

CONTRACT

(Siskiyou County Standard Form Contract No. 26-SCSO616)

1. **SPECIAL TERMS.** These special terms are incorporated below by reference and shall be furnished by the below stated Contractor in conformance with the "Greenbook" 2024 Edition.

(See Secs. 26,2) Parties: County  
**SISKIYOU COUNTY**  
Siskiyou County Jail  
315 S. Oregon St.  
Yreka, CA 96097

and

Contractor:  
**MERCIER ELECTRIC, LLC**  
410 3<sup>rd</sup> St  
Yreka, CA 96097  
530-842-7661

(See Sec. 26) Effective Date: (See Section 3 for starting date.)

(See Sec. 2) The Scope of Work: Install a 15-amp 120-volt circuit within the concrete walls of the first floor of the "booking" area, within the Jail facility as outlined in Exhibit "A".

(See Sec. 3) Completion Time: Within 90 calendar days from the date of final signature, as established in the Section 3 and 5, Notice to Proceed or Specifications

(See Sec. 4) Liquidated Damages: \$0.00 per calendar day.

(See Sec. 26) Public Agency's Agent: Garrett Richardson, Director of Public Works

(See Sec. 6) Contract Price: \$3,750.00

(See Sec. 7) Federal Taxpayers I.D. or Social Security No. #72-1578306

2. **WORK CONTRACT, CHANGES.** (a) By their signatures in Section 26, effective on the date set forth in Section 26, these parties promise and agree as set forth in this contract, incorporating by these references the material ("special terms") in Section 1.

(b) Contractor shall, at his own cost and expense, and in a workmanlike manner, fully and faithfully perform and complete the work; and will furnish all materials, labor, services and transportation necessary, convenient and proper in order fairly to perform the requirements of this contract, all strictly in accordance with the Public Agency's plans, drawings and specifications and in conformance with the "Greenbook" 2024 Edition.

(c) The work can be changed only with Public Agency's prior written order specifying such change and its cost agreed to by the parties; and the Public Agency shall never have to pay more than specified in Section 7 without such an order.

3. **TIME: NOTICE TO PROCEED.** Contractor shall start this work as directed in the specifications or the Notice to Proceed; and shall complete it as specified in Section 1.

4. **LIQUIDATED DAMAGES.** If the Contractor fails to complete this contract and this work within the time fixed therefor, allowance being made for contingencies as provided herein, he becomes liable to the Public Agency for all its loss and damage therefrom; and because, from the nature of the case, it is and will be impracticable and extremely difficult to ascertain and fix the Public Agency's actual damage from any delay in performance hereof, it is agreed that Contractor will pay as liquidated damages to the Public Agency the reasonable sum specified in Section 1, the result of the parties' reasonable endeavor to estimate fair average compensation therefor, for each calendar day's delay in finishing said work; and if the same be not paid, Public Agency may, in addition to its other remedies, deduct the same from any money due or to become due Contractor under this contract. If the Public Agency for any cause authorizes or contributes to a delay, suspension of work or extension of time, its duration shall be added to the time allowed for completion, but it shall not be deemed a waiver nor be used to defeat any right of the Agency to damages for non-completion or delay hereunder. Pursuant to Government Code Section 4215, the Contractor shall not be assessed liquidated damages for delay in completion of the work, when such delay was caused by the failure of the Public Agency or the owner of a utility to provide for removal or relocation of existing utility facilities.

5. **INTEGRATED DOCUMENTS.** The plans, drawings and specifications or special provisions of the Public Agency's Notice Inviting Bids, Instructions to Bidders, Proposal, Information Required of Bidder, Certifications and Affidavits, required bonds, all issued addenda to such, Contractor's accepted bid for this work, and Notice to Proceed are hereby incorporated into this contract; and they are intended to cooperate, so that anything exhibited in the plans or drawings and not mentioned in the specifications or special provisions, or vice versa, is to be executed as if exhibited, mentioned and set forth in both, to the true intent and meaning thereof when taken all together; and differences of opinion concerning these shall be finally determined by Public Agency's Agent specified in Section 1.

6. **PAYMENT.** (a) For his strict and literal fulfillment of these promises and conditions, and as full compensation for all this work, the Public Agency shall pay the Contractor the sum specified in Section 1, except that in unit price contracts the payment shall be for finished quantities at unit bid prices.

(b) On or about the fifteenth of each calendar month, the Contractor shall be paid for all work satisfactorily completed through the last day of the preceding calendar month, as determined by Public Agency or its Agent, minus 5% thereof pursuant to Public Contract Code Section 9203, but not until defective work and materials have been removed, replaced, and made good.

7. **PAYMENTS WITHHELD.** (a) The Public Agency or its Agent may withhold any payment, or because of later discovered evidence nullify all or any certificate for payment, to such extent and period of time only as may be necessary to protect the Public Agency from loss because of:

- (1) Defective work not remedied, or uncompleted work, or
- (2) Claims filed or reasonable evidence indicating probable filing, or
- (3) Failure to properly pay subcontractors or for material or labor, or
- (4) Reasonable doubt that the work can be completed for the balance then unpaid, or
- (5) Damage to another contractor, or
- (6) Damage to the Public Agency, other than damage due to delays.

(b) The Public Agency shall use reasonable diligence to discover and report to the Contractor, as the work progresses, the materials and labor which are not satisfactory to it, so as to avoid unnecessary trouble or cost to the Contractor in making good any defective work or parts.

(c) 35 calendar days after the Public Agency files its notice of completion of the entire work, it shall issue a certificate to the Contractor and pay the balance of the contract price after deducting all amounts withheld under this contract, provided the Contractor shows that all claims for labor and materials have been paid, no claims have been presented to the Public Agency based on acts or omissions of the Contractor, and no liens or withhold notices have been filed against the work or site, and provided there are not reasonable indications of defective or missing work or of late-recorded notices of liens or claims against Contractor.

8. **INSURANCE.** (Labor Code Sections 1860-61) Contractor shall comply with all insurance requirements set forth in Exhibit "B" attached hereto. On signing this contract, Contractor must give Public Agency (1) a certificate of consent to self-insure issued by the Director of Industrial Relations, or (2) a certificate of Workers' Compensation insurance issued by an admitted insurer, or (3) an exact copy or duplicate thereof certified by the Director or the insurer. Contractor is aware of and complies with Labor Code Section 3700 and the Workers' Compensation Law.

9. **BONDS.** On signing this contract Contractor shall deliver to Public Agency for approval good and sufficient Payment and Performance Bonds with sureties, in amount(s) specified in the specifications or special provisions, guaranteeing Contractor's faithful performance of this contract and Contractor's payment for all labor and materials hereunder.

10. **FAILURE TO PERFORM.** If the Contractor at any time refuses or neglects, without fault of the Public Agency or its agent(s), to supply sufficient materials or workers to complete this agreement and work as provided herein, for a period of 10 days or more after written notice thereof by the Public Agency, the Public Agency may furnish same and deduct the reasonable expenses thereof from the contract price.

11. **LAWS APPLY.** Both parties recognize the applicability of various federal, state, and local laws and regulations, especially the Civil Rights Act of 1964, Executive Order 11246, Employment Practices Act, Fair Employment Practices Act, and Chapter 1 of Part 7 of Division 2 of the Labor Code (beginning with Section 1720, and including Sections 1725.5, 1735, 1777.5, and 1777.6 forbidding discrimination). The parties specifically stipulate that the relevant penalties and forfeitures provided in the Labor Code, especially in Sections 1775 and 1813 concerning prevailing wages and hours, as well as Section 1776 concerning certified payroll records, shall apply to this agreement.

12. **BREACH OF CONTRACT.** In the event of a Breach of any of the provisions of the Contract and the institution of any action at law respecting the same, the Parties agree that the non-prevailing party shall pay the prevailing party reasonable attorney's fees and costs as may be determined by the court.

13. **SUBCONTRACTORS.** Public Contract Code Sections 4100-4114 (The Subletting and Subcontracting Fair Practices Act) and Labor Code Section 1725.5 (requirement for licensed contractors and subcontractors to register with the Department of Industrial relations) are incorporated herein.

14. **WAGE RATES.** (a) Pursuant to Labor Code Section 1773, the Director of the Department of Industrial Relations has ascertained the general prevailing rates of wages per diem, and for holiday and overtime work, in the locality in which this work is to be performed, for each craft, classification, or type of worker needed to

execute this contract, and said rates are as specified in the call for bids for this work or are on file with the Public Agency, and are hereby incorporated herein.

(b) This schedule of wages is based on a working day of 8 hours unless otherwise specified; and the daily rate is the hourly rate multiplied by the number of hours constituting the working day. When less than that number of hours are worked, the daily wage rate is proportionately reduced, but the hourly rate remains as stated.

(c) The Contractor, and all his subcontractors, must pay at least these rates to all persons on this work, including all travel, subsistence, and fringe benefit payments provided for by applicable collective bargaining agreements. All skilled labor not listed above must be paid at least the wage scale established by collective bargaining agreement for such labor in the locality where such work is being performed. If it becomes necessary for the Contractor or any subcontractor to employ any person in a craft, classification or type of work (except executive, supervisory, administrative, clerical or other non-manual workers as such) for which no minimum wage rate is specified, the Contractor shall immediately notify the Public Agency which shall promptly determine the prevailing wage rate therefor and furnish the Contractor with the minimum rate based thereon, which shall apply from the time of the initial employment of the person affected and during the continuance of such employment.

15. **HOURS OF LABOR.** Eight hours of labor in one calendar day constitutes a legal day's work, and no worker employed at any time on this work by the Contractor or by any subcontractor shall be required or permitted to work longer thereon except as provided in Labor Code Sections 1810-1815.

16. **APPRENTICES.** Properly indentured apprentices may be employed on this work in accordance with Labor Code Sections 1777.5 and 1777.6, forbidding discrimination.

17. **PREFERENCE FOR MATERIALS.** The Public Agency desires to promote the industries and economy of Siskiyou County and the Contractor therefore promises to use the products, workers, laborers and mechanics of this County in every case where the price, fitness and quality are equal.

18. **ASSIGNMENT.** The agreement binds the heirs, successors, assigns, and representatives of the Contractor; but he cannot assign it in whole or in part, nor any monies due or to become due under it, without the prior written consent of the Public Agency and the Contractor's surety or sureties, unless they have waived notice of assignment.

19. **NO WAIVER BY PUBLIC AGENCY.** Inspection of the work and/or materials, or approval of work and/or materials inspected, or statement by any officer, agent or employee of the Public Agency indicating the work or any part thereof complies with the requirements of this contract, or acceptance of the whole or any part of said work and/or materials, or payments therefor, or any combination of these acts, shall not relieve the Contractor of his obligation to fulfill this contract as prescribed; nor shall the Public Agency be thereby estopped from bringing any action for damages or enforcement arising from the failure to comply with any of the terms and conditions hereof.

20. **HOLD HARMLESS & INDEMNIFICATION.** (a) Contractor promises to and shall defend, indemnify, save, and hold harmless the indemnitees from the liabilities as defined in this section. This duty to defend arises upon tender of any claim or action and is not dependent on a determination of the Contractor's liability.

(b) The indemnitees benefitted and protected by this promise are the Public Agency and its elective and appointive boards, commissions, officers, agents, and employees, together with any additional persons and entities, if any, listed in the Supplementary General Conditions.

(c) The liabilities protected against are any and all claims, demands, causes of action, damages, costs, expenses, actual attorneys' fees, losses, or liabilities arising out of or in connection with the actions defined below for personal injury, sickness, disease, emotional injury, death, property damage (including loss of use), trespass, nuisance, inverse condemnation, patent infringement, or any combination of these, regardless of whether or not such liability, claim, or damage was foreseeable at any time before the Public Agency approved the improvement plans or accepted the improvements as completed, and including the defense of any suit(s) or action(s) at law or equity concerning these.

(d) The actions causing liability are any act or omission (negligent or non-negligent) in connection with the matters covered by this contract and attributable to the Contractor, subcontractor(s), supplier(s), trucker(s), anyone for whose acts the Contractor may be liable, or any officer(s), agent(s) or employee(s) of one or more of them.

(e) The promise and agreement in this section is not conditioned or dependent on whether or not any indemnitee has prepared, supplied, or approved any plan(s), drawing(s), specification(s), or special provision(s) in connection with this work or has insurance or other indemnification covering any of these matters.

(f) Except as prohibited by Civil Code Section 2782, the Contractor's obligations under this section shall exist regardless of the concurrent or partial fault of the Public Agency or any indemnitee.

(g) The Contractor's obligations under this section shall extend to claims arising after the work is completed and accepted if the claims are related to alleged acts or omissions that occurred during the course of the work. Public Agency's inspection is not a waiver of full compliance with these requirements.

(h) The Contractor and the Contractor's insurance carrier(s) shall respond within 15 days to the tender of any claim for defense and indemnity by the Public Agency, unless this time has been extended by the Public Agency.

(i) With respect to third-party claims against the Contractor, the Contractor waives all rights of express or implied indemnity or contribution against the indemnitees, to the fullest extent permitted by law.

(j) Nothing in this section is intended to establish a standard of care owed to any third party or to extend to any third party the status of a third-party beneficiary.

21. **EXCAVATION**. Contractor shall comply with the provisions of Labor Code Section 6705, if applicable, by submitting to Public Agency a detailed plan showing the design of shoring, bracing, sloping, or other provisions to be made for worker protection from the hazard of caving ground during trench excavation.

22. **RECORD RETENTION AND AUDITING**. Except for materials and records delivered to Public Agency, Contractor shall maintain and retain, for a period of at least five years after Contractor's receipt of the final payment under this contract, all records relating to this contract or to the work, including without limitation estimates, bids, shop drawings, submittals, subcontracts, personnel and payroll records, job reports and diaries, receipts, invoices, cancelled checks and financial records. Upon request by Public Agency, at no additional charge, Contractor shall promptly make such records available to Public Agency, or to authorized

representatives of the state and federal governments, at a convenient location within Siskiyou County designated by Public Agency, and without restriction or limitation on their use.

23. **VENUE.** Any litigation involving this contract or relating to the work shall be brought in Siskiyou County, and Contractor hereby waives the removal provisions of Code of Civil Procedure Section 394.

24. **ENDORSEMENTS.** Contractor shall not in its capacity as a contractor with Siskiyou County publicly endorse or oppose the use of any particular brand name or commercial product without the prior approval of the Board of Supervisors. In its County contractor capacity, Contractor shall not publicly attribute qualities or lack of qualities to a particular brand name or commercial product in the absence of a well-established and widely-accepted scientific basis for such claims or without the prior approval of the Board of Supervisors. In its County contractor capacity, Contractor shall not participate or appear in any commercially-produced advertisements designed to promote a particular brand name or commercial product, even if Contractor is not publicly endorsing a product, as long as the Contractor's presence in the advertisement can reasonably be interpreted as an endorsement of the product by or on behalf of Siskiyou County. Notwithstanding the foregoing, Contractor may express its views on products to other contractors, the Board of Supervisors, County officers, or others who may be authorized by the Board of Supervisors or by law to receive such views.

25. **USE OF PRIVATE PROPERTY.** Contractor shall not use private property for any purpose in connection with the work absent a prior, written agreement with the affected property owner(s).

26. **TERMINATION.** (a) Termination on Occurrence of Stated Events: This Contract shall terminate automatically on the occurrence of any of the following events:

1. Bankruptcy or insolvency of Contractor;
2. Death of Contractor.

(b). Termination by Public Agency for default of Contractor: Should contractor default in the performance of this Contract or materially breach any of its provisions, Public Agency, at its option, may terminate this Contract by giving written notification to Contractor.

(c). Termination for Convenience of County: Public Agency shall have the right to terminate all or any part of this Contract for its convenience by providing a notice in writing to Contractor that the Contract is terminated. Upon termination, Contractor shall be reimbursed for its reasonable and necessary costs resulting therefrom which are substantiated by evidence satisfactory to Public Agency. Contractor shall receive no payment for or profit on unperformed work. Public Agency shall be entitled to immediate possession of any plans and work upon termination.

(d.) Contractor's indemnity obligations shall survive the termination or cancellation of this contract.

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**27. SIGNATURES & ACKNOWLEDGEMENT.**

Department Head, By: \_\_\_\_\_ Date \_\_\_\_\_  
Jeremiah LaRue, Siskiyou County Sheriff-Coroner

Public Agency's Agent, By: \_\_\_\_\_ Date: \_\_\_\_\_  
Garrett Richardson, Siskiyou County Director of Public Works

Public Agent, By: \_\_\_\_\_ Date: \_\_\_\_\_  
Angela Davis, Siskiyou County Administrator

Approved to Form, By: \_\_\_\_\_ Date: \_\_\_\_\_  
F. Dean Morgan, County Counsel

Risk Management, By: \_\_\_\_\_ Date: \_\_\_\_\_  
Hayley Hudson, Risk Management

Mercier Electric, LLC, hereby also certifying awareness of and compliance with Labor Code Sections 1725.5, 1861 and 3700 concerning Workers' Compensation Law,

DocuSigned by:  
  
By: \_\_\_\_\_ Date: 6/11/2026  
B006E7D39AD045E...  
John Mercier, Owner

License No.: #786436  
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

APPROVED AS TO ACCOUNTING FORM:  
FUND ORGANIZATION ACCOUNT  
**1002 203010 761010**

Not to Exceed: **\$3,750.00**

\_\_\_\_\_  
Diane Olson, Auditor-Controller  
Date: \_\_\_\_\_

## EXHIBIT “B”

### **1. INSURANCE REQUIREMENTS FOR CONSTRUCTION CONTRACTS.**

Without limiting Contractor's duties of defense and indemnification: Contractor shall procure and maintain for the duration of the contract, *and for 5 years thereafter*, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees, or subcontractors.

### **2. MINIMUM SCOPE AND LIMIT OF INSURANCE**

Coverage shall be at least as broad as:

(a). **Commercial General Liability** (CGL): Insurance Services Office (ISO) Form CG 00 01 covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits of no less than **\$2,000,000** per occurrence [**\$5,000,000** for building construction].

If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.

(b). **Automobile Liability**: Insurance Services Office Form CA 0001 covering Code 1 (any auto), with limits of no less than **\$1,000,000** per accident for bodily injury and property damage.

(c). **Workers' Compensation** insurance as required by the State of California, with Statutory Limits, and Employers' Liability insurance with a limit of no less than **\$1,000,000** per accident for bodily injury or disease.

(d). **Builder's Risk** (Course of Construction) insurance utilizing an “All Risk” (Special Perils) coverage form, with limits equal to the completed value of the project and no coinsurance penalty provisions.

(e). **Professional Liability** (if Design/Build), with limits of no less than **\$2,000,000** per occurrence or claim, and **\$2,000,000** policy aggregate.

(f). **Contractors' Pollution Legal Liability** and/or Asbestos Legal Liability and/or Errors and Omissions (if project involves environmental hazards) with limits no less than **\$1,000,000** per occurrence or claim, and **\$2,000,000** policy aggregate.

If the contractor maintains broader coverage and/or higher limits than the minimums shown above, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

### **3. SELF-INSURED RETENTIONS**

Self-insured retentions must be declared to and approved by the County. The County may require the Contractor to purchase coverage with a lower retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or County. The CGL and any policies, including Excess liability policies, may not be subject to a self-insured retention (SIR) or deductible that exceeds \$25,000 unless approved in writing by County. Any and all deductibles and SIRs shall be the sole responsibility of Contractor or subcontractor who procured such insurance and shall not apply to the Indemnified Additional Insured Parties. County may deduct from any amounts otherwise due Contractor to fund the SIR/deductible. Policies shall NOT contain any self-insured retention (SIR) provision that limits the satisfaction of the SIR to the Named Insured. The policy must also provide that Defense costs, including the Allocated Loss Adjustment Expenses, will satisfy the SIR or deductible. County reserves the right to obtain a copy of any policies and endorsements for verification.

#### **4. OTHER INSURANCE PROVISIONS**

The insurance policies are to contain, or be endorsed to contain, the following provisions:

(a) **Siskiyou County, its officers, officials, employees, and volunteers are to be covered as additional insureds** on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations and automobiles owned, leased, hired, or borrowed by or on behalf of the Contractor. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (at least as broad as ISO Form CG 20 10, CG 11 85 or **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 forms if later revisions used).

(b) For any claims related to this project, the **Contractor's insurance coverage shall be primary and non-contributory** insurance coverage at least as broad as ISO CG 20 01 04 13 as respects Siskiyou County, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it. This requirement shall also apply to any Excess or Umbrella liability policies.

(c) Each insurance policy required by this clause shall provide that coverage shall not be canceled, except with notice to the County.

#### **5. BUILDER'S RISK (COURSE OF CONSTRUCTION) INSURANCE**

Contractor may submit evidence of Builder's Risk insurance in the form of Course of Construction coverage. Such coverage shall **name the County as a loss payee** as their interest may appear.

If the project does not involve new or major reconstruction, at the option of the County, an Installation Floater may be acceptable. For such projects, a Property Installation Floater shall be obtained that provides for the improvement, remodel, modification, alteration, conversion or adjustment to existing buildings, structures, processes, machinery and equipment. The Property Installation Floater shall provide property damage coverage for any building, structure, machinery, or equipment damaged, impaired, broken, or destroyed during the performance of the Work, including during transit, installation, and testing at the County's site.

#### **6. CLAIMS MADE POLICIES**

If any coverage required is written on a claims-made coverage form:

(a). The retroactive date must be shown, and this date must be before the execution date of the contract or the beginning of contract work.

(b). Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of contract work.

(c). If coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a retroactive date prior to the contract effective, or start of work date, the Contractor must purchase extended reporting period coverage for a minimum of five (5) years after completion of contract work.

(d). A copy of the claims reporting requirements must be submitted to the County for review.

(e). If the services involve lead-based paint or asbestos identification/remediation, the Contractors Pollution Liability policy shall not contain lead-based paint or asbestos exclusions. If the services involve mold identification/remediation, the Contractors Pollution Liability policy shall not contain a mold exclusion, and the definition of Pollution shall include microbial matter, including mold.

## **7. UMBRELLA OR EXCESS POLICIES**

The Contractor may use Umbrella or Excess Policies to provide the liability limits as required in this agreement. This form of insurance will be acceptable provided that all of the Primary and Umbrella or Excess Policies shall provide all of the insurance coverages herein required, including, but not limited to, primary and non-contributory, additional insured, Self-Insured Retentions (SIRs), indemnity, and defense requirements. The Umbrella or Excess policies shall be provided on a true "following form" or broader coverage basis, with coverage at least as broad as provided on the underlying Commercial General Liability insurance. No insurance policies maintained by the Additional Insureds, whether primary or excess, and which also apply to a loss covered hereunder, shall be called upon to contribute to a loss until the Contractor's primary and excess liability policies are exhausted.

## **8. ACCEPTABILITY OF INSURERS**

Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best rating of no less than A: VII, unless otherwise acceptable to the County.

## **9. WAIVER OF SUBROGATION**

**Contractor hereby agrees to waive rights of subrogation which any insurer of Contractor may acquire** from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation. **The Workers' Compensation policy shall be endorsed with a waiver of subrogation** in favor of the County for all work performed by the Contractor, its employees, agents and subcontractors.

## **10. VERIFICATION OF COVERAGE**

Contractor shall furnish the County with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause **and a copy of the Declarations and Endorsements Pages of the CGL and any Excess policies listing all policy endorsements**. All certificates and endorsements and copies of the Declarations & Endorsements pages are to be received and approved by the County before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time. County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

## **11. SUBCONTRACTORS**

Contractor shall require and verify that all subcontractors maintain insurance meeting all requirements stated herein, and Contractor shall ensure that County is an additional insured on insurance required from subcontractors. For CGL coverage, subcontractors shall provide coverage with a form at least as broad as CG 20 38 04 13.

## **12. DURATION OF COVERAGE**

CGL & Excess liability policies **for any construction related work, including, but not limited to, maintenance, service, or repair work**, shall continue coverage for a minimum of 5 years for Completed Operations liability coverage. Such Insurance must be maintained and evidence of insurance must be provided **for at least five (5) years after completion of the contract of work**.

## **13. SPECIAL RISKS OR CIRCUMSTANCES**

County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage

EXHIBIT A



Siskiyou County Jail

- Install a dedicated 15 amp 120 volt circuit for the new body scanner.
- As per my on site visit, there are options of where to bring this circuit from once we do some circuit tracing.

The quote total is not to exceed \$3,750.00.

Please feel free to reach out with any questions.

**John Mercier**  
**(530) 842-7661 • Lic. #786436**

**Acceptance of Proposal** - the above prices and specifications and Conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance \_\_\_\_\_

**PAYMENT IS DUE UPON RECEIPT OF INVOICE**

Signature \_\_\_\_\_

Signature \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/26

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).

| <b>PRODUCER</b><br><b>Churchill Insurance Inc. Lic# 0015299</b><br><b>120 S. Oregon St.</b><br><b>Yreka, CA 96097</b><br><b>License #:0015299</b>             | <b>CONTACT NAME:</b> <b>Tres Churchill</b><br><b>PHONE (A/C, No. Ext):</b> <b>(530)842-3578</b> <b>FAX (A/C, No):</b> <b>(530)842-9164</b><br><b>E-MAIL ADDRESS:</b> <b>tc@churchillinsure.com</b>                                                                                                                                                                                                                                                                                                                                                       |                               |        |                                      |  |                                               |  |                    |  |                    |  |                    |  |                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|--------------------------------------|--|-----------------------------------------------|--|--------------------|--|--------------------|--|--------------------|--|--------------------|--|
| <b>INSURED</b><br><br><b>Mercier Electric</b><br><b>410 3rd Street</b><br><b>Yreka, CA 96097</b><br><br><div style="text-align: right;"><b>CA 96097</b></div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A : Financial Pacific</b></td> <td></td> </tr> <tr> <td><b>INSURER B : Security National Ins. Co.</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A : Financial Pacific</b> |  | <b>INSURER B : Security National Ins. Co.</b> |  | <b>INSURER C :</b> |  | <b>INSURER D :</b> |  | <b>INSURER E :</b> |  | <b>INSURER F :</b> |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                                 | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                      |  |                                               |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER A : Financial Pacific</b>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                      |  |                                               |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER B : Security National Ins. Co.</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                      |  |                                               |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER C :</b>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                      |  |                                               |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER D :</b>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                      |  |                                               |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER E :</b>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                      |  |                                               |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER F :</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>A</b> | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                                |          | <b>60532357</b>   | <b>02/27/26</b>         | <b>02/27/27</b>         | EACH OCCURRENCE \$ <b>1,000,000</b>                                                                                                                                                                                            |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>                                                                                                                                                                    |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | MED EXP (Any one person) \$ <b>5,000</b>                                                                                                                                                                                       |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                                                                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>                                                                                                                                                                                     |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | <b>DED PD</b> \$ <b>1,000</b>                                                                                                                                                                                                  |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                         |                                                |          | <b>60532357</b>   | <b>02/27/26</b>         | <b>02/27/27</b>         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>                                                                                                                                                                        |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | BODILY INJURY (Per person) \$                                                                                                                                                                                                  |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | BODILY INJURY (Per accident) \$                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | \$                                                                                                                                                                                                                             |
| <b>A</b> | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                                                                                                          |                                                |          | <b>60532357</b>   | <b>02/27/26</b>         | <b>02/27/27</b>         | EACH OCCURRENCE \$ <b>2,000,000</b>                                                                                                                                                                                            |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                                                         |                                                |          |                   |                         |                         | AGGREGATE \$ <b>2,000,000</b>                                                                                                                                                                                                  |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         | \$                                                                                                                                                                                                                             |
| <b>B</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y / N<br><input checked="" type="checkbox"/> Y | N / A    | <b>TWC4772487</b> | <b>04/24/26</b>         | <b>04/24/27</b>         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b> |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         |                                                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         |                                                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                                                            |                                                |          |                   |                         |                         |                                                                                                                                                                                                                                |

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

Electrician

**CERTIFICATE HOLDER****CANCELLATION**

**MERCIER ELECTRIC**  
**410 3RD ST**  
**YREKA CA 96097**

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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**Disclaimer: The following policy endorsement forms ONLY apply on an automatic basis per terms listed on each individual form in favor of the certificate holder IF required by written contract. This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.**



Nationwide Mutual Insurance Company  
Bond Department  
1100 Locust Street, Department 2006  
Des Moines, IA 50391-2006  
Phone: 866-387-0457  
Email: [bondcomm@nationwide.com](mailto:bondcomm@nationwide.com)

Agency: CHURCHILL INSURANCE, INC.  
120 S OREGON ST  
YREKA, CA 96097-2924

Agency State: CA  
Agency Code: 06189

Bond Transaction Summary

|                                                     |                       |                                               |
|-----------------------------------------------------|-----------------------|-----------------------------------------------|
| <b>Bond No:</b> 7900392397                          | <b>Prior Bond No:</b> | <b>Transaction Type:</b> Renewal              |
| <b>Transaction Effective Date:</b> November 1, 2024 |                       | <b>Term of Bond:</b> 11/01/2024 to 10/31/2026 |

|                                                                                                                |                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Principal Name &amp; Physical Address:</b><br><br>MERCIER ELECTRIC<br>1527 S. OREGON ST.<br>Yreka, CA 96097 | <b>Obligee Name &amp; Address:</b><br><br>State of California - Contractor's State License Board<br>PO Box 26000<br>Sacramento, CA 95826 |
| <b>Principal Billing Address:</b><br><br>410 3rd Street<br>Yreka, CA 96097                                     |                                                                                                                                          |

|                                                           |                        |
|-----------------------------------------------------------|------------------------|
| <b>Bond Type:</b> CA Contractor's License - 2 year - CSLB |                        |
| <b>Contract Price:</b>                                    | <b>Project State:</b>  |
| <b>Bond/Project Description:</b>                          | <b>Class Code:</b> 908 |

|                                                            |                      |                              |                          |                    |
|------------------------------------------------------------|----------------------|------------------------------|--------------------------|--------------------|
| <b>Bond Amount</b>                                         | <b>Gross Premium</b> | <b>Commission Percentage</b> | <b>Commission Amount</b> | <b>Net Premium</b> |
| \$25,000.00                                                | \$350.00             | 25%                          | \$87.50                  | \$262.50           |
| <b>Renewal Procedure:</b> Continuous                       |                      |                              |                          |                    |
| <b>Bill Type:</b> Direct_Billed                            |                      |                              |                          |                    |
| If this bond is DIRECT billed, please remit GROSS premium. |                      |                              |                          |                    |
| If this bond is AGENCY billed, please remit NET premium.   |                      |                              |                          |                    |

**Comments:**