



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DK

DATE (MM/DD/YYYY)

08/12/2019

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 MERIDIAN INSURANCE SERV. INC. 4622 PLUMOSA DRIVE YORBA LINDA, CA 92886 Jared French		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: MISSPA1		FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Mission Paving & Sealing, Inc. 12747 Schabarum Ave. Irwindale, CA 91706-6807		INSURER A : Redwood Fire & Casualty INSURER B : Liberty Mutual Insurance Co. INSURER C : Liberty Mutual Insurance Co. INSURER D : INSURER E : INSURER F :		11673 23043 23043 	

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	X	X	BKW 56590902	06/30/2019	06/30/2020	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000	
	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>						PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000 <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	X	X	BA0 56590902	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$	
	<input checked="" type="checkbox"/> \$500 Pol. DED						COLL./COMP \$1,000. DED	
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						LEASED-RENTED EQUIP. 06/30/2019 06/30/2020	
	DEDUCTIBLE RETENTION \$						GL & Auto \$ Auto Liab \$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	ESA 56590902 **	06/30/2019	06/30/2020	EACH OCCURRENCE	\$ 5,000,000
	DEDUCTIBLE RETENTION \$						AGGREGATE \$ 5,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	MIWC023689	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/>	
	E.L. EACH ACCIDENT						\$ 1,000,000	
	E.L. DISEASE - EA EMPLOYEE						\$ 1,000,000	
B	Pollution Liability			BKW 56590902	06/30/2019	06/30/2020	Per Claim	1,000,000
B	Leased-Rented			BKW56590902	06/30/2019	06/30/2020	Aggregate	2,000,000

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

*10 Day Notice of Cancellation for Non-Payment or Non-Reporting of Premium
 Project# RJOCS-PV005 Contract #CN001493 All Campuses
 Certificate Holder and all parties named on attached policy endorsements,
 mwith waivers of subrogation are named as additional insured. Coverage is
 Primary & Non-Contributory.

CERTIFICATE HOLDER CSULONG California State University, Chancellors Office. Capital Planning, Design & Const. 401 Golden Shore 2nd Floor Long Beach,, CA 90802-4210	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 Jared French
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POLICY NUMBER: *BKW 56590902*

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Number of Days: 30

Name of Person or Organization:
(Additional Insured)

*The State of California, The Trustees of the California State University,
The University, their officers, employees, representatives, volunteers and agents*

Re: RJOCS-PV005 Contract #CN001493

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Paragraph 2. Of CANCELLATION (Common Policy Conditions) is replaced by the following:

2. We may cancel this Coverage Part by mailing or delivering to this first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
 - b. The number of days shown in the Schedule before the effective date of cancellation if we cancel for any other reason.

NAMED INSURED: *Mission Paving & Sealing, Inc.*
POLICY NUMBER: *BKW 56590902*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
CG 20 10 11 85

**ADDITIONAL INSURED --OWNERS, LESSEES OR CONTRACTORS
(FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

The State of California, The Trustees of the California State University, The University, their officers, employees, representatives, volunteers and agents

Re: RJOCS-PV005 Contract #CN001493

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of 'your work' for that insured by or for you.

Coverage as is afforded by this policy for the benefit of the additional insured(s) is primary and any other coverage maintained by such additional insured(s) shall be non-contributing with the coverage provided under this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
<p>The State of California, The Trustees of the California State University, The University, their officers, employees, representatives, volunteers and agents</p> <p>Re: RJOCS-PV005 Contract #CN001493</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. Coverage is Primary and Non-Contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p>The State of California, The Trustees of the California State University, The University, their officers, employees, representatives, volunteers and agents</p> <p>Re: RJOCS-PV005 Contract #CN001493</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

INSURED: *Mission Paving & Sealing, Inc.*
COMMERCIAL GENERAL LIABILITY

POLICY NUMBER: BKW 56590902

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT
CAREFULLY.**

ADDITIONAL INSURED PRIMARY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is agreed that any person or organization described below is an additional insured, but only with respects to liability arising out of the operations performed for the additional insured by or on behalf of the named insured, and caused by or contributed to a negligent act or omission by the named insured, its agents or employees. The insurance afforded to such additional insured is primary. Any other insurance with such additional insured may have will be non-contributing.

Any other endorsement, provisions, conditions and exclusions of this insurance shall remain unchanged and apply to the additional insured described.

ADDITIONAL INSUREDS:

**The State of California, The Trustees of the California State University,
The University, their officers, employees, representatives, volunteers and agents**

Re: RJOCS-PV005 Contract #CN001493

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

**The State of California, The Trustees of the California State University,
The University, their officers, employees, representatives, volunteers and agents**

Re: RJOCS-PV005 Contract #CN001493

(If no entry appears above, information required to complete this Schedule will be shown in the Declarations as applicable to this endorsement.)

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of 'your work' done under a contract with that person or organization. The waiver applies only to the person or organization shown in the Schedule.

POLICY NUMBER: BAO 56590902
MISSION PAVING & SEALING, INC.

COMMERCIAL AUTO

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT
CAREFULLY**

**ADDITIONAL INSURED - DESIGNATED PERSON OR
ORGANIZATION**

This endorsement modified insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Name of Person or Organization:

**The State of California, The Trustees of the California State University,
The University, their officers, employees, representatives, volunteers and agents**

Re: RJOCS-PV005 Contract #CN001493

This Endorsement provides a waiver of subrogation in favor all parties noted above.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance, or use of a covered "auto".

Coverage as is afforded by this policy for the benefit of the additional insured(s) is primary and any other coverage maintained by such additional insured(s) shall be non-contributing with the coverage provided under this policy.

REDWOOD FIRE & CASUALTY INSURANCE COMPANY

WAIVER OF SUBROGATION – DESIGNATED PERSON
OR ORGANIZATION

Policy No: MIWC023689

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following

EMPLOYERS LIABILITY / WORKERS COMPENSATION COVERAGE PART

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your ongoing (as opposed to completed) operations, or premises with regards to employee injuries or industrial accidents.

This endorsement is also a waiver of subrogation on the part of the company against the named person or organization.

(If no entry appears below, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SCHEDULE

Name of Person or Organization:

The State of California, The Trustees of the California State University, The University, their officers, employees, representatives, volunteers and agents

Re: RJOCS-PV005 Contract #CN001493

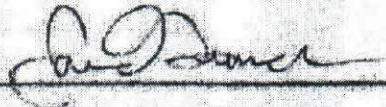
**The Trustees of
The California State University
Project No. RJOCS-PV003
Contract No. CN001493**

This endorsement is attached to and forms part of the Certificates of Insurance dated 08/12/2019
in favor of: Mission Paving & Sealing, Inc., Irwindale, CA

The insurance policies shall contain, or be endorsed to contain, the following provisions.

- (1) For the General and Automobile Liability Policies, the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents are to be covered as additional insureds.
- (2) For any claims related to the work, the Contractor's insurance coverage shall be primary insurance as respects the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents. Any insurance or self-insurance maintained by the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents shall be in excess of the Contractor's insurance and shall not contribute with it.
- (3) The Contractor shall immediately upon receipt of any notice of cancellation or any notice of non-renewal of any insurance required under Article 4.06, provide written notice of any such insurance cancellation or non-renewal by certified mail to the University.
- (4) The State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents shall not by reason of their inclusion as additional insureds incur liability to the insurance carriers for payment of premiums for such insurance.

Authorized Signature



Date

08/12/2019

Jared French, President



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DK

DATE (MM/DD/YYYY)

04/30/2019

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 MERIDIAN INSURANCE SERV. INC. 4622 PLUMOSA DRIVE YORBA LINDA, CA 92886 Jared French	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
E-MAIL ADDRESS:			
PRODUCER CUSTOMER ID #: MISSPA1			
INSURED Mission Paving & Sealing, Inc. 12747 Schabarum Ave. Irwindale, CA 91706-6807	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	Redwood Fire & Casualty	11673
	INSURER B :	Liberty Mutual Insurance Co.	23043
	INSURER C :	Liberty Mutual Insurance Co.	23043
	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	X	X	BKW 56590902	06/30/2018	06/30/2019	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 15,000	
	<input checked="" type="checkbox"/>						PERSONAL & ADV INJURY	\$ 2,000,000	
X	CONTRACTORS POLLUTION			06/30/2018	06/30/2019	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					\$		
B	AUTOMOBILE LIABILITY	X		BA0 56590902	06/30/2018	06/30/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS							\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$	
<input checked="" type="checkbox"/> \$500 Pol. DED		\$							
C	UMBRELLA LIAB	X		ESA 56590902 **	06/30/2018	06/30/2019	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE						GL & Auto	\$	
	<input type="checkbox"/> DEDUCTIBLE						Auto Liab	\$	
<input type="checkbox"/> RETENTION \$							\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	MIWC023689	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input checked="" type="checkbox"/> Y	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Pollution Liabilit			BKW 56590902	06/30/2018	06/30/2019	Per Claim	1,000,000	
B	Pollution Liabilit			BKW56590902	06/30/2018	06/30/2019	Aggregate	2,000,000	

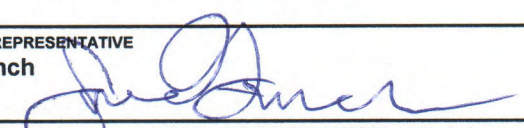
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*10 Day Notice of Cancellation for Non-Payment or Non-Reporting of Premium

Project# RJOCS-PV005 Contract #CN001493 All Campuses

Certificate Holder and all parties named on attached policy endorsements, with waivers of subrogation are named as additional insured. Coverage is Primary & Non-Contributory.

CERTIFICATE HOLDER**CANCELLATION**

CSULONG California State University, Chancellors Office. Capital Planning, Design & Const. 401 Golden Shore 2nd Floor Long Beach,, CA 90802-4210	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 Jared French 

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POLICY NUMBER: *BKW 56590902*

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Number of Days: 30

Name of Person or Organization:
(Additional Insured)

**The State of California, The Trustees of the California State University,
The University, their officers, employees, representatives, volunteers and agents**

Re: RJOCS-PV005 Contract #CN001493

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Paragraph 2. Of CANCELLATION (Common Policy Conditions) is replaced by the following:

2. We may cancel this Coverage Part by mailing or delivering to this first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
 - b. The number of days shown in the Schedule before the effective date of cancellation if we cancel for any other reason.

NAMED INSURED: *Mission Paving & Sealing, Inc.*
POLICY NUMBER: *BKW 56590902*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
CG 20 10 11 85

**ADDITIONAL INSURED --OWNERS, LESSEES OR CONTRACTORS
(FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

The State of California, The Trustees of the California State University, The University, their officers, employees, representatives, volunteers and agents

Re: RJOCS-PV005 Contract #CN001493

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of 'your work' for that insured by or for you.

Coverage as is afforded by this policy for the benefit of the additional insured(s) is primary and any other coverage maintained by such additional insured(s) shall be non-contributing with the coverage provided under this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
<p>The State of California, The Trustees of the California State University, The University, their officers, employees, representatives, volunteers and agents</p> <p>Re: RJOCS-PV005 Contract #CN001493</p>	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. Coverage is Primary and Non-Contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p>The State of California, The Trustees of the California State University, The University, their officers, employees, representatives, volunteers and agents</p> <p>Re: RJOCS-PV005 Contract #CN001493</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

INSURED: *Mission Paving & Sealing, Inc.*
COMMERCIAL GENERAL LIABILITY

POLICY NUMBER: BKW 56590902

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT
CAREFULLY.**

ADDITIONAL INSURED PRIMARY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is agreed that any person or organization described below is an additional insured, but only with respects to liability arising out of the operations performed for the additional insured by or on behalf of the named insured, and caused by or contributed to a negligent act or omission by the named insured, its agents or employees. The insurance afforded to such additional insured is primary. Any other insurance with such additional insured may have will be non-contributing.

Any other endorsement, provisions, conditions and exclusions of this insurance shall remain unchanged and apply to the additional insured described.

ADDITIONAL INSUREDS:

**The State of California, The Trustees of the California State University,
The University, their officers, employees, representatives, volunteers and agents**

Re: RJOCS-PV005 Contract #CN001493

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

**The State of California, The Trustees of the California State University,
The University, their officers, employees, representatives, volunteers and agents**

Re: RJOCS-PV005 Contract #CN001493

(If no entry appears above, information required to complete this Schedule will be shown in the Declarations as applicable to this endorsement.)

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of 'your work' done under a contract with that person or organization. The waiver applies only to the person or organization shown in the Schedule.

POLICY NUMBER: BAO 56590902
MISSION PAVING & SEALING, INC.

COMMERCIAL AUTO

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT
CAREFULLY**

**ADDITIONAL INSURED - DESIGNATED PERSON OR
ORGANIZATION**

This endorsement modified insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Name of Person or Organization:

**The State of California, The Trustees of the California State University,
The University, their officers, employees, representatives, volunteers and agents**

Re: RJOCS-PV005 Contract #CN001493

This Endorsement provides a waiver of subrogation in favor all parties noted above.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance, or use of a covered "auto".

Coverage as is afforded by this policy for the benefit of the additional insured(s) is primary and any other coverage maintained by such additional insured(s) shall be non-contributing with the coverage provided under this policy.

REDWOOD FIRE & CASUALTY INSURANCE COMPANY

WAIVER OF SUBROGATION – DESIGNATED PERSON
OR ORGANIZATION

Policy No: MIWC023689

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following

EMPLOYERS LIABILITY / WORKERS COMPENSATION COVERAGE PART

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your ongoing (as opposed to completed) operations, or premises with regards to employee injuries or industrial accidents.

This endorsement is also a waiver of subrogation on the part of the company against the named person or organization.

(If no entry appears below, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SCHEDULE

Name of Person or Organization:

The State of California, The Trustees of the California State University, The University, their officers, employees, representatives, volunteers and agents

Re: RJOCS-PV005 Contract #CN001493

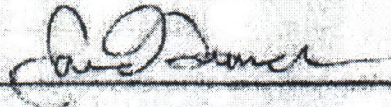
**The Trustees of
The California State University
Project No. RJOCS-PV003
Contract No. CN001493**

This endorsement is attached to and forms part of the Certificates of Insurance dated 04/30/2019
in favor of: Mission Paving & Sealing, Inc., Irwindale, CA

The insurance policies shall contain, or be endorsed to contain, the following provisions.

- (1) For the General and Automobile Liability Policies, the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents are to be covered as additional insureds.
- (2) For any claims related to the work, the Contractor's insurance coverage shall be primary insurance as respects the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents. Any insurance or self-insurance maintained by the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents shall be in excess of the Contractor's insurance and shall not contribute with it.
- (3) The Contractor shall immediately upon receipt of any notice of cancellation or any notice of non-renewal of any insurance required under Article 4.06, provide written notice of any such insurance cancellation or non-renewal by certified mail to the University.
- (4) The State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents shall not by reason of their inclusion as additional insureds incur liability to the insurance carriers for payment of premiums for such insurance.

Authorized Signature



Date 04/30/2019

Jared French, President