

February 12, 2010

Mr. Johnson Le, Owner  
Prizm Janitorial Services  
6161 El Cajon Boulevard, Suite 160  
San Diego, CA 92115-3922

Dear Mr. Le:

Subject: Bid No. 9613-09-L — Janitorial Maintenance Service at Various Wastewater/Water Facilities — Schedule 6 and 7

Your bid of September 1, 2009 has been accepted by the City of San Diego and the subject contract is being awarded for a period of two (2) years beginning April 1, 2010 through March 31, 2012, with options to renew for three (3) additional one (1) year periods.

However, before a contract can be awarded and/or purchase orders issued, the documents requested below must be submitted to the Purchasing & Contracting Department. Please note that the required documents must be prepared in the manner specified and received by the Insurance Coordinator, City of San Diego, Purchasing & Contracting Department, 1200 Third Avenue, Suite 200, San Diego, CA 92101-4195, no later than February 22, 2010.

#### INSURANCE REQUIREMENTS:

Our records reflect the following insurance coverage on file and expiration dates.

1. Commercial General Liability (NOT ON FILE) must be for a minimum of \$1,000,000.00 Each Occurrence. **Certificate Required.**
2. Automobile Liability insurance coverage (NOT ON FILE) must be for a minimum of \$1,000,000.00 CSL. **Certificate Required.**
3. Workers' Compensation policy is required (NOT ON FILE) and must contain a waiver of subrogation of rights against the City of San Diego. **Certificate Required.**
4. Crime Insurance coverage for not less than \$25,000.00 each employee or \$100,000.00 blanket limit (NOT ON FILE). **Certificate Required.**
5. BUSINESS TAX CERTIFICATE: **On File.** Any firm engaged in doing business in the City of San Diego is required to obtain a Business Tax Certificate. Visit <http://www.sandiego.gov/treasurer/businessstax/index.shtml> for instructions.

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Bid No. 9613-09-L  
Mr. Le  
February 12, 2010

**BOND REQUIREMENTS:**

- Faithful Performance Bond in the amount of \$5,093.00. Please return the original, notarized bond.

Please note that the required documents must be prepared in the manner specified in the attached requirements sheet; please forward these requirements to your insurance agent to ensure accuracy on the insurance certificate. Insurance certificates, bond, and proof of a valid business tax certificate, as noted above, must be received by Ms. Yolanda Kelly, Insurance Coordinator, City of San Diego, Purchasing & Contracting Department, 1200 Third Avenue, Suite 200, San Diego, CA 92101-4195.

If you have any questions regarding insurance requirements, please call the Insurance Coordinator at (619) 236-6254.

Purchase order(s) will be issued as necessary to cover the City's specific requirements.

If you have any questions, or foresee any problems which may impact the fulfillment of this contract, please call me directly at (619) 236-6096.

Thank you for doing business with the City of San Diego.

Sincerely,

Lisa Hoffmann, CPPB  
Procurement Specialist

??/??

Enclosure



CITY OF SAN DIEGO ♦ PURCHASING DIVISION  
INSURANCE REQUIREMENTS

ANY QUESTIONS PERTAINING TO THIS NOTICE SHOULD BE DIRECTED TO THE INSURANCE COORDINATOR:

Phone: (619) 236-6254



Facsimile: (619) 533-3237

**FORWARD THESE REQUIREMENTS TO YOUR INSURANCE AGENT TO ENSURE ACCURACY ON THE INSURANCE CERTIFICATE**

*The insurance certificate must be prepared pursuant to the requirements listed below. Failure to comply with these requirements in a timely manner may jeopardize the renewal and/or continuation of this contract.*

1. The **FULL** name of the Company(s) affording coverage must be named on the certificate of insurance. Insurance Company(s) selected **MUST** be licensed in the State of California and rated "A" or better by the A.M. Best Key Rating Guide. A **Service of Suit Clause** must be furnished in the event a Company is a Surplus Lines Company.
2. **Commercial General Liability** insurance should be written on an ISO Occurrence form CG 00 01 07 98 or an equivalent form. There shall be no endorsement or modification of the CGL limiting the scope of coverage for either insured vs. insured claims or contractual liability.
3. **Commercial Automobile Liability** shall be written on an ISO form CA 00 01 12 90, a later version of this form, or an equivalent form. Insurance certificate shall reflect coverage for any auto.
4. The City of San Diego must be named as **additional insured on Commercial General Liability and Automobile Liability** coverage. (A specific City department shall not be named.) The City requires Contractors to submit: (1) an ACORD certificate with Additional Insured Endorsement naming the "City of San Diego, its respective elected officials, officers, employees, agents and representatives" as an additional insured, (2) a separate Additional Insured Endorsement page (CG 2010, CG 2026, or equivalent) also listing the "City of San Diego, its respective elected officials, officers, employees, agents and representatives" as an additional insured.
5. The Worker's Compensation policy must be accompanied by an endorsement for the **Waiver of Subrogation of rights** against the "City of San Diego, its respective elected officials, officers, employees, agents and representatives."
6. The authorized Insurance Agency Representative's original signature is required.
7. A notation of "**All Operations**" or the **Bid/P.O. Number and/or Job Title** must be included on the certificate (one (1) per certificate). (**Note:** The "All Operations" endorsement covers all current and future operations with the City of San Diego. Minimum coverage must be in accordance with bid or contract specifications.)
8. **Certificate holder information must read as follows:**

City of San Diego, Purchasing & Contracting Department  
1200 Third Avenue, Suite 200  
San Diego, CA 92101-4195

*ALL said insurance shall be maintained by the Contractor in full force and effect during the ENTIRE PERIOD OF PERFORMANCE under the agreement. Renewal certificates must be received by the Insurance Coordinator, City of San Diego Purchasing Division, 1200 Third Avenue, Suite 200, San Diego, CA 92101-4195 at least ten (10) days prior to the expiration date in order to ensure continuation of contracts.*

**RENEWAL CERTIFICATES MAY BE FAXED TO (619) 533-3237 AND  
THE ORIGINAL MAILED TO THE ADDRESS NOTED ABOVE FOR CERTIFICATE HOLDER.**

**MR JOHNSON LE OWNER  
PRIZM JANITORIAL SERVICES  
6161 EL CAJON BLVD STE 160  
SAN DIEGO CA 92115-3922**