



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?



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 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 Abdul Shah 9355 East Stockton Blvd Suite 260 Elk Grove CA 95624		CONTACT NAME: PHONE (A/C, No, Ext): 916-770-4200 FAX (A/C, No): 916-209-9690 E-MAIL ADDRESS: coastinsuranceagency@gmail.com	
INSURED Bahman Shababi DBA AMA Glass 3080 Broadway, Oakland CA 94611		INSURER(S) AFFORDING COVERAGE INSURER A : United States Liability Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC			CL174889D	03/08/2020	03/08/2021	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 Deductible \$ 500
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ 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						WC STATUTORY LIMITS \$ OTH-ER \$ 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)

Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).
 CANCELLATION 10 DAY NOTICE FOR NON PAYMENT, 30 DAYS ALL OTHERS

This certificate supersedes any previously issued certificate.

CERTIFICATE HOLDER**CANCELLATION**

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

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
SURETY COMPANY: WESCO INSURANCE COMPANY

EXP: 1/20/2021

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

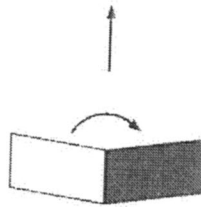
California Contractor State License Board
www.cslb.ca.gov or 800.321.CSLB

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
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California Contractor State License Board
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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	QTY	TTL PRICE
Double pane modern Aluminum Awning window <i>Safety tempered</i>	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 <i>Safety tempered</i>	47 X 50	¼	The lower ~50 inches of the existing glass will be replaced by a one-piece of ¼ thick <i>Safety tempered</i> glass with sun shield bronze film to match the existing panels.	1250	34	42500.00
Bronze Aluminum separation bar	47	/	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
				TOTAL	/	\$98600.00

ALL PRICES INCLUDE LABOR AND MATERIAL.

Please let us know if you'd like us to make any adjustments.

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.

Please let us know if you'd like us to make any adjustments.

