless and defend shall apply whether such acts or omissions are the product of active negligence, passive negligence, willfulness or acts for which Contractor or its agents, employees, Subcontractors, Contractors and other persons acting on Contractor's behalf would be held strictly liable.

7. Time for Performance

The time limit for the completion of the work is 130 working days after receipt of the Notice to Proceed.

Contractor will not perform any work until the Authority issues a Notice to Proceed. Work will be completed within the time limit specified above and in the Notice to Proceed.

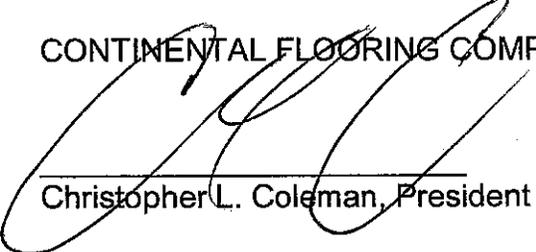
8. Acknowledgement

The contractor by signing hereunder acknowledges that he has reviewed all the foregoing documents and agrees with the requirements, conditions and covenants contained therein.

CITY OF OXNARD

CONTINENTAL FLOORING COMPANY

Dr. Thomas E. Holden, Chairman

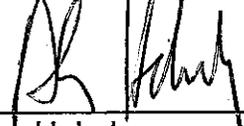


Christopher L. Coleman, President

ATTEST:

APPROVED AS TO FORM:

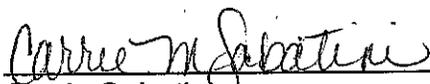
Daniel Martinez
Secretary Designate



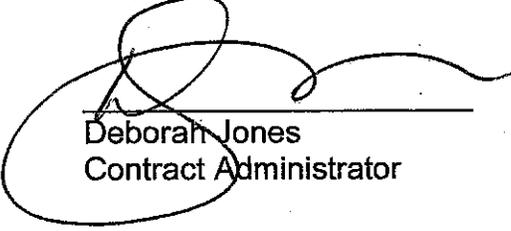
Alan Holmberg
Authority General Counsel

APPROVED AS TO INSURANCE:

APPROVED AS TO COMPLIANCE:



Carrie Sabatini
Housing Finance Officer



Deborah Jones
Contract Administrator

EXHIBIT A SCOPE OF WORK

Contractor shall supply trained, qualified and technically skilled journeymen, directly employed and supervised by the Contractor. All supervision, installed repair parts, consumable materials, equipment, tools, and each and every item of expense necessary for the installation of new flooring at Plaza Vista Senior Apartments (50 units), 401 South C Street and Palm Vista Senior Apartments (100 units), 801 South C Street, Oxnard, California.

Scope of Work:

1: The contractor will coordinate with the moving contractor in clearing the floors and getting the units ready for flooring work one room/ space at the time or as desired by the contractors. There will be movers in the units ahead of flooring crew to move furniture out of the way and to move them back after the flooring work is done.

Note: Residents will be notified to pack and remove their loose items out of the way or box them ready to move.

2: The contractor to remove and dispose of the existing carpets and underlay cushions (if any), and cove bases in the living rooms, hallways, and bedrooms (one space at the time or as needed and preferred).

Note: The Authority suspects that the existing mastic under the existing tiles may contain asbestos, therefore the Contractor shall lay the new linoleum flooring over the existing VCT tiles and/or linoleum to avoid disturbing the suspected asbestos. Therefore removal of the existing VCT tiles and/or linoleum is not in the scope of work.

3: Remove and dispose of the existing cove bases in the hallways, kitchens, and bathrooms.

4: Remove the existing wall discharge floor mount toilets to allow for proper installation of the new linoleum underneath toilets.

5: Prepare the concrete floors and/or existing vinyl floors and wall bases to receive adhesive for the new flooring sheets and cove bases.

6: Install the new linoleum sheeting and rubber cove bases as specified in the specifications section below.

7: Reinstall the toilets after flooring work is done, re-bolting them to the wall and floor, and re-caulking (silicon) them. Re-connect the water supply.

Note: Contractor shall use care in handling the toilets in order to avoid breaking the seals. Contractor is responsible for re-sealing the tanks if there are any leaks.

Additional Scope of Work:

In addition to the 150 units, the following areas will have new flooring installed with similar scope as explained above.

Additional spaces at Palm Vista

- (a): Two (2) elevators
- (b): Two (2) Guestrooms
- (c): Six (6) Corridors
- (d): One (1) Community Room
- (e): One (1) Laundry room
- (f): One (1) Manager Office
- (g): One (1) Manager Apartment
- (h): One (1) Gym
- (i): One (1) Salon

Additional spaces at Plaza Vista

- (a): Two (2) elevators
- (b): Seven (7) Corridors
- (c): One (1) Community Room
- (d): One (1) Pool Room

The scope of work on items above is similar to the scope of work described for the units (Items 1 through 8) above but not as extensive.

Note on Guestrooms: The contractor shall start with the Guestrooms and make them ready for the residents who may need to stay there while their units are being done.

Note on Elevators: Elevators shall be done at the end of the project. The contractor shall work only on one elevator at the time to assure safety, availability, and convenience of the residents.

Specifications:

- All vinyl sheets shall be Armstrong ABODE Sanjani Slate 80816 Smokey beige or approved equal.
- All cove bases shall be Armstrong Color-Integrated Wall Base 75 Desert Sand or approved equal.
- All rubber tiles for the elevators shall be Armstrong R8S64018 (Rubber 18 1/8" x 18 1/8" Square 64 Fresh taupe color 1/8" gauge) or approved equal.
- All adhesive shall be Armstrong recommended products for the selected vinyl sheets and cove base or approved equal.

Flooring Measurements*:

The following are the measurements for typical units or spaces per attached drawings and per actual dimensions of the units or spaces. The measurements provided below and the actual areas may vary a little from space to space and need to be verified by the contractor.

***Dimensions must be verified by the contractor; variance between estimated and actual measurements will not form a basis for additional compensation.**

Palm Vista: 100 Units (See Drawings)

Number of typical one bedroom units: 85

Area: 424 SF

Length of the walls: 162 LF

Number of typical one bedroom units ADA: 15

Area: 428 SF

Length of the walls: 166 LF

Additional Spaces at Palm Vista: (See Drawings)

Number of typical guest rooms: 2

Area: 211 SF

Length of the walls: 90 LF

Number of elevators: 2

Passenger Elevator: Area: 25 SF

Freight Elevator: Area: 40 SF

Number of typical corridors:

Lobby: 1

Area: 786 SF

Length of walls: 140

First floor: 1

Area: 1480 SF

Length of walls: 445 LF

Upper floors: 5

Area: 1172 SF

Length of walls: 329 LF

Number of community room: 1

Area: 2100 SF

Length of walls: 123 LF

Number of laundry room: 1

Area: 546 SF

Length of walls: 80 LF

Number of manager office: 1

Area: 224 SF

Length of walls: 56 LF

Number of manager apartment: 1

Area: 1040 SF

Length of walls: 330 LF

Number of gym: 1

Area: 241 SF

Length of walls: 60 LF

Number of barber shop: 1

Area:

Length of walls:

Plaza Vista Senior: 50 Units (See Drawings)

Number of ADA units: 2

Area: 450 SF

Length of walls: 153 LF

Number of typical one bedroom units: 30

Area: 432 SF

Length of walls: 165 LF

Number of typical studio units: 18

Area: 308 SF

Length of walls: 113 LF

Additional Spaces at Plaza Vista: (See Drawings)

Number of elevators: 2

Passenger Elevator: Area: 18 SF

Freight Elevator: Area: 29 SF

Number of typical corridors:

First floor: 1

Area: 365 SF

Length of walls: 90 LF

Upper floors: 6

Area: 514 SF

Length of walls: 170 LF

Number of community room: 1

Area: 1781 SF

Length of walls: 265 LF

Number of pool room: 1

Area: 346 SF

Length of walls: 43 LF

Location of the Project:

1: Plaza Vista Senior Building (50 Units)

A seven story residential building for the seniors located at 401 South C Street in Oxnard.

2: Palm Vista Senior Building (100 Units)

A six story residential building for the seniors located at 801 South C Street in Oxnard

Work Hours:

From 8:00 AM to 5:00 PM max.

No work is allowed Saturdays, Sundays and during any official holidays.

Housing Authority is closed every other Fridays and no work is allowed on the off Fridays.

Safety and Security:

The units may be used by the residents during the construction. The contractor is required to secure the work area during the work hours, lunch hours, weekends, and holidays for the residents. All spaces shall be scheduled to be complete by the end of the day and the furniture shall be placed back where it belongs to avoid inconvenience for the residents during the weekends and/or holidays.

Project Schedule:

The contractor is expected to complete the job in not to exceed **130 Working days**, that is a minimum of two units per day, as broken down below or as desired by the contractor.

30 days for supplying the materials.

75 days for the actual flooring work in the units based on a minimum of half day per unit.

25 days for the following spaces: (2 Guestrooms, 2 community rooms, 1 laundry room, 1 salon, 1 gym, 1 manager office, 1 manager apartment, 1 pool room, 13 corridors, and 4 Elevators, etc.)

This schedule shall take effect right after the notice to proceed is issued.

Residents Notification:

Based on the above schedule, the contractor is expected to work with the project manager in developing out a work schedule.

We will notify the residents based on the work schedule and ask them to stay out of the work areas during the construction hours as much as they possibly can. However the contractor is expected to work with the residents if they need to stay home and use the work area during construction.

Method of Entry (Palm Vista Only):

The Contractor will be given a Housing Authority Cardkey for entry into the building by the Project Manager.

- a. No person may duplicate or request the unauthorized duplication of the card key.
- b. No person may transfer the card key from an authorized person to an unauthorized person or be in unauthorized possession of the Housing Authority card key.
- c. Cardkeys in the possession of unauthorized persons will be confiscated.
- d. By possession of this key, the Contractor and his employees agree not to compromise the security of the building and its residents. When entering and leaving, ensure that all doors are secured as they were upon arrival.
- e. Loss of the key may necessitate re-keying of the building; this cost could be assigned to the party losing said key.

g. . Card keys may be kept for the duration of the project and must be returned immediately at project completion. Final payment to the Contractor will be held until the key return has been verified.

h. Violation of these requirements may result in loss of key privileges. Lost time and inconvenience to the contractor due to delayed entry into secured areas as a result of such loss of privileges will be at no cost to the Oxnard Housing Authority.

Parking: Parking spaces are limited in the areas and are usually numbered and assigned to the residents. The contractor and his/her employees may park in the spaces indicated for guests where available and will be solely responsible for any violations.

Construction debris:

The contractor shall remove and dispose all old carpets, pads, cove bases and other construction debris from the units and from the site on a daily basis and shall return the work area and the units back to its original condition before flooring.

Due to the nature of the job, the amount of debris generated is expected to be a lot and may require installation of additional dumpsters on the sites by the contractors.

Note: Contractors shall not use Housing Authorities dumpsters for any debris.

Warranty:

The contractor shall warranty the flooring work for **one (1) year** against workmanship and for 15 years against material under manufacturer warranty. Please review Armstrong warranty requirements for ABODE production line.

Final Walkthrough and Sign off:

The contractor is required to call for a final walk-through with the project manager and the Housing Authority staff after completion of the units on each floor. A punch list will be developed. Upon final approval the contractor may bill the Housing Authority for the final payment.

Payment: The contractor may receive Progress Payments under this contract in accordance with the following schedule: First payment – 30% complete, Second payment – 60% complete, Third Payment – 90% complete, Final Payment – Release of 10% Retention. Please note that the retention is based on the total contract price and will be deducted from the amount of the first invoice submitted.

EXHIBIT B
SCHEDULE OF PERFORMANCE

1. The contractor shall perform the flooring work within 130 working days after receipt of the Notice to Proceed.

SECTION C
SCHEDULE OF RATES

1. The Contractor will receive the sum of \$374,891 in total for completion of the flooring project.

2. The contractor may receive Progress Payments under this contract in accordance with the following schedule: First payment – 30% complete, Second payment – 60% complete, Third Payment – 90% complete, Final Payment – Release of 10% Retention.

EXHIBIT C-1

FEE SCHEDULE

Project: Flooring at Palm Vista/ 801 South C Street

Locations	Unit Price	Total Price
One Bedroom Units/ 85 counts	2092	177,820
One Bedroom Units/ ADA / 15 counts	2092	31,380
Guest Rooms/ 2 counts	980	1,960
Passenger Elevator/ 1 count	269	269
Freight Elevator/ 1 count	569	569
Optional Locations		
Corridor/ First Floor / 1 count	9149	9,149
Corridor / Upper floors / 5 counts	4540	22,700
Community Room / 1 count	7800	7,800
Laundry Room / 1 count	2600	2,600
Manager Office / 1 count	660	600
Manager Apartment/ 1 count	3900	3,900
Gym / 1 count	1300	1,300
Salon / 1 count	1300	1,300
Sub-Total for Palm Vista Flooring		\$261,407

Project: Flooring at Plaza Vista/ 401 South C Street

Locations	Unit Price	Total Price
One Bedroom Units/ 30 counts	2024	60,270
One Bedroom Units/ ADA / 2 counts	1986	3,972
Studio Units/ 18 counts	1450	26,100
Passenger Elevator/ 1 count	294	294
Freight Elevator/ 1 count	370	370
Optional Locations		
Corridor/ First Floor / 1 count	1700	1,700
Corridor / Upper floors / 6 counts	2186	13,128
Community Room / 1 count	6100	6,100
Pool Room / 1 count	1100	1,100
Sub-Total for Palm Vista Flooring		\$113,484
TOTAL PROJECTS		\$374,891

**INSURANCE REQUIREMENTS FOR SMALL/MEDIUM CONSTRUCTION AND SERVICES CONTRACTS
(WITH BUILDER'S RISK REQUIREMENT)**

1. Contractor shall obtain and maintain during the performance of any services under this Contract the following insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of services hereunder by Contractor, its agents, representatives, employees or subcontractors.

a. Commercial General Liability Insurance, including a Contractual Liability Endorsement, in an amount not less than \$1,000,000 combined single limit for bodily injury and property damage for each claimant for general liability with coverage equivalent to Insurance Services Office Commercial General Liability Coverage (Occurrence Form CG0001ED, November 1988) If a general aggregate limit is used, that limit shall apply separately to the project location or shall be twice the occurrence amount;

b. Business Automobile Liability Insurance in an amount not less than \$1,000,000 combined single limit for bodily injury and property damage for each claimant for automobile liability with coverage equivalent to Insurance Services Office Automobile Liability Coverage (Occurrence Form CA000T, ED June 1992) covering Code No. 1, "any auto";

c. If architectural, engineering, or electrical work will be performed under the Contract, Professional Liability/Errors and Omissions Insurance appropriate to the work being done in an amount not less than \$1,000,000, with neither Contractor nor listed subcontractors having less than \$500,000 individually. The Professional Liability/Errors and Omissions Insurance must be project specific with at least a one year extended reporting period, or longer upon request.

d. Course of Construction Insurance providing coverage for "all risks" of loss in an amount not less than the completed value of the project, with Authority named as Owner and Insured.

e. Workers' Compensation Insurance in compliance with the laws of the State of California, and Employer's Liability Insurance in an amount not less than \$1,000,000 per claimant.

2. Contractor shall, prior to performance of any services, file with the Administrative Services Manager certificates of insurance with original endorsements effecting coverage required by this Attachment INS-3. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be on the attached forms or on other forms approved by the Administrative Services Manager. All certificates and endorsements are to be received and approved by the Administrative Services Manager before work commences. Authority reserves the right to require complete certified copies of all required insurance policies at any time. The certificates of insurance and endorsements shall be forwarded to the Administrative Services Manager, addressed as follows:

Oxnard Housing Authority
Deborah Jones
Reference No. A-7439
435 South D Street
Oxnard, California 93030

3. Contractor agrees that all insurance coverages shall be provided by a California admitted insurance carrier with an A.M. Best rating of A: VII or better and shall be endorsed to state that coverage may not be suspended, voided, canceled by either party, or reduced in coverage or limits without 30 days' prior written notice to the Administrative Services Manager. The Administrative Services Manager shall not approve or accept any endorsement if the endorsement contains "best effort" modifiers or if the insurer is relieved from the responsibility to give such notice.

4. Contractor agrees that the Commercial General Liability and Business Automobile Liability Insurance policies shall be endorsed to name Authority, its Commissioners, officers, employees, agents and volunteers and the City of Oxnard, its City Council, officers, employees, agents and volunteers as additional insureds as respects: liability arising out of activities performed by or on behalf of Contractor; products and completed operations of Contractor; premises owned, occupied or used by Contractor; or automobiles owned, leased, hired or borrowed by Contractor. The coverage shall contain no special limitations on the scope of protection afforded to Authority, its Commissioners, officers, employees, agents and volunteers and the City of Oxnard, its City Council, officers, employees, agents and volunteers. **The General Liability Special Endorsement Form and Automobile Liability Special Endorsement Form attached to this Attachment INS-3 or substitute forms containing the same information and acceptable to the Administrative Services Manager shall be used to provide the endorsements.**

5. The coverages provided to Authority shall be primary and not contributing to or in excess of any existing Authority or City of Oxnard insurance or self-insurance coverages. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to Authority, its Commissioners, officers, employees, agents and volunteers and the City of Oxnard, its City Council, officers, employees, agents and volunteers. The insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

6. Any deductibles or self-insured retentions must be declared to and approved by the Administrative Services Manager. At the option of the Administrative Services Manager, either the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects Authority, its Commissioners, officers, employees, agents and volunteers and the City of Oxnard, its City Council, officers, employees, agents and volunteers, or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

7. All insurance standards applicable to Contractor shall also be applicable to Contractor's subcontractors. Contractor agrees to maintain appropriate agreements with subcontractors and to provide proper evidence of coverage upon receipt of a written request from the Administrative Services Manager.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1
DATE (MM/DD/YYYY)
11/02/2010

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 Willis of Arizona, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	877-945-7378	FAX (A/C, NO): 888-467-2378
	E-MAIL ADDRESS:	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A:	Westfield Insurance Company	24112-001
INSURED Continental Flooring Company 9319 N 94th Way #1000 Scottsdale, AZ 85258	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 14979206 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	ADD'L INSRD	SUBS WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	TRA5557122	11/1/2010	11/1/2011	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY <input checked="" 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	N	N	TRA5557122	11/1/2010	11/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	N	N	TRA5557122	11/1/2010	11/1/2011	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	DED RETENTION \$						\$
	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				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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)

ATTACHMENT NO. 1
PAGE 14 OF 16

CERTIFICATE HOLDER Proof of Insurance	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>Deanne Mays</i>

Call: 3172581 Tpl: 1176773 Cert: 14979206 ©1988-2010 ACORD CORPORATION. All rights reserved.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2010

PRODUCER (480) 948-8008
AZCAL INSURANCE SERVICE AGENCY INC.
9832 North Hayden #217

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
CONTINENTAL FLOORING COMPANY
9319 N 94TH WAY STE 1000
SCOTTSDALE AZ 85258-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: TWIN CITY FIRE INS CO	00914
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"/> PROJ. <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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	59WEIY8111	09/21/2010	09/21/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
EVIDENCE ONLY

ATTACHMENT NO. 1
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CERTIFICATE HOLDER
() - () -

Continental Flooring Company
9319 N. 94th Way #1000

Scottsdale AZ 85258-

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE: *John Zapp*

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ATTACHMENT NO. 1
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