



Cover Letter

Service First proposes to provide Pool Maintenance Services to the City of Fontana per RFP PW-24-144-SP . The following proposal will demonstrate why The City of Fontana should choose Service First as the preferred contractor to provide these services.

With over 35 years' experience and the majority of staff with 15+ years tenure, Service First has earned the reputation as Southern California's premier Commercial Swimming Pool Service Company. Our proprietary techniques developed over the years have allowed us to provide excellent Swimming Pool Service even in the most extreme environments.

The majority of our customer base have been clients for numerous years and prove to be excellent references each time they are called upon. We pride ourselves on providing clean, clear, and safe pools for the patrons while providing balanced water to ensure the longevity of the pool and fountain equipment and vessel for the owner/operator.

The contact person will be Robert Wormus Account Manager 714-788-4589 cell

Service First will not use Sub-Contractors for this Contract

Thank you for the opportunity to bid RFP PW-24-144-SP Pool Maintenance Services.

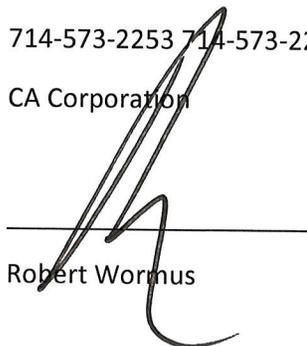
Service First

2510 N Grand Ave st 110

Santa Ana Ca 92705

714-573-2253 714-573-2261 fax

CA Corporation

  
Robert Wormus

2/27/24  
DATE

## PROPOSER'S INFORMATION

PROPOSER certifies that the following information is true and correct:

Proposer's Name: SERVICE FIRST  
Business Address: 2510 N. GRAY AVE #110  
Proposal Contact: Robert Wormus SAN ANTONIO  
Telephone: 714-573-2253 CA 92705  
E-Mail: bwormus@service-1st.com  
Fax: 714-573-2261  
Number of Years In Business: 36

The following are the names, titles, addresses, and phone numbers of all individuals, firm members, partners, joint ventures, and/or corporate officers having a principal interest in this proposal:

Robert Wormus Account Manager 714-788-4589  
Rich Roth Pool Division President 657-600-5266  
FRANK VANDENHEG President 714-573-2253  
MARK BUCHER Secretary 714-573-2200

The dates of any voluntary or involuntary bankruptcy judgments against any principal having an interest in this proposal are as follows:

N/A

All current and prior DBA'S, alias, and/or fictitious business names for any principal having an interest in this proposal are as follows:

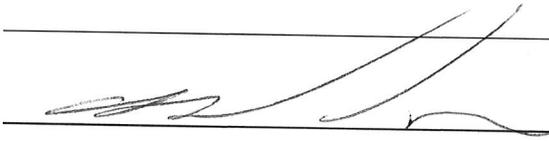
N/A

All current and prior DBA'S, alias, and/or fictitious business names for any principal having an interest in this proposal are as follows:

N/A

The dates of any contract termination. List agency (ies) name, date(s) of termination and reason(s) for contract termination. Use extra sheet if necessary.

N/A



2/27/24

Signature of Proposer

Date

Secretary  
MARIC BUCKNER



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**CITY OF FONTANA RFP 24-144-SP Pool Maintenance Services**

**Firm and Team Experience**

**I. FIRM AND TEAM EXPERIENCE**

- a. Service First has been in business for 35 years. We have twenty-two (28) fully trained and equipped service technicians, four (4) fully trained and equipped repair technicians, and four (4) field supervisors. In Addition, our management team includes Field Director, General Manager, Account Managers, and Customer Service Reps.
- b. The Project Manager will be Bob Wormus, [bwormus@service-1st.com](mailto:bwormus@service-1st.com) – 714-788-4589 cell.
  - i. Project Manager- Bob Wormus
    - 1. 29 years experience in aquatic industry (23 years with Service First)
    - 2. CPO Certified/NSPF Instructor 92\*10684
    - 3. LA Technician #T5633
  - ii. General Manager- Rich Rohr
    - 1. 26 years experience in aquatic industry ( 21 years with Service First)
    - 2. CPO Certified
  - iii. Repair Supervisor-Al Conde
    - 1. 34 years experience in aquatic industry ( 34 years with Service First)
    - 2. CPO Certified
    - 3. LA Tech Certified T1144
  - iv. Route Supervisor -Alberto Cervantes
    - 1. 24 years experience ( 24 years with Service First)
    - 2. CPO Certified
    - 3. LA Tech Certified
  - v. Route Supervisor- Humberto Nava
    - 1. 20 Years Experience ( 20 years with Service First)
    - 2. CPO Certified
    - 3. LA Tech Certified

DIR # 1000010693



City of Fontana RFP PW-24-144-SP

Pool Maintenance Services

Work Plan

A. Work Plan

- i. Service First has been in business since February 1980 and incorporated in 1987 as a California S Corporation. We have layers of management and reporting procedures which allow us to provide excellent service and prevent complacency in reoccurring service. In addition to our daily logs, we perform an extensive end-of month inspection each month of each body of water in which is personally reviewed by the Route Supervisor and Account Manager. Any items needing attention are immediately addressed and corrected and/or brought to the city's attention upon discovery. Daily Logs, forms, and Exhibit A and B explanation of daily tasks performed in addition to specific tasks outlined by the RFP are attached.
- ii. The staff assigned to this contract have extensive experience with performing Commercial Pool Service in extreme environments.
- iii. We have been providing service to Government Contracts since 1995 and have always completed all contracts on good terms and with no disciplinary action or concerns. Service First prides itself on providing excellent Customer Service as well. All technicians are GPS tracked for rapid response times to emergency call outs.
- iv. Service First has never filed for Bankruptcy.
- v. Robert Wormus is the Project Manager for all Municipal contracts 714-788-4589 [bwormus@service-1st.com](mailto:bwormus@service-1st.com) .

- vi. Service First is independent and properly licensed to perform this work. CSLB 556812 C-53, C-61/D35 B C-21 DIR# 1000010693



# LAP POOL

January

Day	TECH	FAC	TAC	pH	ORP	pH	Flow	influent	Effluent	TA	Drain	Temp	Products
	name	ppm	ppm	factor	controller	controller	gpm	psi	psi	ppm		degf	Services
1													
2													
3													
4													
5													
6													
7													
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**24 HOUR EMERGENCY PHONE NUMBER (714) 573-2253**

# Swimming Pool/Spa Service Inspection Report

Name of Facility: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_  
 Inspected By: \_\_\_\_\_  
 Body of Water #1: \_\_\_\_\_  
 Body of Water #2: \_\_\_\_\_



**COMMERCIAL  
 POOL SYSTEMS**

## Pool Water Quality Analysis

	FAC ppm	TAC ppm	pH factor	TA ppm	CH ppm	CyA ppm	TDS ppm	Temp degF
#1								
#2								

	Flow Rate gpm	Influent psi	Effluent psi	Vacuum vac	ORP controller	pH controller
#1						
#2						

## Pool Area Safety Check

### Pool Signs

Pool Rules:	
CPR:	
Pool Occupancy:	
No Diving:	
No Lifeguard:	
"911":	

### Spa Signs

Spa Rules:	
Spa Occupancy:	
Emerg. Shut Off:	

### Safety Apparatus and Equipment #1 #2

Life Ring:		
Life Line:		
Life Pole w/ Hook:		
Emergency Spa Shut Off Switch:		
Lighting CGFI:		
Time Clock and/or Controls:		
Time Set on Time Clocks for pool and lighting:		
Pool/Spa Lighting:		
Pool/Spa Safety Signs:		
Pool/Spa Safety Equipment:		
Pool/Spa Hand Rails:		
Pool/Spa Steps and Rungs:		
Pool/Spa Main Drain Covers:		
Deck Covers:		
Pool Barrier:		

	Good	Fair	Poor
Plumbing and Equipment Leaks			
Backwash Valve			
Flow Meters and Guages			
Filter Condition			
Pump Room Condition			
Electrical Connections			
Heater Condition			
Automated Chemical Feed System			
Weir Blades, baskets and covers			

PLEASE EXPLAIN POOR CONDITIONS OR SAFETY VIOLATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## EXHIBIT A

### SPECIFICATIONS

#### TASKS PERFORMED AT EACH SCHEDULED VISIT PER BODY OF WATER

1. Vacuum the bottom surface of each pool.
2. Skim debris from surface of each pool.
3. Clean all water line tiles as necessary.
4. Brush sides of each pool to remove dirt and debris as needed.
5. Remove accumulated debris from all pool skimmers and drains.
6. Remove accumulated debris from all pump strainers.
7. Backwash pool filters as necessary to maintain proper pressure differential.
8. Refill all chemical feed equipment containers as necessary.
9. Maintain a clean and organized equipment room.
10. Check and record the following in the supplied cor log book:
  - a. Free chlorine
  - b. pH level
  - c. Flow rate
  - d. Influent Pressure
  - e. Effluent Pressure
  - f. Pool Temperature
  - g. Chemicals Added
  - h. Services Performed
11. Check for safety hazards and conditions in and around the pool area.



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## EXHIBIT B

### SPECIFICATIONS

#### **TASKS PERFORMED AT EACH SCHEDULED VISIT PER BODY OF WATER**

1. Check and adjust all automatic and manual water chemistry control systems.
2. Maintain and adjust all company owned equipment.
3. Maintain a proper residual of chemical stock on hand for all automatic and manual water chemistry control systems.
4. Place in use chlorine and pH neutralizer necessary to maintain the water balance in accordance with local and state health department codes and regulations regarding the sanitation of commercial pool and spas.
5. Maintain water levels in all bodies of water and adjust all automatic water level equipment.
6. Provide secondary containment for all chemical stocks in accordance with all local fire and safety codes.
7. Maintain pool records charts in accordance with local health authority guidelines.
8. Drain all pools and spas as necessary.
9. Check all pool equipment for proper operation.
10. Check pool area for obvious hazards.
11. Check pool and spa lighting for proper operation.

#### **END OF MONTH INSPECTION REPORT COMPLETED AT THE END OF EACH MONTH**

12. Check and Record the following:
  - a. Free Chlorine
  - b. Total Chlorine
  - c. Combined Chlorine
  - d. pH level
  - e. Total Alkalinity
  - f. Calcium Hardness
  - g. Total Dissolved Solids
  - h. Phosphate Levels
  - i. Temperature

13. Perform a site survey for all pools and spas to check and record the condition of the following:

- a. Check all required safety signage
- b. Check all required safety equipment
- c. Check for missing or damaged main drain covers
- d. Check for safety hazards in and around pool area
- e. Check for missing or damaged deck lids
- f. Check spa emergency shut off switch operation
- g. Check all pool circulation, filtration, and heating systems.
- h. Check all pool lighting and lighting GFCIs for proper operation.
- i. Check all pool access gates and perimeter barriers

# Service 1ST

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## References.

1. City of Riverside Community Pools  
Stacey Bunchek [sbunchek@riversideca.com](mailto:sbunchek@riversideca.com) 951-453-6599  
Seven (7) day a week Commercial Pool Service for the Cities Seven (7) Community Pools 88,000 – 665,000 gallons  
\$167,000/year – we have had this contract for the past 10 years
2. City of Santa Ana  
Jorge Acevedo [jacevedo5@santa-ana.org](mailto:jacevedo5@santa-ana.org) 714-719-5199  
Swimming Pool Maintenance Services  
Pool Maintenance of Five (5) City Community pools  
\$215,000/year  
We have had this contract for one(1) year
3. City of Pomona  
Roberto Curiel [Roberto.curiel@pomona.gov](mailto:Roberto.curiel@pomona.gov) 909-322-7889  
Commercial Pool Service for two (2) Community Pools  
Ganesha Park Pool and Water Slide  
Washington Park Pool  
\$\$73,000/yr ( seasonal)  
We have had this contract for one (1) year

**SUBMIT WITH PROPOSAL**  
**NON-COLLUSION DECLARATION**

**Pool Maintenance Services  
PW-24-144-SP**

*The undersigned declares:*

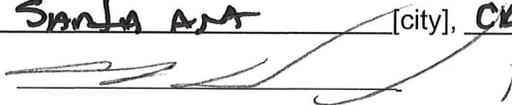
I am the Secretary of Service First

\_\_\_\_\_, the party making the foregoing bid.

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or to refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder. All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, to effectuate a collusive or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on 2/23/24 [date], at Santa Ana [city], CA [state].

  
(Signature)

MARK BUCHER  
(Print Name)

Secretary  
(Title)

# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

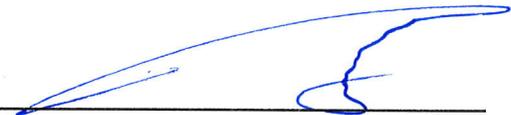
State of California  
County of Orange

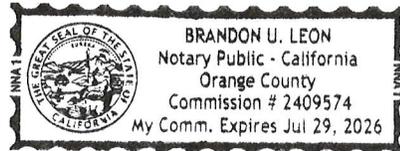
On 02 / 23 / 2024 before me, Brandon U. Leon, Notary Public  
(insert name and title of the officer)

personally appeared Mark William Bucher,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



**WORKER'S COMPENSATION/EMPLOYER'S LIABILITY ENDORSEMENT**

CITY OF FONTANA  
8353 Sierra Avenue  
Fontana, CA 92335

- A. POLICY INFORMATION Endorsement# WC 04 03 06
1. Insurance Company State National Insurance Company; Policy No. AMX-082-0021-007
  2. Policy Term (From) 10/1/2023 (To) 10/1/2023
  3. Endorsement Effective Date 10/1/2023
  4. Named Insured Service First
  5. Address of Named Insured 2510 North Grand Ave Santa Ana CA92705
  6. Employer's Liability Limit (Coverage B) \$1,000,000

B. POLICY AMENDMENTS

In consideration of the policy premium and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. Cancellation Notice. The insurance afforded by this policy shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail return receipt requested has been given to the City of Fontana. Such notice shall be addressed as shown in the heading of this endorsement.
2. Waiver of Subrogation. The Insurance Company agrees to waive all rights of subrogation against the City of Fontana, its elected or appointed officers, officials, agents and employees for losses paid under the terms of this policy which arise from work performed by the Named Insured for the City of Fontana.

C. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, Carla Busick warrant that I have authority (print/type name) to bind the below listed insurance company and by my signature hereon do so bind this company.

Carla Busick  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

Original Signature required on endorsement furnished to the City of Fontana.

ORGANIZATION: AssuredPartners of Florida dba GIGA Solutions TITLE: Agency Present

ADDRESS: 101 Plaza Real South Ste 201 Boca Raton FL 33432 TELEPHONE: 888-581-0807



**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5 % of the California worker's compensation premium otherwise due on such remuneration.

## Schedule

**Person or Organization****Job Description**

Any Person or organizations as required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 10/01/2023

File No.: 1

Carrier Policy No.: AMX-082-0021-007

Premium:

Carrier No.:

Insured: Service First

Insurance Company: State National Insurance Company

Endorsement: WC 04 03 06

Edition: 01/08

Countersigned by: Mano Freeman

**AUTOMOBILE LIABILITY ENDORSEMENT**

CITY OF FONTANA  
8353 Sierra Avenue  
Fontana, CA 92335

- A. **POLICY INFORMATION** Endorsement# NA
1. Insurance Company State Farm; Policy No. 6780930 Policy Term (From) 12-7-2023 (To) 12-7-2024 F0775A
3. Endorsement Effective Date NA
4. Named Insured Service First
5. Address of Named Insured 2510 N Brand Santa Ana CA
6. Limit of Liability Any One Occurrence/Aggregate \$ 1,000,000 92705-8754
7. Deductible of Self-Insured Retention (Nil unless otherwise specified):  
\$ 1000 Comp + Collision

B. **POLICY AMENDMENTS**

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. **INSURED.** The City of Fontana, its elected or appointed officers, officials, consulting engineers, employees and volunteers are included as insurers with regard to damages and defense of claims arising from: the ownership, operation, maintenance, use, loading or unloading of any auto owned, leased, hired or borrowed by the Named Insured, regardless of whether liability is attributable to the Named Insured or a combination of the Named Insured and the City of Fontana, its elected or appointed officers, officials, employees, consulting engineers or volunteers.
2. **CONTRIBUTION NOT REQUIRED.** As respects work performed by the Named Insured for or on behalf of the City of Fontana, the insurance afforded by this policy shall: (a) be primary insurance over any other insurance which covers the City of Fontana, its elected or appointed officers, officials, employees, consulting engineers or volunteers; or (b) stand in an unbroken chain of coverage excess of the Named Insured's primary coverage. In either event, any other insurance maintained by the City of Fontana, its elected or appointed officers, officials, employees or volunteers shall be in excess of this insurance and shall not contribute with it.
3. **SCOPE OF COVERAGE.** This policy, if primary, affords coverage to the Named Insured at least as broad as:
- (1) Insurance Services Office form number CA 00001 (Ed. 1/78), Code 1 ("any auto") and endorsement CA 0025.
- (2) If excess, affords coverage which is at least as broad as the primary insurance forms referenced in the preceding section (1).
4. **SEVERABILITY OF INTEREST.** The insurance afforded by this policy applies separately to each insured who is seeking coverage or against whom a claim is made or a suit is brought, except with respect to the Company's limit of liability.

5. PROVISIONS REGARDING THE INSURER'S DUTIES AFTER ACCIDENT LOSS. Any failure to comply with reporting provisions of the policy shall not affect coverage provided to the City of Fontana, its elected or appointed officer, officials, employees, consulting engineers or volunteers.
6. CANCELLATION NOTICE. The insurance afforded by this policy shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail return receipt requested has been given to the City of Fontana. Such notice shall be addressed as shown in the heading of this endorsement.

C. INCIDENT AND CLAIM REPORTING PROCEDURE

Incidents and claims are to be reported to the insurer at:

ATTN: State Farm Agency  
 (Title) (Department)  
State Farm  
 (Company)  
1370 Brea Blvd Suite 150  
 (Street Address)  
Fullerton CA 92835  
 (City) (State) (Zip Code)  
714 526 7001  
 (Telephone Number)

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, Pamela A. Montgomery warrant that I have authority (print/type name) to bind the below listed insurance company and by my signature hereon do so bind this company.

Pamela A. Montgomery  
 SIGNATURE OF AUTHORIZED REPRESENTATIVE

Original Signature required on endorsement furnished to the City of Fontana.

ORGANIZATION: State Farm TITLE: Agent Rep  
 ADDRESS: 1370 Brea Blvd TELEPHONE: 714-526-7001  
Suite 150  
Fullerton, CA 92835



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/19/2024

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).

<b>PRODUCER</b>  <b>STATE FARM INSURANCE</b> <b>1370 BREA BLVD STE. 150</b> <b>FULLERTON, CA 92835</b>	<b>CONTACT NAME:</b> JOEY MONTGOMERY <b>PHONE (A/C, No, Ext):</b> 714-526-7001 <b>FAX (A/C, No):</b> 714-526-0348 <b>E-MAIL ADDRESS:</b> JOEY@JOEYMONTGOMERY.COM	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <b>SERVICE FIRST</b> <b>DBA: SERVICE FIRST</b> <b>2510 N GRAND AVE SUITE 110</b> <b>SANTA ANA, CA 92705</b>	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	678-0936-F07-75	12/07/2023	12/07/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional R... e, may attached if more space is required)

This Insurance shall apply as Primary and Non-Contributory per attached endorsement. Waiver of Subrogation for Auto liability: See attached Endorsement.

<b>CERTIFICATE HOLDER</b>  <b>CITY OF FONTANA</b> <b>8353 Sierra Avenue</b> <b>Fontana, CA 92335</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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**SECTION II ADDITIONAL INSURED ENDORSEMENT**

**Policy No.:** 678-0936-F07-75

**Named Insured:**

SERVICE FIRST  
DBA: SERVICE FIRST  
2510 N GRAND AVE SUITE 110  
SANTA ANA, CA 92705

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**Additional Insured (include address):**

The City of Fontana, its elected or appointed officers, officials, consulting engineers, employees and volunteers are included as insureds with regard to damages and defense of claims arising from: the ownership, operation, maintenance, use, loading or unloading of any auto owned, leased, hired or borrowed by the Named Insured, regardless of whether liability is attributable to the Named Insured or a combination of the Named Insured and the City of Fontana, its elected or appointed officers, officials, employees, consulting engineers or volunteers.

CITY OF FONTANA  
8353 Sierra Avenue  
Fontana, CA 92335

**WHO IS AN INSURED**, under SECTION II DESIGNATION OF INSURED, is amended to include as an insured the Additional insured shown above, but only to the extent that liability is imposed on that Additional Insured solely because of **your work** performed for that Additional Insured shown above.

Any insurance provided to the Additional Insured shall only apply with respect to a claim made or a **suit** brought for damages for which you are provided coverage.

The Primary Insurance coverage below applies only when there is an "X" in the box.

**Primary Insurance.** The insurance provided to the Additional Insured shown above shall be Primary insurance. Any insurance carried by the Additional Insured shall be noncontributory with respect to coverage provided to you.

All other policy provisions apply.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST  
OTHERS TO US**

**SCHEDULE**

**Policy Number:** 678-0936-F07-75

**Named Insured:**

SERVICE FIRST  
2510 N GRAND AVE SUITE 110  
SANTA ANA, CA 92705

**Name and Address of Person or Organization:**

CITY OF FONTANA  
8353 Sierra Avenue  
Fontana, CA 92335

The following is added to Paragraph **10.b** of **SECTION I AND SECTION II – COMMON**

**CONDITIONS:**

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:

- a. Your ongoing operations; or
- b. **Your work** done under contract with that person or organization and included in the **products-completed operations hazard**.

This waiver applies only to the person or organization shown in the Schedule.

All other policy provisions apply

FE-6671

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**CITY OF FONTANA  
GENERAL LIABILITY ENDORSEMENT**

**CITY OF FONTANA  
8353 Sierra Avenue  
Fontana, CA 92335**

- A. **POLICY INFORMATION**      Endorsement# \_\_\_\_\_
1. Insurance Company Westchester Fire Insurance Company; Policy No. G74417115 001
  2. Policy Term (From) 8/1/2023 (To) 8/1/2024
  3. Endorsement Effective Date \_\_\_\_\_
  4. Named Insured Service First
  5. Address of Named Insured 2510 North Grand Ave, Ste. 110, Santa Ana, CA, 92705
  6. Limit of Liability Any One Occurrence/Aggregate \$ \_\_\_\_\_
  7. Deductible of Self-Insured Retention (Nil unless otherwise specified):  
\$ 5,000
  8. Coverage is equivalent to:  

Comprehensive General Liability Form GLOO02 (Ed. 1/73)

\_\_\_\_\_  
Commercial General Liability "Occurrence" form CGOOOI

1,000,000  
Bodily Injury and Property Damage Coverage is:

1,000,000 occurrence
  9. Description of Project: \_\_\_\_\_

Note: If "Claims-made" coverage is used to satisfy the insurance requirement, the coverage will be required to be maintained for six months following completion of the project. If commercial general liability form or equivalent is used, the general aggregate must apply separately to this location/project or the general aggregate must be twice the occurrence limit.

**B. POLICY AMENDMENTS**

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. **INSURED.** As respects any work performed on the above-described Project, the City of Fontana, its elected or appointed officers, officials, employees, consulting engineers, and volunteers are included as insurers with regard to damages and defense of claims arising from: (a) activities performed by or on behalf of the Named Insured, (b) products and completed operations of the Named Insured, or (c) premises owned, leased or used by the Named Insured.
2. **CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the Named Insured on the above-described Project for or on behalf of the City of Fontana; or (b) products sold by the Named Insured to the City of Fontana for use on the Project; or (c) premises leased by the Named Insured from the City of Fontana, its elected or

appointed officers, officials, employees, consulting engineers, or volunteers; or stand in an unbroken chain of coverage excess of the Named Insured's schedule underlying primary coverage. In either event, any other insurance maintained by the City of Fontana, its elected or appointed officers, officials, consulting engineers, or volunteers shall be in excess of this insurance and shall not contribute with it.

3. SCOPE OF COVERAGE. This policy, if primary, affords coverage at least as broad as:

(1) Insurance Services Office form number GL 0002 (Ed. 1/73), Comprehensive General Liability Insurance and Insurance Services Office form number GL 0404 Broad Form

Comprehensive General Liability endorsement; or

(2) Insurance Services Office Commercial General Liability Coverage, "occurrence" form CG 0001; or

(3) If excess, affords coverage which is at least as broad as the primary insurance forms referenced in the preceding sections (1) and (2).

4. SEVERABILITY OF INTEREST. The insurance afforded by this policy applies separately to each insured who is seeking coverage or against whom a claim is made or a suit is brought, except with respects to the Company's limit of liability.

5. PROVISIONS REGARDING THE INSURED'S DUTIES AFTER ACCIDENT OR LOSS. Any failure to comply with reporting provisions of the policy shall not affect coverage provided to the City of Fontana, its elected or appointed officer, officials, employees, consulting engineers or volunteers.

6. CANCELLATION NOTICE. The insurance afforded by this policy shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail return receipt requested has been given to the City of Fontana. Such notice shall be addressed as shown in the heading of this endorsement.

C. INCIDENT AND CLAIM REPORTING PROCEDURE

Incidents and claims are to be reported to the insurer at:

ATTN:

Stacy Williams, ARM, CRIS  
(Title) (Department)  
HUB International Insurance Services Inc  
(Company)

4695 MacArthur Court, Suite 600  
(Street Address)

Newport Beach, CA 92660 714-315-3578  
(City) (State) (Zip Code) (Telephone Number)

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, Jayson Moser warrant that I have authority (print/type name) to bind the below listed insurance company and by my signature hereon do so bind this company.

*Jayson Moser*

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Original Signature required on endorsement furnished to the City of Fontana.

ORGANIZATION: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**SUBMIT WITH PROPOSAL**

**2.4 PRICING**

Please provide at minimum the **MONTHLY** pricing for the following items in your proposal:  
(This will include daily, bi-weekly, monthly, quarterly, and annual maintenance services)

<b>Swimming Pool Maintenance Services</b>	<b>Swim Season Monthly Price (May 1st-September 15th)</b>	<b>Off Season Monthly Price (September 16th-April 30th)</b>
Don Day Neighborhood Center	\$ 8184. <sup>00</sup>	\$ 6223. <sup>00</sup>
Fontana Park Aquatics Center	\$ 23584. <sup>00</sup>	\$ 21057. <sup>00</sup>
Heritage Neighborhood Center	\$ 11264. <sup>00</sup>	\$ 8730. <sup>00</sup>
Martin Tudor Jurupa Hills Regional Park	\$ 2508. <sup>00</sup>	\$ 2380. <sup>00</sup>
Miller Fitness Center	\$ 8008. <sup>00</sup>	\$ 6929. <sup>00</sup>
<b>TOTAL</b>	\$ 53,548. <sup>00</sup>	\$ 45,319. <sup>00</sup>

<b>Additional/Subtracting Items</b>	
Certified Scuba Diver, per hour	\$ 210. <sup>00</sup>
Emergency Services, per hour	\$ 195. <sup>00</sup>
Additional Labor, per person per hour	\$ 165. <sup>00</sup>
Additional Supervisor, per person, per hour	\$ 185. <sup>00</sup>