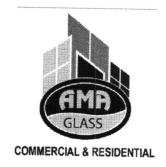


AIMS Board Meeting Item Cover Letter

Item:		
Presented By:		
Staff Recommendation:		
Committee Approval:		
Total Associated Cost:		
Included in Budget?		
Over or Under Budget?		
Amount Over/Under Budget?		
Included in LCAP?		
Which LCAP?		

Date: 6/24/2020



Estimate

3080 Broadway Oakland CA 94611 Lic#1011233 Bahman Shababi

American Indian Model School Job Address: 171 12th ST

Oakland Ca 9460

ATTN: Tiffany Tung

We propose to provide the following to install.

- 1) To remove 34 PCS existing single pane Fix window ¼" glass the storefront system frame the building in First / Second /Third floor Classroom the Building
- 2) To install 34 PCS Dark Bronze Retro -Fit frame Double pane glass. Each window has three panels One on TOP fix window and Two BOT panel windows Awning Tempered glass with opener included screens and film all the windows. Some of the wall on Classrooms is in the middle of the big windows. We aren't able to replace it ,not including in Estimate. Each windows for to replace will be \$3240.00 We will provide Certificate of liability Insurance and Bond

Material, Labor, Tax

Total: \$89850.00

(Included Material, Labor, Tax Quotation is valid for 30 days.

Thank you for giving us the opportunity to bid on your project.if this Quote meets with your approval please sign and return.

Tiffany	Tung	:	

Phone (510) 453-7030

Fax: (877) 666-5095

E-mail: amaglassco@gmail.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/23/2020

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 endors

	the terms and conditions of the polic certificate holder in lieu of such endo	y, ce	rtain ent(s	policies may require an	endors	ement. A sta	tement on t	if SUBROGATIO	ON IS V	VAIVE confer	D, subject to rights to the	
	ODUCER			,	CONT	ACT						
Abdul Shah				PHON	_	770-4200		FAX				
93	355 East Stockton Blvd Suite 260				I F-MAI	1			(A/C, No	916	916-209-9690	
					ADDR			cy@gmail.com				
EI	k Grove CA 95624				-			RDING COVERAGE			NAIC #	
INS	URED				INSURER A: United States Liability Insurance Company							
	Bahman Shababi DBA AM	A Glad	20		INSUR	RERB:						
	3080 Broadway,	· Ola	33		INSUR	ER C :						
	area Breading,				INSUR							
	Oakland		~ 4	04044	INSUR							
-		D.T.I.E.		94611	INSUR	ER F :						
	UL	RIIFI	CAII	E NUMBER:				REVISION NUM	BER:			
C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PFR.	TAIN	THE INCURANCE ACCORD	OF AN	TUE	OR OTHER I	DOCUMENT WITH	FOR T	HE PO	LICY PERIOD WHICH THIS	
					E BEEN	REDUCED BY	PAID CLAIMS	D HEKEIN IS SUB	JECT T	O ALL	THE TERMS,	
NSR LTR	TYPE OF INSURANCE	AUUI	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMI	re		
	GENERAL LIABILITY					(MINI/DD/TTTT)	(MM/DD/1111)	EACH OCCUPRENCE			1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTER)	\$		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurr		\$	100,000	
В				CL174889D		03/08/2020	03/08/2021	MED EXP (Any one pe		\$	5,000	
				ACCUSE CONTRACTOR CONTRACTOR		00/00/2020	03/00/2021	PERSONAL & ADV IN		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA		\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/C	OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							Deductible COMBINED SINGLE L	IMIT	\$	500	
	ANY AUTO							(Ea accident)		\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per p		\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per a		\$		
	AUTOS AUTOS							PROPERTY DAMAGE (Per accident)		\$		
	UMBRELLA LIAB	-								\$		
	EVOESSIAN							EACH OCCURRENCE		\$		
	CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION									\$		
	AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$		
- 1	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMI	PLOYEE	\$		
-	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT	\$		
										·		
End	RIPTION OF OPERATIONS / LOCATIONS / VEHICL ORSEMENT - (IF APPLICABLE, WILL BE ICELLATION 10 DAY NOTICE FOR Notice and previously in the control of the contr	DELI ON PA	VERE AYME	ED WITH POLICY). ENT, 30 DAYS ALL OTHER		if more space is i	required)				-	
ER	TIFICATE HOLDER				CANC	ELLATION						
Bahman Shababi DBA AMA Glass PO Box 99343 Emeryville, CA 94662					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						ED BEFORE IVERED IN	
			ward."									

ACORD 25 (2010/05)

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Your Contractors License Bond Verification Card

Contractors License Bond Verification Card

Contractors License Bond Verification Card

A M A GLASS

LICENSE NUMBER: 1011233 BOND NUMBER: 04-WB082766

EXP: 1/20/2021

SURETY COMPANY: WESCO INSURANCE COMPANY

This card is not proof of current bond status. For current status of bond and license shown, please contact the licensing board.

California Contractor State License Board www.cslb.ca.gov or 800.321.CSLB Questions? Please contact your agent.

Always Sierra Ins Brokerage Inc 916-476-3663 2338 Gold River Rd Ste B

Rancho Cordova

CA 95670

Instructions:

- 1. Print this page.
- 2. Cut along the dashed line.
- 3. Fold your card in half.
- 4. Laminate.



Additional Cards for Your Convenience

Contractors License Bond Verification Card

Contractors License Bond Verification Card

A M A GLASS

LICENSE NUMBER: 1011233 BOND NUMBER: 04-WB082766

EXP: 1/20/2021

SURETY COMPANY: WESCO INSURANCE COMPANY

This card is not proof of current bond status. For current status of bond and license shown, please contact the licensing board.

California Contractor State License Board

www.csib.ca.gov or 800.321.CSLB

Questions? Please contact your agent.

Always Sierra Ins Brokerage Inc 916-476-3663 2338 Gold River Rd Ste B

Rancho Cordova

CA 95670

Contractors License Bond Verification Card

Contractors License Bond Verification Card

A M A GLASS

LICENSE NUMBER: 1011233

BOND NUMBER: 04-WB082766

EXP: 1/20/2021

SURETY COMPANY: WESCO INSURANCE COMPANY

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California Contractor State License Board www.cslb.ca.gov or 800.321.CSLB Questions?
Please contact your agent.

Always Sierra Ins Brokerage Inc 916-476-3663 2338 Gold River Rd Ste B Rancho Cordova CA 95670 DIFFERENT GROUP GLASS
Berkeley, CA
(510) 560-9636
contact@differentgroups.com
www.differentgroups.com

DIFFERENT GROUP GLASS

Proposal

DATE: 06/28/2020

CUSTOMER: Tiffany Tung

Aims

Tel: O: (510) 893-8701 C: (510) 912-4045

E-Mail: tiffany.tung@aimsk12.org

WORKSITE ADDRESS: American Indian Model schools

171 12th street, Oakland, CA 94607

QUOTE

WINDOW TYPE	SIZE THICKNESS		NOTES	UNIT price	Q T Y	TTL PRICE			
Double pane modern Aluminum Awning window Safety tempered	47 X 25	1 inch O/A Glass	The top 25 inches of the existing glass will be transformed into an awning window to allow perfect airflow into the room. The new window will open towards the outside and will include a window screen.	1475	34	50150.00			
Replacement glass with bronze film Safety tempered	n m 47 X 50 1/4		The lower ~50 inches of the existing glass will be replaced by a one-piece of ½ thick Safety tempered glass with sun shield bronze film to match the existing panels.	1250	34	42500.00			
separation bar 47 be placed to window from of glass and		A bronze aluminum separation bar will be placed to separate the new awning window from the new tempered pane of glass and make all future repairs easy and accessible.	175	34	5950.00				
	ı			TOTAL	1	\$98600.00			

ALL PRICES INCLUDE LABOR AND MATERIAL.

DIFFERENT GROUP GLASS
Berkeley, CA
(510) 560-9636
contact@differentgroups.com
www.differentgroups.com

ESTIMATED COMPLETION DATE: July 30th, 2020

ON-SITE WORK ESTIMATED DURATION: 9 days

ESTIMATED SIZE OF THE TEAM THAT WILL OCCUPY THE WORKSITE DURING WORK HOURS FOR THE DURATION ABOVE: 7 technicians and 1 supervisor.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/30/20 10:13AM

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

	e terms and conditions of the policy ertificate holder in lieu of such endors				ndorse	ment. A stat	ement on th	is certificate does not c	onfer r	ights to the
PRODUCER					CONTACT Customer Service Department					
Salmen Insurance Services, Inc.				PHONE (O.C.) DEC. F.C.						
Phil Salvagio				(A/C, No. Ext): (866) 872-5636 (A/C, No): (866) 472-5636 E-MAIL ADDRESS: Certificates@salmeninsurance.com						
	6 Grey Hawk Court Carlsbad, CA	92N·	10		7.22.1.2			RDING COVERAGE		NAIC#
3256 Grey Hawk Court Carisbad, CA 92010					INSURER A : Preferred Contractors Insurance Company, RRG					12497
INSU					INSURE	R B :				
וווט	erent Group				INSURER C:					
330	2 California Street, Suite E,				INSURE					
	keley, CA 94703				INSURER E:					
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	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE									
C	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN, 7	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE	D HEREIN IS SUBJECT TO		
	(CLUSIONS AND CONDITIONS OF SUCH				BEEN I			•		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)		LIMIT		
	X COMMERCIAL GENERAL LIABILITY			PCA5013-PC36266	1	06/30/2020	06/30/2021	EACH OCCURRENCE DAMAGE TO RENTED	. ,	00,000
Α	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$50,0	
								MED EXP (Any one person)	\$5,00	
								PERSONAL & ADV INJURY		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		00,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	LIMPRELLALIAR								\$	
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	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?										
								E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (ACORD	101. Additional Remarks Schedu	ıle. mav t	ne attached if mo	re space is requi	red)		
	rification of Coverage	(, , , , , , , , , , , , , , , , , , , ,	,			,		
Sı	bject to all policy terms,	ex	clus	sions and condition	ns					
CFI	RTIFICATE HOLDER				CANC	ELLATION				
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Verification 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					

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