



CALIFORNIA WATER SERVICE

Bayshore District 341 North Delaware Street
San Mateo, CA 94401 Tel: (650) 558-7800

October 20, 2021

Mr. Farshid Samsami
Kitchell CEM
315 Montgomery Street
San Francisco, CA 94105

RE: Cost estimate – Community Civic Campus Phase 2, Install water facilities
1010 El Camino Real, South San Francisco.
CWS WO# 00127311

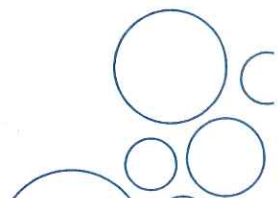
Dear Mr. Samsami,

Enclosed is a detailed cost estimate to install the water facilities to serve the Community Civic Campus Phase 2 project located at 1010 El Camino Real in South San Francisco.

IF YOU WISH CALIFORNIA WATER SERVICE COMPANY TO COMPLETE THIS INSTALLATION:

Our engineering department has estimated the cost including taxes of the above project to be **\$995,250.00**. See attached sheet (CWS Install) for detailed breakdown. This estimate is based upon current costs and materials obtained through regular sources. Installation of water facilities will be after storm drain and sanitary sewers, but prior to installation of other utilities or other improvements, such as, street paving, sidewalks, driveways, etc.

- **Remit payment of \$985,250.00 (your deposit of \$10,000.00) has been deducted from the total.** Once payment is received, please allow six to eight weeks for start of construction.
- **The deposit required for delivery of plans and specifications is \$84,528.00**
- 3 copies of the recorded subdivision map are needed before we can execute an agreement.
- Agreement – The following information is required in writing to prepare the Fire Main Extension Agreement.
 - 1) Names and address of the parties with whom agreement is to be made.
 - 2) Description of contracting parties (corp., partnership, etc.).
 - 3) Address to which notices to applicant should be sent.
 - 4) Name and address of party designated to receive refunds if applicable. The agreement must be prepared, signed, and returned prior to start of construction.





CALIFORNIA WATER SERVICE

IF YOU ELECT TO HIRE YOUR OWN QUALIFIED CONTRACTOR:

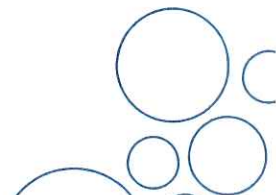
Our engineering department has estimated the cost including taxes of the above project to be **\$995,250.00**. See attached sheet (Subdivider Install) for detailed breakdown. This estimate is based upon current costs and materials obtained through regular sources. Installation of water facilities will be after storm drain and sanitary sewers, but prior to installation of other utilities or other improvements, such as, street paving, sidewalks, driveways, etc.

- The enclosed Contractor Qualification Form (Form 1518) needs to be completed by your contractor and returned to us along with a copy for their license and an insurance certificate naming California Water Service Company as additional insured. Insurance coverage shall be in amounts not less than those shown under Item 3 of the enclosed Form 1518.
- The material referred to in the plans and specifications are to be furnished by your contractor and must be inspected by our representative prior to start of construction.
- Contractor will be required to obtain encroachment permits
- **The following deposits, totaling \$346,550.00 is to be made before construction begins.**

Construction overhead	\$189,055.00
Estimated cost to connect new mains to existing system to be made by CWS	\$ 20,736.00
Estimated Federal and State C.I.A.C. Tax	\$131,337.00
Other Work by CWS	\$ 15,422.00
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Total deposit required	\$356,550.00
Less advance deposit	\$ (10,000.00)
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Total Balance due	\$346,550.00
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- **The deposit required for delivery of plans and specifications is \$84,528.00**
- 3 copies of the recorded subdivision map are needed before we can execute an agreement.
- Agreement – The following information is required in writing to prepare the Fire agreement.
 - 1) Names and address of the parties with whom agreement is to be made.
 - 2) Description of contracting parties (corp., partnership, etc.).
 - 3) Address to which notices to applicant should be sent.
 - 4) Name and address of party designated to receive refunds if applicable. The Fire Main Extension Agreement must be prepared, signed, and returned prior to start of construction.





CALIFORNIA WATER SERVICE

The estimate is submitted as preliminary information only. The figures and information contained herein are subject to execution of an agreement within 30 days of this date.

Upon completion of the project and determination of the final cost, an adjustment will be made for any difference between the estimated cost (amount deposited) and the actual cost. If the actual cost is less than the amount deposited, the difference will be refunded to the applicant. If the actual cost is more than the amount deposited, the applicant will be invoiced for the difference.

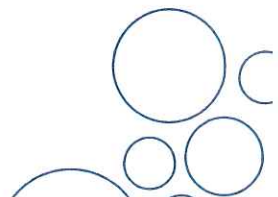
Should you have any questions or need additional information, please call me at (650) 558-7862.

Sincerely,

A handwritten signature in black ink, appearing to read "Leighton Low", is written over a light blue horizontal line.

Leighton Low
Construction Superintendent
California Water Service Company

Cc: Ryan Hansen



Rev. 02/02/2015
Form No. 1290AF
Calwater Install

Project No. 127311
Drawing No. SSF-7318
Date: 10/13/2021

CALIFORNIA WATER SERVICE COMPANY - ENGINEERING DEPARTMENT
DETAILED COST ESTIMATE *FIRE MAIN EXTENSION*

District: SOUTH SAN FRANCISCO

Description of subdivision, tract or properties to be served: Community Civic Campus Phase 2

California P.U.C Land Use Classification:

PLEASE RUSH

Total length of:

90 ft. of Ductile Iron pipe	8 in	\$179,755
600 ft. of Ductile Iron pipe	12 in	\$539,395
2 Tie-in to Existing Water Main		\$20,736

1 Short Services -Paid By CWS	(3" Meter)	\$41,083
1 Irrig Services	(1-1/2" Meter)	\$15,682
3 Long Services -Paid By CWS	Replacements	\$52,099
3 Service Reconn. -Paid By CWS		\$22,434
2 Fire Hydrant Connections		\$73,613
1 Fire Service		\$19,310
1 Abandon Ex. Facilities-Wk By CWS	Lump Sum-FH, AC pipe & services	\$15,422
Special Facility Fee For Water Supply		\$0
Special Facility Fee For Transmission Main		\$0

Sub Total 1	\$979,530
Cost by CWS Co.	(\$115,616)
Sub Total 2	\$863,914
Estimated Federal C.I.A.C. Tax	\$129,587
Estimated State C.I.A.C Tax	\$1,750
Total Estimated Cost	\$995,250
Advance Deposit	(\$10,000)
Total Balance Due	\$985,250

REMARKS:

1. The total estimated cost is based on the installation of facilities by California Water Service Company as shown on the drawing listed above.
2. The estimate is subject to acceptance by applicant within thirty days hereof.
3. All excess spoil IN TRACT is to remain trenchside and all excess spoil OFF TRACT is to be removed.
4. Federal tax factor of 15% is applied to all contributions in aid of construction. State tax factor of 5% is applied to services only.

Rashmi Kashyap, Manager Of Distribution

Rev. 02/02/2015
Form No. 1290BF
Subdivider Install

Project No. 127311
Drawing No. SSF-7318
Date: 10/13/2021

CALIFORNIA WATER SERVICE COMPANY - ENGINEERING DEPARTMENT
DETAILED COST ESTIMATE *FIRE MAIN EXTENSION*

District: SOUTH SAN FRANCISCO

Description of subdivision, tract or properties to be served: Community Civic Campus Phase 2

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Sub Total 1	\$979,530
Cost by CWS Co.	(\$115,616)
Sub Total 2	\$863,914
Estimated Federal C.I.A.C. Tax	\$129,587
Estimated State C.I.A.C Tax	\$1,750
Total Estimated Cost	\$995,250

APPLICANT'S DEPOSITS:

A. Construction overhead; includes engineering and design, plans, specifications, inspection of material and installation of water facilities, and administrative expense.	\$189,055
B. Estimated cost to connect new mains to existing system to be made by CWS Co.	\$20,736
C. Estimated Federal and State C.I.A.C. Tax	\$131,337
D. Special Facility Fee For Water Supply:	\$0
Special Facility Fee For Transmission Main	\$0
E. Other: <u>Work by CWS</u>	\$15,422
F. Total Deposits Required:	\$356,550
G. Advance Deposit	(\$10,000)
H. Total Balance Due:	\$346,550

REMARKS:

1. The estimate is subject to acceptance by applicant within thirty days hereof.
2. The deposit required for delivery of plans and specifications = \$94,528 - \$10,000 = \$84,528
3. All excess spoil IN TRACT is to remain trenchside and all excess spoil OFF TRACT is to be removed.
4. Federal tax factor of 15% is applied to all contributions in aid of construction. State tax factor of 5% is applied to services only.

Rashmi Kashyap, Manager Of Distribution

**CALIFORNIA WATER SERVICE COMPANY
SUBDIVIDER AND CONTRACTOR REQUIREMENTS
FOR SUBDIVIDER INSTALLATION AGREEMENTS**

1. All facilities to be installed under a subdivider installation agreement must be installed by a contractor approved by California Water Service Company (Company) and no part of the work may be sublet without the approval of the Company.
2. Contractor must provide Company a photocopy of a valid license issued by the State of California for the construction of water supply mains and related facilities. Acceptable classifications will consist of either an "A" license (General Engineering Contractor) or a "C-34" license (Pipeline Contractors).
3. Contractor must carry the following insurance: bodily injury and property damage liability insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Two Million Dollars (\$2,000,000.00) annual aggregate, insuring Company against any and all liability for the death of or injury to any person and for the loss or damage to any property, respectively, which may arise by reason of acts done or omitted to be done in the course of installation of the Facilities or which may result from such installation, and further insuring Company against all costs and expenses incurred by Company in resisting any claim which may be made against Company for any such injury or damage to any person or property. Each such policy (i) shall be issued by an insurance company approved by Company, which is qualified to do and doing business in the State of California, (ii) shall name Company as an additional insured, (iii) shall specify that it acts as primary insurance and that other insurance or self-insurance maintained by Company shall be excess only and not contributing with insurance provided by Contractor, (iv) shall provide that the policy shall not be cancelled or altered without thirty (30) days' prior written notice to Company, and (v) shall otherwise be in form satisfactory to Company. Each such policy or a certificate thereof shall be delivered to Company prior to start of any construction in connection with installation of the facilities.
4. An endorsement or a certificate thereof to the workers' compensation insurance policy of Contractor providing that the underwriter thereof waives all right of subrogation against Company by reason of any claim arising out of or connected with installation of the Facilities shall be delivered to Company prior to start of construction. Said endorsement shall provide that it shall not be cancelled or altered without thirty (30) days' prior written notice to Company.

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PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Name and address of contracting firm _____

2. California State Contractor's license number & classification _____
3. Length of time contractor has been constructing water distribution facilities.

Date: From _____ To _____

CALIFORNIA WATER SERVICE **INSURANCE REQUIREMENTS**

If there are questions or a need for additional information, please call Ebix customer service at (951) 658-2760. Updated certificate may be directly email to calwater@ebix.com, please cc procurementhelpdesk1@calwater.com

Certificate of Insurance Required:

- General Liability with each occurrence not less than one million dollars (\$1,000,000.00, General Aggregate not less than two million dollars (\$2,000,000.00) & Products-comp/op aggregate not less than two million dollars (\$2,000,000.00). Each such policy shall be issued by an insurance company, approved by Company which is qualified to go and is doing business in the State of California and shall otherwise be in form satisfactory to Company.
- Automobile insurance with limits of one million dollars (\$1,000,000).
- Worker's Compensation Certificate or a one year coupon waiver for no employees performing the work or is an officer of the company.
- If Vendor is providing professional services, Vendor shall maintain such professional liability insurance as is commonly carried by persons and entities involved in Vendor's field of work, with liability of not less than one million dollars (\$1,000,000).
- For Landscaping services, Pollution Insurance with each occurrence not less than one million dollars (\$1,000,000.00) & General Aggregate not less than two million dollars (\$2,000,000.00).

IF YOU HAVE AN EXISTING CONTRACT/AGREEMENT WITH CWSCO, PLEASE PROVIDE THE INSURANCE REQUIREMENTS STATED AND AGREED UPON IN THE CONTRACT

All valid Certificate of Insurance shall identify the following:

- Certificate Holder and Additional Insured Endorsement naming:

- Certificate Holder name and address due to Ebix now handling our insurance:

California Water Service Company
Insurance Compliance-Ebix
PO Box 100085-(W4)
Duluth, GA 30096

- Additional Insured Endorsement with the Policy # on it and Insured's Name on it.
- Description of Operations/Locations/Vehicles/Special Items Stating Certificate Holder as Additional Insured. Certificate must state: "Coverage provided is for All Jobs/Locations."
- Certificates must list the name of the company performing the work and any "DBA'S" being used must also be shown.

Insurance requirements may vary based on type/dollar amount of contract

CERTIFICATE OF LIABILITY INSURANCE

Date: MM/DD/YY

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

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

PRODUCER Phone: Fax: Name & Address of Producer	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: AM Best Rating A-, Or Better provide INSURER B: AM Best Rating A-, Or Better provide INSURER C: AM Best Rating A-, Or Better provide INSURER D: AM Best Rating A-, Or Better provide
INSURED Name & Address of Insured	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY Y <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGG. LIABILITY APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) TRAILER INTERCHANGE EACH OCCURRENCE AGGREGATE
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

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

- Additional Insured Endorsement form must be provided in addition to the Certificate of Insurance naming: California Water Service as Additional Insured for General Liability.
- Workers Compensation: Must provide coverage for the following State(s): CA.

California Water Service Company

Insurance Compliance-Ebiz

PO Box 100085-(W4)

Duluth, GA 30096

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

Certificate Must be Signed

POLICY NUMBER:

SAMPLE -
POLICY #1 GDS HERE

COMMERCIAL GENERAL LIABILITY

CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any Person or Organization subject to Section II (WHO IS AN INSURED) in the Named Insured is Required by Valid Written Contract to name as an Additional Insured per schedule on file with the company.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

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

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

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

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

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

PLEASE FILL OUT COUPON TO WAIVE WORKMANS COMP FOR NO EMPLOYEES, FOR ONE YEAR:

Company Name & Address

If appropriate, please complete the following section and return this form to the address shown on the front of this notice.

Agreement Number _____

☐ My Company is no longer doing business with California Water Service Company.

☐ Workers' Compensation - I certify that my company has no employees that fall within the jurisdiction of any state(s) Workers' Compensation Laws in which work is to be performed.

Authorized Signature _____

Date _____

Printed Name _____

Title _____

Phone Number _____