CHECKLIST OF MANDATORY BID FORMS

☑ Bid Bond (Marked checked)
☑ Bid Form
☑ Contractor’s Certificate Regarding Workers’ Compensation
☑ Iran Contracting Act Certificate form
☑ Public Works Contractor Registration Certification
☑ Designation of Subcontractors form
☑ Information Required of Bidders form
☑ Asbestos-Free Material Certification
☑ Recycled Content Certification
☑ Drug-Free Workplace Certificate
☑ Contractor’s Certificate Regarding Alcoholic Beverage and Tobacco-Free Campus Policy
☑ Non-Collusion Declaration form

CONTRACTOR NAME

Actvntd Desl.

DISTRICT REVIEWER

[Signature]
BID FORM

NAME OF BIDDER: Activated Pest Solutions

The undersigned, hereby declare that we have carefully examined the location of the proposed Work, and have read and examined the Contract Documents, including all plans, specifications, and all addenda, if any, for the following Project:

Pest Control Fumigation at Various Sites Bid # 113-22

<table>
<thead>
<tr>
<th>SITE NAME</th>
<th>TOTAL COST OF SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams Elementary</td>
<td>26,950.00</td>
</tr>
<tr>
<td>California Elementary</td>
<td>31,885.00</td>
</tr>
<tr>
<td>Harper Assessment Center</td>
<td>19,320.00</td>
</tr>
<tr>
<td>Early College High School</td>
<td>25,025.00</td>
</tr>
</tbody>
</table>

TOTAL BID PRICE:

TOTAL BID PRICE BASED ON BID SCHEDULE TOTAL OF UNIT PRICES FOR BID # 113-22

$ 103,180.00

Total Bid Price in Numbers

One hundred three thousand and one hundred eighty

Total Bid Price in Written Form

In case of discrepancy between the written price and the numerical price, the written price shall prevail.

The undersigned agrees that this Bid Form constitutes a firm offer to the District which cannot be withdrawn for the number of calendar days indicated in the Notice Inviting Bids from and after the bid opening, or until a Contract for the Work is fully executed by the District and a third party, whichever is earlier.

The successful bidder hereby agrees to sign the contract and furnish the necessary bonds and certificates of insurance within ten (10) working days after the District provides the successful bidder with the Notice of Award.

Upon receipt of the signed contract and other required documents, the contract will be executed by the District, after which the District will prepare a letter giving Contractor Notice to Proceed. The official starting date shall be the date of the Notice to Proceed, unless otherwise specified.
The undersigned agrees to begin the Work within ten (10) working days of the date of the Notice to Proceed, unless otherwise specified.

The undersigned has examined the location of the proposed work and is familiar with the Drawings and Specifications and the local conditions at the place where work is to be done.

If awarded the contract, the undersigned agrees that there shall be paid by the undersigned and by all subcontractors to all laborers, workers and mechanics employed in the execution of such contract no less than the prevailing wage rate within Orange County for each craft, classification, or type of worker needed to complete the Work contemplated by this contract as established by the Director of the Department of Industrial Relations. A copy of the prevailing rate of per diem wages are on file at the District’s Administration Office and shall be made available to interested parties upon request.

Enclosed find cash, bidder’s bond, or cashier’s or certified check No. 5247527592 from the United Bank in the amount of $10,318.00, which is not less than ten percent (10%) of this bid, payable to Newport-Mesa Unified School District as bid security and which is given as a guarantee that the undersigned will enter into a contract and provide the necessary bonds and certificates of insurance if awarded the Work.

The bidder furthermore agrees that in case of bidder’s default in executing said contract and furnishing required bonds and certificates of insurance, the cash, bidder’s bond, or cashier’s or certified check accompanying this proposal and the money payable thereon shall become and shall remain the property of the Newport-Mesa Unified School District.

Bidder is an individual ☑, or corporation ☐, or partnership ☐, organized under the laws of the State of California.

Bidder confirms license(s) required by California State Contractor’s License Law for the performance of the subject project are in full effect and proper order. The following are the Bidder’s applicable license number(s), with their expiration date(s) and class of license(s):

- [Amplified Sales License # TK592182, expiration 06/30/2023, Branch 3]
- [Domesticnelly License # DPK156225, expiration 06/30/2023, Branch 3]
- [Domesticnelly License # ORK15701, expiration 06/30/2023, Branch 1]

If the Bidder is a joint venture, each member of the joint venture must include the required licensing information.

Sureties that will furnish the Faithful Performance Bond and the Labor and Material Payment Bond, in the form specified herein, in an amount equal to one hundred percent (100%) of the contract price within ten (10) working days from the date the District provides the successful bidder the Notice of Award. Sureties must meet all of the State of California bonding requirements, as defined in California Code of Civil Procedure Section 995.120 and must be authorized by the State of California.

The insurance company or companies to provide the insurance required in the contract documents must have a Financial Strength Rating of not less than "A+" and a Financial Size Category of not less than "Class VII" according to the latest Best Key Rating Guide. At the sole discretion of the District, the District may waive the Financial Strength Rating and the Financial Size Category classifications for Workers’ Compensation insurance.

BID SCHEDULE
- 12 -
The undersigned acknowledges receipt, understanding and full consideration of the following addenda to the Contract Documents.

Addenda No. ______________________
Addenda No. ______________________
Addenda No. ______________________

1. Attached is the required bid security in the amount of not less than 10% of the Total Bid Price.

2. Attached is the completed Contractor's Certificate Regarding Workers' Compensation form.

3. Attached is the completed Iran Contracting Act Certificate form.

4. Attached is the completed Public Works Contractor Registration Certification form.

5. Attached is the completed Designation of Subcontractors form.

6. Attached is the completed Information Required of Bidders form.

7. Attached is the Contractor & Subcontractor Fingerprinting Requirements form.

8. Attached is the Drug-Free Workplace Certificate.

9. Attached is the Contractor's Certificate Regarding Alcoholic Beverage and Tobacco-Free Campus Policy.

10. Attached is the fully executed Non-Collusion Declaration form.

I hereby certify under penalty of perjury under the laws of the State of California, that all of the information submitted in connection with this Bid and all of the representations made herein are true and correct.

Name of Bidder Activated Pest Solutions
Signature Pamela Neely
Name and Title Pamela Neely, President
Dated 01/20/2022
CONTRACTOR'S CERTIFICATE REGARDING
WORKERS' COMPENSATION

I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the work of this Contract.

Name of Bidder  Activated Pest Solutions
Signature  Pamela Neely
Name and Title  Pamela Neely, President
Dated  01/20/2022
IRAN CONTRACTING ACT CERTIFICATION
(Public Contract Code section 2200 et seq.)

As required by California Public Contract Code Section 2204, the Contractor certifies subject to penalty for perjury that the option checked below relating to the Contractor's status in regard to the Iran Contracting Act of 2010 (Public Contract Code Section 2200 et seq.) is true and correct:

☐ The Contractor is not:

(1) identified on the current list of person and entities engaged in investment activities in Iran prepared by the California Department of General Services in accordance with subdivision (b) of Public Contract Code Section 2203; or

(2) a financial instruction that extends, for 45 days or more, credit in the amount of $20,000,000 or more to any other person or entity identified on the current list of persons and entities engaging in investment activities in Iran prepared by the California Department of General Services in accordance with subdivision (b) of Public Contract Code Section 2203, if that person or entity uses or will use the credit to provide goods or services in the energy sector in Iran.

☐ The District has exempted the Contractor from the requirements of the Iran Contracting Act of 2010 after making a public finding that, absent the exemption, the District will be unable to obtain the goods and/or services to be provided pursuant to the Contract.

☐ The amount of the Contract payable to the Contractor for the Project does not exceed $1,000,000.

Signature: ____________________________

Printed Name: _________________________

Title: ________________________________

Firm Name: ___________________________

Date: ________________________________

Note: In accordance with Public Contract Code Section 2205, false certification of this form shall be reported to the California Attorney General and may result in civil penalties equal to the greater of $250,000 or twice the Contract amount, termination of the Contract and/or ineligibility to bid on contracts for three years.
PUBLIC WORKS CONTRACTOR REGISTRATION CERTIFICATION

If this bid is due on or after March 1, 2015, then pursuant to Labor Code sections 1725.5 and 1771.1, all contractors and subcontractors that wish to bid on, be listed in a bid proposal, or enter into a contract to perform public work must be registered with the Department of Industrial Relations. See http://www.dir.ca.gov/Public-Works/PublicWorks.html for additional information.

No bid will be accepted, nor any contract entered into without proof of the contractor's and subcontractors' current registration with the Department of Industrial Relations to perform public work.

Bidder hereby certifies that it is aware of the registration requirements set forth in Labor Code sections 1725.5 and 1771.1 and is currently registered as a contractor with the Department of Industrial Relations.

Name of Bidder: Activated Pest Solutions
DIR Registration Number: PW-LR 1000858749

Bidder further acknowledges:

1. Bidder shall maintain a current DIR registration for the duration of the project.

2. Bidder shall include the requirements of Labor Code sections 1725.5 and 1771.1 in its contract with subcontractors and ensure that all subcontractors are registered at the time of bid opening and maintain registration status for the duration of the project.

3. Failure to submit this form or comply with any of the above requirements may result in a finding that the bid is non-responsive.

Name of Bidder: Activated Pest Solutions
Signature: Pamela Neely
Name and Title: Pamela Neely, President
Dated: 01/20/2022
APPLICATION FOR
PUBLIC WORKS CONTRACTOR REGISTRATION

Registration Information
Type: Public Works
Period: 01/18/2022 06/30/2022

Contractor Information
Contractor Name: Pamela Neely
Trade Name: PEST CONTROL
License Type Number: PW-LR-1000858749

Contractor Physical Address
Physical Business Country: United States of America
Physical Business Address: 29558 TWO HARBOR LANE

Physical Business City/Province: MENIFEE
Physical Business State: CA
Physical Business Postal Code: 92585

Contractor Mailing Address
Mailing Country: United States of America
Mailing Address: 29558 TWO HARBOR LANE

Mailing City/Province: MENIFEE
Mailing State: CA
Mailing Postal Code: 92585

Contact Info
Daytime Phone:
Mobile Phone:

Daytime Phone Ext.:
Business Email: activatedpestsolutions@gmail.com
Applicant's Email: activatedpestsolutions@gmail.com
<table>
<thead>
<tr>
<th>Number</th>
<th>License Number</th>
<th>Business Location</th>
<th>Subcontractor Name</th>
<th>Work to be done by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000859721</td>
<td>PR8138</td>
<td>27 W Snake Rd, H</td>
<td>Function</td>
<td>Fundament</td>
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</table>

If no subcontractor is specified, for a portion of the work, or if more than one subcontractor is specified for the same portion of the work, to perform that Work, and that it shall perform that portion itself.

Fuller qualified to perform that Work, and that it shall perform that portion itself.

$10,000, whichever is greater: if the work involves streets or highways, then the Contractor shall be deemed to have agreed that it is required to perform that portion itself.

Required Information:

In excess of one-half of one percent (1/2%) of the Contractor's Total Bid Price, the work involves the construction of streets and highways. Then the Contractor shall be deemed to have agreed that it is required to perform that portion itself. In excess of one-half of one percent (1/2%) of the Contractor's Total Bid Price, the work involves the construction of streets and highways. Then the Contractor shall be deemed to have agreed that it is required to perform that portion itself.

In compliance with the Subletting and Subcontracting Fair Practices Act of the Public Contract Code of the State of California, each bidder shall set forth below: (a) the name and the location of the place of business; (b) the Contractor's license number; (c) DIR registration number; and (d) the position of the work which will be done by each subcontractor who will perform work or labor of the Contractor or each subcontractor who will perform work of labor of the Contractor.
Legal Entity Information

Corporation Number: 
Federal Employment Identification Number: 
President Name: Jorge Luis Urutia
Vice President Name: 
Treasurer Name: 
Secretary Name: Esmeralda Lorneill
CEO Name: 

Agent of Service Name: Jorge Luis Urutia
Agent of Service Mailing Address: 727 S State College Blvd Ste H Fullerton 92831 CA United States of America

Workers Compensation

Do you lease employees through Professional Employer Organization (PEO)?: No
Please provide your current workers compensation insurance information below:

PEO Information Name: 
Phone: 
Email: 

Insured by Carrier
Policy Holder Name: FumeSmart Insurance 
Carrier: Imperium Insurance Co
Policy Number: IIC-WC-01536-02
Inception date: 3/8/2021 
Expiration Date: 3/8/2022
<table>
<thead>
<tr>
<th>DIR Registration Number</th>
<th>License Number</th>
<th>CSLB Contractor</th>
<th>Location of Business</th>
<th>Name of Subcontractor</th>
<th>Work to be done by</th>
<th>Subcontractor</th>
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</tbody>
</table>
**DESIGNATION OF SUBCONTRACTORS**

<table>
<thead>
<tr>
<th>DIR Registration Number</th>
<th>License Number</th>
<th>Location of Business</th>
<th>Name of Subcontractor</th>
<th>Work to be done by</th>
</tr>
</thead>
</table>

Dated 01/20/2022

Name and Title: Frankly, President

Signature: [Signature]

Name of Bidder: [Name of Bidder]

Authorized Representative: [Authorized Representative]
INFORMATION REQUIRED OF BIDDERS

A. INFORMATION ABOUT BIDDER

[**Indicate not applicable ("N/A") where appropriate. **]

NOTE: Where Bidder is a joint venture, pages shall be duplicated, and information provided for all parties to the joint venture.

1.0 Name of Bidder: Activated Pest Solutions

2.0 Type, if Entity: Pest Control

3.0 Bidder Address: 29668 Two Harbor Lane
Menifee, CA 92585

Facsimile Number: 951.570.4433
Telephone Number: 951.570.4433

4.0 How many years has Bidder’s organization been in business as a Contractor? 3 yrs

5.0 How many years has Bidder’s organization been in business under its present name? 3 yrs

5.1 Under what other or former names has Bidder’s organization operated? N/A

6.0 If Bidder’s organization is a corporation, answer the following:

6.1 Date of Incorporation: N/A

6.2 State of Incorporation: N/A

6.3 President’s Name: N/A

6.4 Vice-President’s Name(s): N/A

6.5 Secretary’s Name: N/A

6.6 Treasurer’s Name: N/A

7.0 If an individual or a partnership, answer the following:

7.1 Date of Organization: December 2018

7.2 Name and address of all partners (state whether general or limited partnership): N/A
8.0 If other than a corporation or partnership, describe organization and name principals:

Sole Proprietorship

9.0 List other states in which Bidder's organization is legally qualified to do business:

California

10.0 What type of work does the Bidder normally perform with its own forces?

Termite Inspections, Localized Treatment, General Pest Control

11.0 Has Bidder ever failed to complete any work awarded to it? If so, note when, where, and why: No

12.0 Within the last five years, has any officer or partner of Bidder's organization ever been an officer or partner of another organization when it failed to complete a contract? If so, attach a separate sheet of explanation: No

13.0 List Trade References: N/A

14.0 List Bank References (Bank and Branch Address): N/A

15.0 Name of Bonding Company and Name and Address of Agent:

Western Surety Company

Business Insurance Management, Inc.

1818 Westlake Ave. N., #200

Seattle, WA 98109
B. LIST OF CURRENT PROJECTS (BACKLOG)

[**Duplicate Page if needed for listing additional current projects. **]

<table>
<thead>
<tr>
<th>Project</th>
<th>Description of Bidder's Work</th>
<th>Completion Date</th>
<th>Cost of Bidder's Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INFORMATION REQUIRED OF BIDDERS
- 27 -
<table>
<thead>
<tr>
<th>Project</th>
<th>Bid No.</th>
<th>Description</th>
<th>Work Planned</th>
</tr>
</thead>
</table>

"Including goods from particular period or region of origin at following:

B. Effect of collusion between (backgo)
C. LIST OF COMPLETED PROJECTS - LAST THREE YEARS

[**Duplicate Page if needed for listing additional completed projects. **]

Please include only those projects which are similar enough to demonstrate Bidder's ability to perform the required Work.

<table>
<thead>
<tr>
<th>Project Client</th>
<th>Description of Bidder's Work</th>
<th>Period of Performance</th>
<th>Cost of Bidder's Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. EXPERIENCE AND TECHNICAL QUALIFICATIONS QUESTIONNAIRE

Personnel:

The Bidder shall identify the key personnel to be assigned to this project in a management, construction supervision or engineering capacity.

1. List each person's job title, name, and percent of time to be allocated to this project:
   
   Jorge Urrutia Owner/Operator
   100% of time allocated to this project

2. Summarize each person's specialized education: Branch I Licensed Operator

3. List each person's years of construction experience relevant to the project:
   
   Being working in fumigation industry for more than a decade.

4. Summarize such experience:
   
   Extremely knowledgeable as have worked with most of the biggest well-known fumigation companies in the industry

Bidder agrees that personnel named in this Bid will remain on this Project until completion of all relevant Work, unless substituted by personnel of equivalent experience and qualifications approved in advance by the District.

Changes Occurring Since Prequalification

If the District conducted a prequalification and if any substantive changes have occurred since Bidder submitted its prequalification package for this Project, Bidder shall list them below. If none are listed, Bidder certifies that no substantive changes have occurred.
Additional Bidder's Statements:

If the Bidder feels that there is additional information which has not been included in the questionnaire above, and which would contribute to the qualification review, it may add that information in a statement here or on an attached sheet, appropriately marked:

E. VERIFICATION AND EXECUTION

These Bid Forms shall be executed only by a duly authorized official of the Bidder:

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct:

Name of Bidder  Activated Pest Solutions

Signature  Pamela Neely

Name and Title  Pamela Neely President

Dated  01/20/2022

INFORMATION REQUIRED OF BIDDERS

- 30 -
CONTRACTOR CERTIFICATION

With respect to the Contract dated January 20, 2022, by and between NEWPORT-MESA UNIFIED SCHOOL DISTRICT ("District") and Activated Pest Solutions ("Contractor"), Contractor hereby certifies to the District's governing board that it has completed the criminal background check requirements of Education Code Section 45125.1 and that none of its employees that may come in contact with District's pupils have been convicted of a violent felony listed in Penal Code section 667.5(c) or a serious felony listed in Penal Code section 1192.7(c).

Pamela Neely
Contractor's Representative
01/20/2022
Date

CONTRACTOR EXEMPTION

Pursuant to Education Code sections 45125.1 and 45125.2, the NEWPORT-MESA UNIFIED SCHOOL DISTRICT ("District") has determined that ______________________ ("Contractor") is exempt from the criminal background check certification requirements for the Contract dated ____________, 20__ by and between the District and Contractor ("Contract") because:

- The Contractor's employees will have limited contact with District students during the course of the Contract.
- Emergency or exceptional circumstances exist; or
- With respect to contractors constructing, reconstructing, rehabilitating, or repairing a school facility, as provided in Section 45125.2, the Contractor has agreed to ensure the safety of pupils at the school facility by the following method(s) specified in Section 45125.2: ________________________________.

______________________________
School District Official

______________________________
Date

61730.00001\33136164.1
CONTRACTOR & SUBCONTRACTOR FINGERPRINTING REQUIREMENTS

SUBCONTRACTOR'S CERTIFICATION

The NEWPORT-MESA UNIFIED SCHOOL DISTRICT ("District") entered into a Contract for services with [Redacted] ("Contractor") on or about [Redacted] ("Contract"). This certification is submitted by [Redacted], a subcontractor to the Contractor for purposes of that Contract ("Subcontractor"). Subcontractor hereby certifies to the District's governing board that it has completed the criminal background check requirements of Education Code section 45125.1 and that none of its employees that may come in contact with District pupils have been convicted of a violent felony listed in Penal Code section 287.5(a) or a serious felony listed in Penal Code section 667.5(c).

[Signature]
[Redacted]

SUBCONTRACTOR'S EXEMPTION

The NEWPORT-MESA UNIFIED SCHOOL DISTRICT ("District") entered into a Contract for services with [Redacted] ("Contractor") on or about [Redacted] ("Contract"). Pursuant to Education Code sections 45125.1 and 45125.2, the District has determined that the subcontractor to the Contractor for purposes of that Contract ("Subcontractor"), is exempt from the criminal background check certification requirements for the Contract because:

- The Subcontractor's employees will have limited contact with District students during the course of the Contract;
- Emergency or exceptional circumstances exist; or
- With respect to contractors constructing, reconstructing, rehabilitating, or repairing a school facility, as provided in Section 45125.2, the Contractor and/or Subcontractor have agreed to ensure the safety of pupils at the school facility by the following method(s) specified in Section 45125.2:

[Signature]
[Redacted]

CONTRACTOR & SUBCONTRACTOR FINGERPRINTING REQUIREMENTS
DRUG-FREE WORKPLACE CERTIFICATION

This Drug-Free Workplace Certification form is part of the Contract made by and between the NEWPORT-MESA UNIFIED SCHOOL DISTRICT (hereinafter referred to as the "District") and Activated Pest Solutions (hereinafter referred to as the "Contractor") for the Pest Control Fumigation at Various Sites Project (hereinafter referred to as the "Project"). This form is required from all successful bidders pursuant to the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) The Drug-Free Workplace Act of 1990 requires that every person or organization awarded a contract or grant for procurement of any property or service from any State agency must certify that it will provide a drug-free workplace by doing certain specified acts. Its addition, the Act provides that each contract or grant awarded by a State agency may be subject to suspension of payments or termination, and the contractor or grantee may be subject to debarment from future contracting, if the contracting agency determines that specified acts have occurred.

Pursuant to Government Code Section 8355, every person or organization awarded a contract or grant from a State agency shall certify that it will provide a drug-free workplace by doing all of the following:

A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in their workplace and specifying actions which will be taken against employees for violations of the prohibition.

B. Establishing a drug-free awareness program to inform employees about all of the following:

1. The dangers of drug abuse in the workplace.
2. The person's or organization's policy of maintaining a drug-free workplace.
3. The availability of drug counseling, rehabilitation, and employee-assistance programs; and
4. The penalties that may be imposed upon employees for drug abuse violations.

C. Requiring that each employee engaged in the performance of the contract or grant be given a copy of the statement required by subdivision "A," and that, as a condition of employment on the contract or grant, the employee agrees to abide by the terms of the statement.

I, the undersigned, agree to fulfill the terms and requirements of the Drug-Free Workplace Act as it now exists or may hereinafter be amended. Particularly, I shall abide by Government Code Section 8355 when performing the Contract for the Project by:

DRUG FREE WORKPLACE CERTIFICATION

- 33 -
A. Publishing a statement notifying employees concerning the prohibition of controlled substance at my workplace.

B. Establishing a drug-free awareness program; and

C. Requiring that each employee engaged in the performance of the contract be given a copy of the statement required by Section 8355(a) and agree to abide by the terms of that statement.

I also understand that if the District determines that I have either: (a) made a false certification herein; or (b) violated this certification by failing to carry out the requirements of Section 8355, the Contract awarded herein is subject to termination, suspension of payments, or both. I further understand that if I violate the terms of the Drug-Free Workplace Act of 1990, I may be subject to debarment in accordance with the requirements of the Act.

I acknowledge that I am aware of the provisions of Government Code Section 8350 et seq., and hereby certify that I will adhere to the requirements of the Drug-Free Workplace Act of 1990.

Executed on this 19 day of January, 2022 at 4:00pm Menifee CA

Name of Bidder Activated Pest Solutions

Signature Pamela Neely

Name and Title Pamela Neely, President

Dated 01/19/2022
CALIFORNIA ALL-PURPOSE 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 Riverside

On 1/19/2022 before me, Isaac J. Pacheco, Notary Public, personally appeared Pamela Jeanette Neely

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

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Drug Free Workforce Certification

Document Date: 1/19/2022

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer’s Name:

☐ Corporate Officer — Title(s):
☐ Partner — Limited General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other:

Signer Is Representing:

Signer’s Name:

☐ Corporate Officer — Title(s):
☐ Partner — Limited General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other:

Signer Is Representing:
STATE OF CALIFORNIA  
COUNTY OF ___________  

On 1-19-2028 before me, Isaac J. Pacheco, Notary Public, personally appeared ______________, 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 of Notary Public

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

<table>
<thead>
<tr>
<th>CAPACITY CLAIMED BY Signer</th>
<th>DESCRIPTION OF ATTACHED DOCUMENT</th>
</tr>
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<tbody>
<tr>
<td>✓ Individual</td>
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<tr>
<td>□ Corporate Officer</td>
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<tr>
<td>□ Partner(s)</td>
<td>□ Limited</td>
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<td>□ Attorney-In-Fact</td>
<td>□ General</td>
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<tr>
<td>□ Trustee(s)</td>
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<tr>
<td>□ Guardian/Conservator</td>
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<tr>
<td>□ Other:</td>
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<tr>
<td>Signer is representing:</td>
<td></td>
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<tr>
<td>Name Of Person(s) Or Entity(ies)</td>
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</tr>
</tbody>
</table>

Title(s)

Title or Type of Document

Number of Pages

Date of Document

Signer(s) Other Than Named Above

DRUG FREE WORKPLACE CERTIFICATION

61730.00001/33136164.1
CONTRACTOR'S CERTIFICATE REGARDING ALCOHOLIC BEVERAGE AND TOBACCO-FREE CAMPUS POLICY

The Contractor agrees that it will abide by and implement the District's Alcoholic Beverage and Tobacco-Free Campus Policy, which prohibits the use of alcoholic beverages and tobacco products, of any kind and at any time, in District-owned or leased buildings, on DISTRICT property and in DISTRICT vehicles. The Contractor shall procure signs stating, "ALCOHOLIC BEVERAGE AND TOBACCO USE IS PROHIBITED" and shall ensure that these signs are prominently displayed in all entrances to school property at all times.

Activated Pest Solutions

Contractor Name

Pamela Keely

Signature

01/20/2022

Date
NON-COLLUSION DECLARATION

The undersigned declares:

I am the **President** of **Activated Pest Solutions**, 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 **01/01/2022** [date], at **Menifee** [city], **California** [state].

Name of Bidder: **Activated Pest Solutions**

Signature: **Pamela Neeley**

Name: **Pamela Neeley**

Title: **President**

NON-COLLUSION DECLARATION

- 37 -
Structural Pest Control Board

Company Registration

General Pest and Termite

REGISTRATION PR 8139

ACTIVATED PEST SOLUTIONS
29558 TWO HARBOR LANE
MENIFEE CA 92585

ISSUE DATE FEBRUARY 5, 2019

The above is registered with the State Structural Pest Control Board as a Sole Ownership.

RECEIPT NUMBER 00211808

This Original Registration must be kept for the life of the registration and posted in Public View.

In accordance with the provisions of Chapter 14, Division 3 of the Business and Professions Code, the registrant named above is hereby registered at the above address, and is subject to the rules and regulations of the California Structural Pest Control Board.

Registrations are non-transferable. You must contact the California Structural Pest Control Board within 30 days when there is a change of ownership, location, corporate officer, qualifying operator, or field representative employee.

STRUCTURAL PEST CONTROL BOARD
2005 EVERGREEN STREET, SUITE 1500
SACRAMENTO, CA 95815-3831
(916) 561-8704

----- POST IN PUBLIC VIEW -----
Company Registration

REGISTRATION PR 8718

FUMESMART
727 S STATE COLLEGE BLVD STE H
FULLERTON CA 92831

The above is registered with the State Structural Pest Control Board as a Corporation.

This Original Registration must be kept for the life of the registration and posted in Public View.

In accordance with the provisions of Chapter 14, Division 3 of the Business and Professions Code, the registrant named above is hereby registered at the above address, and is subject to the rules and regulations of the California Structural Pest Control Board.

Registrations are non-transferable. You must contact the California Structural Pest Control Board within 30 days when there is a change of ownership, location, corporate officer, qualifying operator, or field representative employee.

STRUCTURAL PEST CONTROL BOARD
2005 EVERGREEN STREET, SUITE 1500
SACRAMENTO, CA 95815-3831
(916) 561-8704

----- POST IN PUBLIC VIEW -----
STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Structural Pest Control Board

ORIGINAl CERTIFICATE

Field Representative

TERMITES

LICENSE NO. FR 59282

PAMELA J. NEELY
29558 TWO HARBOR LANE
MENIFEE CA 92585

ISSUE DATE SEPTEMBER 21, 2020

This certifies that the individual named above is licensed to operate in accordance with the provisions of Chapter 14 of Division 3 of the Business and Professions Code.

This license is now, and shall remain, the property of the Structural Pest Control Board and shall be surrendered to said Board at any time upon demand, pending final action as to suspension, revocation, or renewal of same. It is not transferable.

PLACE RENEWAL HERE

VALID UNTIL JUNE 30, 2023

RECEIPT NUMBER 00240427

This Original License must be kept for the life of the registration and posted in Public View.

In accordance with the provisions of Chapter 14, Division 3 of the Business and Professions Code, the registrant named above is hereby registered at the above address, and is subject to the rules and regulations of the California Structural Pest Control Board.

Licenses are non-transferable. You must contact the California Structural Pest Control Board within 10 days when there is a change of location or employer.

STRUCTURAL PEST CONTROL BOARD
2005 EVERGREEN STREET, SUITE 1500
SACRAMENTO, CA 95815-3831
(916) 561-8704

----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----
LICENSE NO. OPR 13625

DWYANE NEELY
29558 TWO HARBOR LANE
MENIFEE CA 92585

This certifies that the individual named above is licensed to operate in accordance with the provisions of Chapter 14 of Division 3 of the Business and Professions Code.

This license is now, and shall remain, the property of the Structural Pest Control Board and shall be surrendered to said Board at any time upon demand, pending final action as to suspension, revocation, or renewal of same. It is not transferable.

PLACE RENEWAL HERE

VALID UNTIL JUNE 30, 2022

RECEIPT NUMBER 00226898

This Original License must be kept for the life of the registration and posted in Public View.

In accordance with the provisions of Chapter 14, Division 3 of the Business and Professions Code, the registrant named above is hereby registered at the above address, and is subject to the rules and regulations of the California Structural Pest Control Board.

Licenses are non-transferable. You must contact the California Structural Pest Control Board within 10 days when there is a change of location or employer.

STRUCTURAL PEST CONTROL BOARD
2005 EVERGREEN STREET, SUITE 1500
SACRAMENTO, CA 95815-3831
(916) 561-8704

---- NON-TRANSFERABLE ---- POST IN PUBLIC VIEW ----
Licence No. OPR 13901

Jorge L. Urrutia
727 S State College #4H
Fullerton CA 92831

This certifies that the individual named above is licensed to operate in accordance with the provisions of Chapter 14 of Division 3 of the Business and Professions Code.

This license is now, and shall remain, the property of the Structural Pest Control Board and shall be surrendered to said Board at any time upon demand, pending final action as to suspension, revocation, or renewal of same. It is not transferable.

Place renewal here

Valid until June 30, 2023

Receipt Number 00548075

This Original License must be kept for the life of the registration and posted in Public View.

In accordance with the provisions of Chapter 14, Division 3 of the Business and Professions Code, the registrant named above is hereby registered at the above address, and is subject to the rules and regulations of the California Structural Pest Control Board.

Licenses are non-transferable. You must contact the California Structural Pest Control Board within 10 days when there is a change of location or employer.

 Structural Pest Control Board
 2005 Evergreen Street, Suite 1500
 Sacramento, CA 95815-3831
 (916) 561-8704

-------- Non-transferable -------- Post in Public View --------
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRITS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Business Insurance Management Inc
1816 Westlake Ave N
Ste 320
Seattle WA 98109

CONTACT NAME: Shannon Schmidt
PHONE (206) 378-1132
FAX (206) 378-1136
E-MAIL shannon@bimins.com

INSURED
Active Pest Solutions
29558 Two Harbors Ln
Sun City CA 92585

INSURER(S) AFFORDING COVERAGE
INSURER A: Gemini Insurance Company
INSURER B: National Liability & Fire Insurance Company

COVERAGES
CERTIFICATE NUMBER: CL201508864

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.

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADD/RENTRY</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR</td>
<td></td>
<td>LGL0006561-03</td>
<td>01/04/2022</td>
<td>01/04/2023</td>
<td>EACH OCCURRENCE $ 1,000,000</td>
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<td></td>
<td>GEN/AGGREGATE LIMIT APPLIES PER: POLICY PROJ LOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (EA occurrence) $ 100,000</td>
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<td>MED EXP (Any one person) $ 5,000</td>
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<td>PERSONAL &amp; ADV INJURY $ 1,000,000</td>
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<td>GENERAL AGGREGATE $ 2,000,000</td>
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<td>PRODUCTS - COMPOP AGG $ 2,000,000</td>
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<td>Employee Benefits $</td>
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<td>COMBINED SINGLE LIMIT (EA accident) $</td>
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<td>BODILY INJURY (Per person) $</td>
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<td>BODILY INJURY (Per accident) $</td>
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<td>PROPERTY DAMAGE (Per accident) $</td>
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<td>EACH OCCURRENCE $</td>
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<td></td>
<td>AGGREGATE $</td>
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<td></td>
<td></td>
<td></td>
<td>PER STATUTE</td>
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<tr>
<td>B</td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below</td>
<td>Y N/A</td>
<td>ACW6742681</td>
<td>06/03/2021</td>
<td>06/03/2022</td>
<td>E.L. EACH ACCIDENT $ 1,000,000</td>
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<td></td>
<td>E.L. DISEASE - EA EMPLOYEE $ 1,000,000</td>
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<td></td>
<td>E.L. DISEASE - POLICY LIMIT $ 1,000,000</td>
</tr>
</tbody>
</table>

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

Evidence of coverage.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.
**CERTIFICATE OF LIABILITY INSURANCE**

**PRODUCER**
Caldwell Insurance Agency Inc.
License # 0554607
481 E. Whittier Blvd., Ste. D
La Habra, CA 90631
Derek Jimenez

**CONTACT NAME**
Derek Jimenez

**PHONE**
562-697-6200

**FAX**
562-697-1622

**E-MAIL ADDRESS**
Djimenez@caldwellins.com

**INSURED**
Fume Smart
727 S. State College Blvd Unit H
Fullerton, CA 92831

**INSURER(A) AFFORDING COVERAGE**
Imperium Insurance Co.

**NAIC #**
35408

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### COVERAGES

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<th>TYPE OF INSURANCE</th>
<th>ADDL. SUB. W/O</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR</td>
<td>Y IIC-GL-05826-03</td>
<td>03/08/2021</td>
<td>03/08/2022</td>
<td>EACH OCCURRENCE $1,000,000, DAMAGE TO RENTED PREMISES (Exc occurrence) $100,000, MED EXP (Any one person) $5,000, PERSONAL &amp; ADV INJURY $1,000,000, GENERAL AGGREGATE $2,000,000, PRODUCTS- COMP/OP AGG $2,000,000</td>
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<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
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<tr>
<td>A</td>
<td>AUTOMOBILE LIABILITY</td>
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<td>03/08/2022</td>
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<th>TYPE OF INSURANCE</th>
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<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<tbody>
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<td>A</td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>IIC-WC-01536-02</td>
<td>03/08/2021</td>
<td>03/08/2022</td>
</tr>
</tbody>
</table>

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

Certificate holder is named as an Additional Insured per written contract.

---

**CERTIFICATE HOLDER**
FORYOU

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

[Signature]

Diane Corea

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