



Bid Proposal for Daily Biohazard Cleanup in Downtown and Old Town
Kern Neighborhoods of Bakersfield Ca

**ATTACHMENT RFQ-1
PROPOSAL FORM**

TO BE COMPLETED BY OFFEROR AND INCLUDED IN PROPOSAL

TO: CITY OF BAKERSFIELD

RE: DAILY BIOHAZARD CLEANUP IN DOWNTOWN AND OLD TOWN KERN

Term of Contract: The Agreement shall be in place for one year from the effective date of the Agreement. The Agreement may be extended in accordance with the provisions of the invitation to Bid for two (2) additional one-year periods.

Having carefully examined the Request for Proposal, attachments and related documents, the undersigned proposed and agrees to provide to the City of Bakersfield in accordance with RFP&Q and sample Contract for Daily Biohazard Cleanup in Downtown and Old Town Kern neighborhoods of Bakersfield, Contractor submits the following proposal:

Base Bid

Weekly Biohazard Cleanup (6.5 hrs per day, 32.5 hours per week) \$ 1,135 X 5 Days X 52 Weeks
= \$ 295,100 12-month term

Note: The bidder shall submit prices for the Base Bid. The criteria set forth in **Section V. Selection of Contractor** of this document shall be used to determine the award of the contract.

Valley Pressure Pros Inc.

Name of Firm or Corporation



Signature of Offeror's Authorized Representative

Dustin Gairrison - President

Name & Title of Authorized Representative

**ATTACHMENT RFQ-2
General Information Sheet**

Biohazard Cleanup Service Provider - Bakersfield, CA

NAME OF FIRM: VALLEY PRESSURE PROS INC.		
FIRM NAME FOR AGREEMENT (If different from above):		
BUSINESS ADDRESS: 12038 Rosedale Hwy		
CITY, STATE, ZIP CODE: Bakersfield, Ca, 93312		
TELEPHONE NUMBER: (661)589-5088		FACSIMILE NUMBER: (661)218-9742
E-MAIL ADDRESS: Pressurepro@live.com		
CONTACT PERSON (for this bid request): Dustin Gairrison		
TELEPHONE NUMBER: (661)706-3512		
EMERGENCY CONTACT NUMBERS		
Cell Phone: (661)333-3053		
Toll Free Number: N/A (Will establish a dedicated line if bid is accepted)		
CUSTOMER SERVICE Will establish a dedicated line if bid is accepted		
Toll-Free Telephone Number: (661)589-5088		Fax Number: (661)218-9742
Web-Site/On-Line: Pressurepros.biz		
AREA REPRESENTATIVE		
Name: Dustin Gairrison		
Phone: (661)589-5088		Cell Phone: (661)706-3512
E-Mail: Pressurepro@live.com		Fax Number: (661)218-9742
CITY BUSINESS TAX CERTIFICATE #: 23 00144336		
STATE BOARD OF EQUALIZATION SALES TAX PERMIT #: 226628864-00001		
FEDERAL EMPLOYER ID #: 81-2013093		
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER		
FOR CORPORATIONS, THE STATE IN WHICH FIRM IS INCORPORATED: California		
REFERENCE NAMES OF CLIENT RECEIVING SIMILAR SERVICES:		
* Please refer to next page for references.		
NAMES AND TITLES OF COMPANY PRINCIPALS:		
President- Dustin Gairrison Vice President- Dustin Gairrison Secretary- Dustin Gairrison		
INSURANCE INFORMATION – Provide the name of your insurance carrier for each type of insurance listed.		
General Liability Insurance: National Specialty Insurance Company		
Automobile Liability Insurance: AMGUARD Insurance Company		
Worker's Compensation: Cerity Insurance Company		
Fidelity Bond or Crime Insurance: CNA Surety		
Offeror acknowledges receipt of Addenda Number(s) <input checked="" type="checkbox"/> , <input checked="" type="checkbox"/> , <input checked="" type="checkbox"/> and <input checked="" type="checkbox"/>		



We have been in business for over 35 years, originally, we operated under Randy's Pressure Washing before switching to Valley Pressure Pros about 5 years ago. We specialize in property cleanup, along with bio hazard cleanup and sanitation services. Bio Hazard cleanup and sanitation are part of the services that we provide for the following list of references.

References

Jeremy Helper – Bakersfield Building Maintenance – (661)342-1399 – Commercial property cleanup and sanitation – Client for more than 12 years

Max Steinert – Steinert Investments – (661)872-5545 – Investment property cleanup and sanitation – Client for more than 15 years.

Jeff Bruhn – TVT Transport – (661)302-5465 - Sanitization of hauler trailers for Bolthouse Farms – Client for 10 years.

Michelle Higgins – M.D. Adkinson – (661)334-4800 – Commercial Property cleanup and sanitation. - Client for more than 15 years.

More references can be provided upon request.



Operational Procedures

1. All employees receive training in cleanup, sanitization, disposal, and proper use of PPE (Personal Protective Equipment) to get the job done in a safe and compliant way.
 - B. Employees are trained in the dangers of Hepatitis A and other risks associated with feces.
2. Upon arrival at cleanup site, techs will don proper PPE (Rubber Boots, Gloves, face mask, eye protection)
3. Area to be coned off with orange traffic cones to prevent pedestrians from entering area during cleanup. Techs will not leave the contaminated area unattended until cleanup and sanitization is complete.
4. Using proper PPE (gloves, paper towels) Remove any solids and place in bag for disposal. Properly tie bag to assure that contents will not leak.
5. Using a sanitizing solution of Sodium Hypochlorite and Water. (200 PPM strength) spray area and let dwell for 5 minutes. Using paper towels or disposable scrubbing pads scrub area and blot up excess solution. Place used cleaning materials in proper disposal bag. Spray area again with sanitizing solution and blot area dry. Place all cleaning material along with disposable PPE in proper disposal bag and tie bag to properly ensure material does not leak out.
6. If cleaning up urine spray with "Liquid Alive Odor Digester" to remove the smell of urine.
7. Place all bags in proper biohazard trash can in truck.
8. Disinfect hands with sanitizer
9. Dispose of bags at proper disposal facility (contract with bio hazard disposal site listed on certification page)

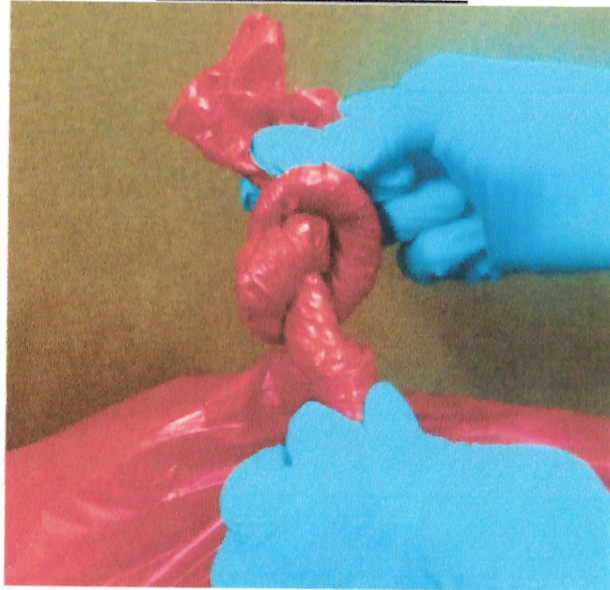


All Employees must be trained in the proper way to handle and tie biohazard bags for transport and disposal.

Gooseneck- Zip Tie or Tape.



Simple Single Knot



Twist and Tape. Tight



Twist and Zip Tie. Tight



- Do not overfill biohazard bag. Tie biohazard bags before transferring bag or moving biohazardous waste container. It shall be tied with one of the methods above so that it is leak proof. Tie and then transfer biohazard bag to biohazardous waste container. Secure the lid of (cover with the lid) the biohazardous waste container. The biohazardous waste container shall be labeled on the cover and all sides.



Proposed Schedule

We are happy with the proposed schedule of two trained employees, 32.5 hours weekly (five 6.5 hour shifts) of service per week. 6.5 hour per day, 6:00am to 1:00pm (with 30-minute lunch break) Monday through Friday as outlined in the provided RFP package.



Certifications

Attached are the certifications applicable to the scope of work.

1. Medical Waste Management Program Certification
2. Department of Toxic Substances Control
3. ATI Biohazard disposal site contract

California Department of Public Health
Medical Waste Management Program
MS 7405, IMS K-2
P.O. Box 997377
Sacramento, CA 95899-7377
www.cdph.ca.gov/MedicalWaste

Date: 3/28/2023

Registrant Identifier: TSW 799



DUSTIN GAIRRISON
VALLEY PRESSURE PROS INC
12038 ROSEDALE HWY
BAKERSFIELD, CA 93312

Dear Sir/Madam:

Your Trauma Scene Waste Management Practitioner certificate is shown below. Please retain this certificate for your records.

If you have questions regarding this certificate, please call (916) 449-5671.

	<p>STATE OF CALIFORNIA Department of Public Health Medical Waste Management Program</p> <p>VALLEY PRESSURE PROS INC</p> <p>12038 ROSEDALE HWY BAKERSFIELD, CA 93312</p>	
Registration No. 799	in the county of Kern	Treatment No.
is registered as a TRAUMA SCENE WASTE MANAGEMENT PRACTITIONER		
Annual Expiration Date 4/15/2024		
The facility named herein is registered pursuant to the provisions of the Medical Waste Management Act, Division 104, Part 14, Chapter 5 of the California Health and Safety Code, and shall be subject to all applicable provisions of the law. This permit is not transferable.		
Date Issued: 3/28/2023	 Thomas Horner, Chief Medical Waste Management Program	



Yana Garcia
Secretary for
Environmental Protection

Department of Toxic Substances Control

Meredith Williams, Ph.D., Director

1001 "I" Street

P.O. Box 806

Sacramento, California 95812-0806



Gavin Newsom
Governor

EPA ID PROFILE

Map

ID Number:

CAL000476801

Name:

VALLEY PRESSURE PROS INC

County:

KERN

NAICS:

562910

Status:

ACTIVE

Inactive Date:

Record Entered:

3/14/2023 2:13:22 PM

Last Updated:

3/14/2023 2:13:22 PM

	Name	Address	City	State	Zip Code	Phone
Location	VALLEY PRESSURE PROS INC	12038 ROSEDALE HWY	BAKERSFIELD	CA	93312	
Mailing		12038 ROSEDALE HWY	BAKERSFIELD	CA	93312	
Owner	VALLEY PRESSURE PROS INC	12038 ROSEDALE HWY	BAKERSFIELD	CA	93312	6615895088
Operator/Contact	DUSTIN GAIRRISON	12038 ROSEDALE HWY	BAKERSFIELD	CA	93312	6615895088

Based Only Upon ID Number:

CAL000476801

Calif. Manifests?	Non Calif. Manifests?	Transporter Registration?
N/A	N/A	N/A

California and Non California Manifest Tonnage Total and Waste Code by Year
Matrix by Entity Type (if available) are on the next page

Calif. Manifest Counts and Total Tonnage

No Records



TEL: 877.633.9278
FAX: 818.787.0107
atimedwaste.com



TEL: 818.933.2344
FAX: 818.787.0107
oshacomplete.com

ON CALL SERVICE

ATI will provide services to:

VALLEY PRESSURE PROS, INC.

12038 ROSEDALE HWY

BAKERSFIELD CA 93312

KERN COUNTY

Tel: 661.589.5088

Fax: N/A

CONTACT: DUSTIN GAIRRISON

EMAIL: PRESSUREPRO@LIVE.COM

SET UP FEE	FREQUENCY	BILLED	TOTAL
\$300.00	ON-CALL	COD	\$125.00

CONTAINER SIZE	UNIT	DESCRIPTION	PRICE
44GL	1	BIOHAZARD / SHARPS WASTE UP TO 50 LBS.	INCLUDED
44GL	1	ADDITIONAL WASTE PER 50 LBS.	\$54.00

DESCRIPTION	PRICE
IF ANY PHARM, PATH OR CHEMO WASTE (\$20.00 MIN.)	\$1.92 LB

Accepted by:

DG

DG (Feb 27, 2023 16:33 PST)

Signature

Dustin Gairrison

Name (Print)

President

Title

2/27/23

Date

Accepted by: ATI

[Signature]

Signature of ATI representative

Acc. Mgr

Title

2/27/23

Date



CONTRACTORS
STATE LICENSE BOARD
ACTIVE LICENSE



License Number **1036657**

Entity **CORP**

Business Name **VALLEY PRESSURE PROS INC**

Classification(s) **C61/D38**



Expiration Date **03/31/2024**

www.csib.ca.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/2023

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).

PRODUCER Verify Insurance Services, Inc. DBA Thimble Insurance Services 174 West 4th Street, Suite 204 New York, NY 10014 https://support.thimble.com/	CONTACT NAME: THIMBLE https://support.thimble.com/	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
	E-MAIL ADDRESS: support@thimble.com	
INSURED Dustin Gairrison Valley Pressure Pros, Inc. 12038 Rosedale Hwy Bakersfield, CA 93312 pressurepro@live.com	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Specialty Insurance Company	22608
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F: https://www.thimble.com/check-policy-status/	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	IBL-FKQBFWJG7	05/21/2022 10:30 AM PDT	05/21/2023 10:30 AM PDT	EACH OCCURRENCE \$ 2,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
		MED EXP (Any one person) \$ 5,000				
		PERSONAL & ADV INJURY \$ 2,000,000				
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						Damage to Property Under Your Control \$ 5,000
	AUTOMOBILE LIABILITY <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) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						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)

CITY OF BAKERSFIELD, ITS MAYOR, COUNCIL, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS ARE ADDITIONAL INSURED UNDER GENERAL LIABILITY PER ATTACHED FORM #CG2010 0413 AND CG2037 0413, WITH PRIMARY WORDING PER ATTACHED FORM #CG2001 0413.

(con't on form Acord 101)

CERTIFICATE HOLDER**CANCELLATION**CITY OF BAKERSFIELD
OFFICE OF RISK MANAGEMENT
1600 TRUXTUN AVE
BAKERSFIELD, CA 93301

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/30/2023

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.

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PRODUCER Certy Services, Inc. 10375 Professional Circle Reno, NV 89521	CONTACT NAME: Underwriting Service Team	
	PHONE (A/C, No, Ext): (844) 423-7489	FAX (A/C, No):
	E-MAIL ADDRESS: service@certy.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Certy Insurance Company	NAIC # 10006
INSURED Valley Pressure Pros, Inc. 12038 Rosedale Highway Bakersfield, CA 93312	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> 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 \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC68750P2022	03/26/2023	03/26/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

The following are excluded from coverage: Dustin Gairrison;

CITY OF BAKERSFIELD, ITS MAYOR, COUNCIL, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS ARE ADDITIONAL INSURED

CERTIFICATE HOLDER

CANCELLATION

City of Bakersfield Office of Risk Management 1600 Truxtun Ave. Bakersfield, CA 93301 sleon@bakersfieldcity.us	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/20/2023

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.

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PRODUCER OMEGA FINANCIAL AND INSURANCE SERVICES 400 H Street Bakersfield CA 93304		CONTACT NAME: Chasity Sharp PHONE (A/C, No, Ext): (661) 326-6870 FAX (A/C, No): (661) 326-6871 E-MAIL ADDRESS: chasity@quoteomega.com	
INSURED Valley Pressure Pro's 12038 Rosedale Highway Bakersfield Ca 93312		INSURER(S) AFFORDING COVERAGE INSURER A: AMGUARD INSURANCE CO. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						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	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)

City of Bakersfield, It's mayor, council, officers, agents, employees and volunteers are additional insured

CERTIFICATE HOLDER**CANCELLATION**City of Bakersfield
Risk Management Division
1600 Truxtun Avenue
Bakersfield

Ca 93301

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/19/2023

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PRODUCER Joseph D Walters Insurance 4552 Route 51 South Rostraver Township PA 15012	CONTACT NAME: Joseph Walters Agency PHONE (A/C, No, Ext): (800) 878-3808 FAX (A/C, No): (724) 929-3738 E-MAIL ADDRESS: joan@jwagency.com																					
INSURED Valley Pressure Pros Inc 2101 Jewetta Ave Bakersfield CA 93312	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>CNA Surety</td><td>00000</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	CNA Surety	00000	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	CNA Surety	00000																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 2/23-24 Master Bond

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
	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"/> 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 \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	License/Permit Bond			71998729	02/07/2023	02/07/2024	Limit of Insurance \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Bakersfield it's Mayor, council, officers, agents, employees and volunteers are included as additional insured on the policy with respect to ongoing operations of the named insured.

CERTIFICATE HOLDER

City of Bakersfield Risk Management Division 1600 Truxtun Avenue Bakersfield CA 93301	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>Joan M. Liu</i>
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