

P855A

Site Specific

Asbestos Abatement Plan

REFERENCES

The publications listed below form a part of this specification to the extent referenced. The publications are referred to within the text by the basic designation only.

AMERICAN SOCIETY OF SAFETY PROFESSIONALS (ASSP)

ASSP Z9.2 (2018) Fundamentals Governing the Design and Operation of Local Exhaust Ventilation Systems

ASTM INTERNATIONAL (ASTM)

ASTM C732 (2006; R 2012) Aging Effects of Artificial Weathering on Latex Sealants

ASTM D522/D522M (2014) Mandrel Bend Test of Attached Organic Coatings

ASTM D2794 (1993; R 2019) Standard Test Method for Resistance of Organic Coatings to the Effects of Rapid Deformation (Impact)

ASTM D4397 (2016) Standard Specification for Polyethylene Sheeting for Construction, Industrial, and Agricultural Applications

ASTM E84 (2018a) Standard Test Method for Surface Burning Characteristics of Building Materials

ASTM E96/E96M (2016) Standard Test Methods for Water Vapor Transmission of Materials

ASTM E119 (2019) Standard Test Methods for Fire Tests of Building Construction and Materials

ASTM E736/E736M (2017) Standard Test Method for Cohesion/Adhesion of Sprayed Fire-Resistive Materials Applied to Structural Members

ASTM E1368 (2014) Visual Inspection of Asbestos Abatement Projects

COMPRESSED GAS ASSOCIATION (CGA)

CGA G-7 (2014) Compressed Air for Human Respiration; 6th Edition

INTERNATIONAL SAFETY EQUIPMENT ASSOCIATION (ISEA)

ANSI/ISEA Z87.1 (2015) Occupational and Educational Personal Eye and Face Protection Devices

NATIONAL FIRE PROTECTION ASSOCIATION (NFPA)

NFPA 701 (2019) Standard Methods of Fire Tests for Flame Propagation of Textiles and Films

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)

NIOSH NMAM (2016; 5th Ed) NIOSH Manual of Analytical Methods

U.S. ARMY CORPS OF ENGINEERS (USACE)

EM 385-1-1 (2014) Safety and Health Requirements Manual

U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)

EPA 340/1-90/018 (1990) Asbestos/NESHAP Regulated Asbestos Containing Materials Guidance

EPA 560/5-85-024 (1985) Guidance for Controlling Asbestos-Containing Materials in Buildings
(Purple Book)

U.S. NATIONAL ARCHIVES AND RECORDS ADMINISTRATION (NARA)

29 CFR 1910.147 The Control of Hazardous Energy (Lock Out/Tag Out)

29 CFR 1926.51 Sanitation

29 CFR 1926.59 Hazard Communication

29 CFR 1926.103 Respiratory Protection

29 CFR 1926.200 Accident Prevention Signs and Tags

29 CFR 1926.1101 Asbestos

40 CFR 61-SUBPART A General Provisions

40 CFR 61-SUBPART M National Emission Standard for Asbestos

40 CFR 763 Asbestos

42 CFR 84 Approval of Respiratory Protective Devices

49 CFR 107 Hazardous Materials Program Procedures

49 CFR 171 General Information, Regulations, and Definitions

49 CFR 172 Hazardous Materials Table, Special Provisions, Hazardous Materials Communications,
Emergency Response Information, and Training Requirements

49 CFR 173 Shippers - General Requirements for Shipments and Packagings

U.S. NAVAL FACILITIES ENGINEERING COMMAND (NAVFAC)

NAVFAC P-502 (2017) Asbestos Program Management

ND OPNAVINST 5100.23 (2005; Rev G) Navy Occupational Safety and Health (NAVOSH)

Program Manual

UNDERWRITERS LABORATORIES (UL)

UL 586 (2009; Reprint Dec 2017) UL Standard for Safety High-Efficiency Particulate, Air Filter

Units

CALIFORNIA REGULATIONS

CalOSHA, California Code of Regulations Title 8, Article 4, Sect. 1529 Construction Safety Orders,

Asbestos

CalOSHA, California Code of Regulations Title 8, Article 110, Sect. 5208 General Industry Safety

Orders, Asbestos

California Health & Safety Code, Section 25915, et seq. Asbestos Notification

San Diego Air Pollution Control District Rule 1206

SITE KEY PERSONNEL

Name	E-Mail	Phone
Brad Brockway Clauss Construction Project Manager	brad@clausconstruction.com	619-246-1855
Benny Garcia Clauss Construction General Superintendent	benny@clausconstruction.com	619-792-9873
Jose Castro Clauss Construction Foreman / Asbestos Supervisor	ferny619@gmail.com	619-309-7011
Kevin Castleberry Clauss Construction Safety Director	kevin@clausconstruction.com	619-971-5344

REMOVAL

Clauss Construction will only remove the asbestos containing materials as noted on the Aurora Industrial Hygiene survey dated September 3rd, 2023. The asbestos materials will be removed wet utilizing hand and mechanical methods, wrapped/bagged, and properly disposed of as Non-Friable or Friable Waste. Non-Friable and Friable asbestos waste will be disposed of in accordance with all Federal, State, and Local regulations. Clauss Construction, a licensed asbestos abatement contractor, will use non-mechanical means (hand methods) and wet methods to abate all asbestos containing materials on site.

DESCRIPTION OF WORK

The non-friable and friable asbestos containing materials (ACM) that will be abated, packaged, and disposed of are summarized in the tables below. The scope of work is based on asbestos inspection and survey reports prepared by Aurora Industrial Hygiene dated September 3rd, 2023, and presented in project specifications.

Building 137		
Material	Location	Approximate Amount ¹
Roofing	Roof	195 SF
Roof mastic	Roof top penetrations	2 SF

Building 225		
Material	Location	Approximate Amount ¹
Vinyl floor tile, green, and associated floor tile mastic	East offices (National Guard) two layers, under carpet	850 SF
Vinyl floor tile, green, tan, and associated floor tile mastic	West offices (two layers, under carpet)	2600 SF
Cementitious wall panels	Exterior walls, eaves, entry overhang	5000 SF
Mirror mastic	East Restroom (National Guard)	1 mirror
Roof mastic	Roof could not be accessed to determine if mastics were present	Presumed to contain asbestos

Building 319 (Handball Courts)		
Material	Location	Approximate Amount ¹
Caulking	Two expansion joints on west side	40 SF

Building 342		
Material	Location	Approximate Amount ¹
Roof mastic	Rooftop penetrations	10 SF

Building 637 (Medical)		
Material	Location	Approximate Amount ¹
Fire-rated doors	Second floor at stairwells	2 doors
Mirror mastic	First floor restroom	1 mirror

UNEXPECTED DISCOVERY OF ASBESTOS

In the event that any previously untested building components suspected to contain asbestos are encountered and will be impacted by the work, Clauss Construction will Stop Work and immediately notify the Contracting Officer or his/her representative.

MEDICAL SURVEILLANCE

Clauss Construction, Inc., has a medical surveillance program for all employees engaged in work involving levels of asbestos, tremolite, anthophyllite, actinolite or a combination of these minerals, at or above the action level for 30 or more days per year, or who are required to wear negative pressure respirators.

Examination by a physician: All medical examinations and procedures are performed by or under the supervision of a licensed physician and are provided at no cost to the employee and at a reasonable time and place. Persons other than such licensed physicians who administer the pulmonary function testing complete a training course in spirometry sponsored by an appropriate academic or professional institution.

Medical examinations and consultations are available to each employee on the following schedules:

- Prior to assignment of the employee to an area where negative pressure respirators are worn;
- When the employee is assigned to an area where exposure to asbestos, tremolite, anthophyllite, actinolite, or a combination of these minerals may be at or above the action level for 30 or more days per year, a medical examination must be given within 10 working days following the thirtieth day of exposure;
- And at least annually thereafter.
- If the examining physician determines that any of the examinations should be provided more frequently than specified, Contractor provides such examinations to affected employees at the frequencies specified by the physician.

Exception: No medical examination is required of any employee if adequate records show that the employee has been examined in accordance with this paragraph within the past 1-year period.

PERMITS, LICENSES, AND NOTIFICATIONS

Prior to the start of work, Clauss Construction will obtain all necessary permits and licenses. **Clauss shall notify San Diego Air Pollution Control District with 10-Day Notification for Renovation as required by SDAPCD Rule 1206 as mechanical removal of VFT will render it Friable.**

CAL/OSHA Notification for Asbestos shall be submitted 24 Hours prior to abatement.

ENVIRONMENT, SAFETY AND HEALTH COMPLIANCE

Clauss Construction will comply to requirements of applicable laws, ordinances, criteria, rules, and regulations of Federal, State, regional, and local authorities regarding handling, storing, transporting, and disposing of asbestos waste materials. Those regulations include but not limited to the following:

- 29 CFR 1926.1101
- 40 CFR 61-SUBPART A,
- 40 CFR 61-SUBPART M,
- 40 CFR 763
- CalOSHA, California Code of Regulations Title 8, Article 4, Sect. 1529 Construction Safety Orders, Asbestos
- CalOSHA, California Code of Regulations Title 8, Article 110, Sect. 5208 General Industry Safety Orders, Asbestos
- San Diego Air Pollution Control District Rule 1206 "Asbestos Removal, Renovation, and Demolition"

WORKER PROTECTION PROCEDURES

Basic Personal Protection Equipment (PPE requirements) used at all times are as follows: safety toe shoes/boots, ANSI Type I or better hard hats, safety glasses, ANSI Cut Level 4 work gloves.

Inside the asbestos removal work areas, disposable clothing including head, foot and full body protection shall be provided in sufficient quantities and adequate sizes for all workers and authorized visitors. Clauss will be utilizing Tyvek suits or equivalent for this scope of work.

In addition, respirators adequate for the type of asbestos removal activities will be used during all the asbestos removal activities. Clauss shall utilize half face respirators with P-100 filters.

Each worker shall, upon entering the regulated areas; remove street clothes in the clean change room or area, put on a respirator and clean protective clothing before entering the equipment room or work area.

RESPIRATORY PROTECTION PROGRAM

Clauss Construction has established and implemented a respirator program as required by 29 CFR 1926.1101, and 29 CFR 1926.103. All respiratory protection shall be provided to workers in accordance with the submitted written respiratory protection program. This program shall be posted on the job site as part of our corporate IIPP. Workers shall be provided with personally issued, individually identified (marked with waterproof designations) respirators and appropriate filters.

Respirators shall be selected that meet the following level of protection requirements:

Single-use dust respirators shall not be used. Respirators are used as required by 29 CFR 1926.1101 and the manufacturer's recommendations. Respirators must be approved by the National Institute for Occupational Safety and Health NIOSH, under the provisions of 42 CFR 84, for use in environments containing airborne asbestos fibers.

Type (A) ½ face respirators fitted with NIOSH Approved Cartridges for Asbestos Dust filter of high-efficiency particulate air (HEPA)/(N-,R-,P-100) shall be utilized by all personnel on the site.

Workers must perform positive and negative air pressure fit tests each time a respirator is put on, whenever the respirator design so permits. Workers shall be given a qualitative or quantitative fit test in accordance with procedures detailed in the 1926.1101 Appendices C requirements for all respirators to be used on this abatement project

Documentation of adequate respirator fit must be provided to the Contracting Officer. No one wearing a beard or facial hair that is located in the fit zone of the respirator shall be permitted to don a respirator and enter the work area.

PERSONAL AIR MONITORING

Where analysis to determine asbestos content in bulk materials or transmission electron microscopy is required, submit evidence that the laboratory is accredited by the National Institute of Science and Technology (NIST) under National Voluntary Laboratory Accreditation Program (NVLAP) for asbestos analysis.

Air monitoring shall be completed daily and analyzed by a counter participating in the AIHA Asbestos Analysts Registry. The laboratory selected for the sampling, analysis, and reporting of airborne concentrations of asbestos fibers will hold appropriate State license and permits and certification that they are American Industrial Hygiene Association (AIHA) accredited and that persons counting the samples have been judged proficient by current inclusion on the AIHA Asbestos Analysis Registry (AAR) and/or successful participation of the laboratory in the Proficiency Analytical Testing (PAT) Program.

The testing laboratory firm must be independent of the asbestos contractor and must have no employee or employer relationship which could constitute a conflict of interest.

The Laboratory results information shall be given to the authorized representative of the contracting officer the day following the receipt of exposure measurement.

Personal samples during the removal shall be taken by contractors designated personnel who is competent in air sampling protocol. A stop work order shall be issued if the fiber level exceeds 0.1 fibers per cubic centimeter in the work area and 0.01 fibers per cubic centimeter outside the work area. Critical barriers shall be established prior to asbestos mitigation, and notices as below shall be made.

Personal monitoring shall be conducted daily to ensure that the work methods are effective and that the protection factor for the respiratory equipment is not exceeded.

Review previous day's work with the Contracting officers representative or review Air monitoring results; Work that will be accomplished that day, work practices, and protection factors.

Discuss any inspection or clearance monitoring and the approximate time frames of such services.

Discuss any site discrepancies, such as plastic sheets that are down, or other items as indicated in the inspection list. Issue "Stop Work" or "Modify Work" order only if directed by Contracting officers representative, or there is concern that an action may produce any risk to the continuity of the containment areas.

No other trades or unauthorized personnel will be allowed access to this area until the containment has been removed, i.e., after clearance sampling has been conducted and results show fiber concentrations <0.01 f/cc. The minimum amount of personal air samples collected per work area will be:

- 1 personal sample per 4 employees per task (25% of the crew).

Third party hygienist to conduct area monitoring.

WORKER TRAINING CERTIFICATIONS

All Worker/Supervisor training, medicals and fit testing will be provided before the start of work. Copies will be given to the General Contractor at this time. All workers and supervisors will be trained in accordance with the U.S. EPA requirements found in the Asbestos Hazard Emergency Response Act (AHERA).

METHODS AND TECHNIQUES FOR REMOVAL AND HANDLING OF ACM

Asbestos Containing Material (ACM) identified above will be removed by Clauss Construction, Inc. (Clauss Construction).

Clauss Construction's Competent Person will determine the most appropriate approach to remove the ACM to minimize release of asbestos containing material. There will be no release of material or water to the soil/ground below work area or adjacent to work areas. Regardless of approach, the wet methods will be used during all removal activities. A source of water either in water sprayer container or water-hose must be available at all times.

SETUP AND REMOVAL PROCEDURES

Spray asbestos material with a mist water using spray equipment capable of providing a low-pressure application to reduce the release of fibers. Saturate the material sufficiently to wet it to the substrate without causing excess drippings. Spray the asbestos materials repeatedly during work process to maintain wet conditions and to minimize asbestos fiber dispersion within the controlled area.

Remove the saturated asbestos material within the work areas. As it is removed, double bag it in clear 6-Mil bags or wrap twice with 6-Mil plastic. Friable asbestos waste shall have the bags labeled. The debris will be transferred from the control area into a 40-Yard bin double-lined with 6-Mil plastic. Material shall not be allowed to dry out prior to insertion into the container or 2nd bag.

Contractor shall adhere to disposal authorities' size and weight requirements for containers (bags or packages).

All ACM or asbestos contaminated material that has been removed shall be bagged or placed in the dumpster at the end of each 24-hour period. All ACM or asbestos contaminated material which has been bagged or wrapped in the work areas cannot be allowed to accumulate; all bagged or wrapped material must be placed in the dumpster at least every day.

Remove bagged or wrapped material to waste load-out area. Clean external surfaces of bags by wet sponging and place caution labels on containers in accordance with OSHA regulations 29 CFR 1926.1101.

Non-Friable Transite Panels

Removal will take place within an asbestos control area. All work areas will be properly marked and signed with asbestos caution tape and bilingual warning signs conforming with 29 CFR 1926.200 & 29 CFR 1926.1101 / T8 CCR 5208. 2-stage decon for entry and exit into control area. If an aerial lift is utilized, the lift floor will be covered in 2 layers of 6-mil plastic. Cover the ground below all asbestos abatement areas with a single layer of 6-mil plastic extending a minimum of 10 feet from the building perimeter to capture any fallen debris. The exterior Transite panels will be removed intact as much as possible by removing the nails/screws that are attaching them to substrate. If the transite panels are nailed on, the panels will be pried from the substrate utilizing hand tools. Saturate the material with water prior to removal. Any small pieces of transite that might break during removal will be placed in double clear 6-mil bags as well as the nails. HEPA Vac on standby for cleanup. Transite panels will be placed in a staging area where they can be bulk wrapped in double 6-mil plastic. Material shall remain wet as it is wrapped. Wrapped panels placed in a lined separate 40-yard container with proper labels with the doors sealed until it is taken for disposal as non-friable asbestos waste. All drop cloths shall be bagged and placed inside the lined dumpster.

Non-Friable Caulking in Expansion Joints

Removal will take place within an asbestos control area. All work areas will be properly marked and signed with asbestos caution tape and bilingual warning signs conforming with 29 CFR 1926.200 & 29 CFR 1926.1101 / T8 CCR 5208. 2-stage decon for entry and exit into control area. Cover the ground below all asbestos abatement areas with a single layer of 6-mil plastic extending a minimum of 10 feet from the building perimeter to capture any fallen debris. The caulking will be sufficiently wet down. It will be scraped utilizing hand tools. All debris is put in double clear 6-mil plastic bags, sealed, and bags placed in a lined separate 40-yard container with proper labels with the doors sealed until it is taken for disposal as non-friable asbestos waste. HEPA Vac on standby for cleanup. All drop cloths shall be bagged and placed inside the lined dumpster.

Friable Fire Doors

Removal will take place within an asbestos control area. All work areas will be properly marked and signed with asbestos caution tape and bilingual warning signs conforming with 29 CFR 1926.200 & 29 CFR 1926.1101 / T8 CCR 5208. The doors will be removed as whole units, wet down and double wrapped in 6-mil poly and labeled as **Friable Asbestos Waste** for disposal purposes only. The fireproofing will not be disturbed during the removal process. It will be placed in a lined separate 40-yard container for friable asbestos waste or picked up as a small bag pickup.

Non-Friable Roofing Mastics / Mirror Mastics

Removal will take place within an asbestos control area. All work areas will be properly marked and signed with asbestos caution tape and bilingual warning signs conforming with 29 CFR 1926.200 & 29 CFR 1926.1101 / T8 CCR 5208. 2-stage decon for entry and exit into control area. Layer of 6-mil plastic extending a minimum of ten feet from the building perimeter, or layer of 6-mil plastic placed beneath the mirrors. If an aerial lift is utilized, the lift floor will be covered in 2 layers of 6-mil plastic. Hand and

wet methods to scrape the mastic utilizing hand tools. For rooftop penetrations, some penetrations may be removed by cutting around the mastic and removing the component whole without disturbance of mastic. All debris is put in double clear 6-mil plastic bags, sealed, and bags placed in a lined separate 40-yard container with proper labels with the doors sealed until it is taken for disposal as non-friable asbestos waste. HEPA Vac on standby for cleanup. All drop cloths shall be bagged and placed inside the lined dumpster.

Non-Friable VFT and Mastic rendered Friable (Mechanical Removal)

Class 1 containment under negative pressure utilizing negative air machines. All work areas will be properly marked and signed with asbestos caution tape and bilingual warning signs conforming with 29 CFR 1926.200 & 29 CFR 1926.1101 / T8 CCR 5208. Heating and Air Conditioning systems will be shut down and all critical barriers to outside will be covered using two layer of 6-mil plastic. Use two layers of 6-mil plastic sheeting on the walls and ceilings. All seams will be overlapped by at least 18- inches.

A 3-stage decontamination unit will be attached to containment where workers enter and exit. The decontamination unit will have a shower unit with hot and cold water and a filtration unit for filtering the generated wastewater. A clean area where workers will be available. The containment shall be under negative -0.02 inches of pressure, with a manometer staged opposite the workers decontamination unit. The manometer, equipped with low pressure alarm, will be used to record the negative pressure readings during the entire operation. Depending on available space, Clauss may construct a single stage bag-out chamber for removing the waste bags.

VFT will be removed utilizing a rideable tile scraping machine (also known as a terminator). Airless sprayers will be used for our wet methods. Do not allow pooling of water that could create hazardous conditions. Smaller areas will see the VFT removed by hand utilizing demo bars and scrapers. As the tile is removed, it will be placed and sealed in clear labeled 6-mil thick double-bags and the generator identified on a label on the outside of the bags. Do not overload the bags. The bags will be transferred to the waste loadout area, where they can be retrieved and transferred to a lined separate 40-yard container for friable asbestos waste.

For the mastic, a chemical mastic remover will be applied. The chemical is applied and spread around the area. Mechanical buffers with scrub pads for mastic removal. After it sets, the area is wiped up using rags. This process is repeated until the 3-dimensional mastic is removed. Smaller areas can be done by hand using hand scrubbers. As the materials are being removed rags and scrub pads will be placed and sealed in clear labeled 6-mil thick double-bags and the generator identified on a label on the outside of the bags. Do not overload the bags. The bags will be transferred to the waste loadout area, where they can be retrieved and transferred to a lined separate 40-yard container with proper labels with the doors sealed until it is taken for disposal as friable asbestos waste. After the removal of asbestos, obtain visual clearance from the 3rd Party Industrial Hygienist before the containment is torn down.

COMMUNICATIONS TO EMPLOYEES AND OTHER TRADES ON THE SITE

Only certified personnel will be allowed in the "Regulated Areas" of work. A regulated area of work will be identified as such by asbestos warning signs, (English & Spanish) and asbestos barrier tape as required. All employees and visitors must present evidence of respirator training and fit testing along with a physician's approval to wear a respirator prior to entry into the restricted abatement area. The

only exception to this policy would be a life-threatening situation, where entry was required to assist persons inside containment.

Communication of Hazards to Employees

Signs:

Warning signs that demarcate the regulated areas are provided and displayed at each location where airborne concentration of asbestos, tremolite, anthophyllite, actinolite, or a combination of these minerals may be in excess of the exposure limit. Signs are to be posted in English and Spanish. Signs are posted at such a distance from such a location that an employee may read the signs and take necessary protective steps before entering the area marked by the signs.

The warning signs bear the following information:

DANGER

ASBESTOS

MAY CAUSE CANCER

CAUSES DAMAGES TO LUNGS

AUTHORIZED PERSONNEL ONLY

Where minerals in the regulated area are only tremolite, anthophyllite or actinolite, the term "asbestos" is replaced with the appropriate mineral name.

Labels

Labels are affixed to all products containing asbestos, tremolite, anthophyllite, or actinolite and to all containers containing such products, including waste containers. Where feasible, installed asbestos, tremolite, anthophyllite, or actinolite products shall contain a visible label. Labels are printed in large, bold letters on a contrasting background. Labels are used in accordance with the requirements of 29 CFR 1910.1200(f) of OSHA's Hazard Communication standard, and shall contain the following information:

DANGER

CONTAINS ASBESTOS FIBERS

MAY CAUSE CANCER

CAUSES DAMAGE TO LUNGS

DO NOT BREATHE DUST

AVOID CREATING DUST

Work Area Preparation

Clauss shall post caution signs meeting the specifications of 29 CFR 1926.200 & 29 CFR 1926.1101 / T8 CCR 5208, at any location and approaches to a location where airborne concentrations of asbestos may exceed ambient background levels. Signs shall be posted at a distance sufficiently far enough away from the work area to permit an employee to read the sign and take the necessary protective measures to avoid exposure. Additional signs may need to be posted following construction of workplace enclosure barriers. Clauss personnel shall be provided sanitary facilities outside of the enclosed work area. Clauss shall maintain them in a clean and sanitary condition throughout the project.

6-Mil drop cloths placed on the ground around building perimeter will be utilized for the removal of exterior non-friable asbestos. This 6-Mil drop cloth will only be placed in areas below the edges of the perimeter of the areas that are being abated.

Class 1 containment for interior removal as described above.

Workplace Entry and Exit Procedures

Personnel entry and exit.

- All personnel who enter the work area must sign the entry log,
- Don disposable protective clothing that includes foot coverings and ½ face respirator.
- All personnel, before entering the work area, shall read and be familiar with all posted regulations, personal protection requirements (including workplace entry and exit procedures) and emergency procedures. A sign off sheet shall be used to acknowledge that these have been reviewed and understood by all personnel prior to entry.

DISPOSAL PLAN

Storage Container – A 40 cubic yard Dumpster/Container shall be fully lined (exclusive of ceiling) with two layers of 6-mil polyethylene sheeting. Dumpsters or disposable containers shall be leak tight and inspected by the Competent Person. All waste containers shall be locked when not in use and be placarded on all sides with appropriate OSHA warning signs. All ACM will be disposed of as either Non-Friable Asbestos waste or Friable Asbestos Waste and appropriately labeled. A manifest will be provided by the transporter and signed by NAB Personnel.

Transporter: ECTI, 345 Industrial Way, Benicia, CA 94510-1119

Asbestos disposal site: La Paz County Land Fill, 26999, Hwy 95 Mile Post 128, Parker, AZ, 85344 -or- applicable legal disposal facility.

Clauss Construction will be removing Friable and Non-Friable asbestos materials from areas as noted. All materials will be shipped as either Friable or Non-Friable Asbestos Waste. The manifesting and disposal of this material will be transported through ECTI Disposal.

As the work progresses, and to prevent exceeding available dumpster storage capacity on-site, remove asbestos waste and dispose of such at an EPA approved disposal site in accordance with the

requirements of the disposal authority. Submit documentation (manifests) regarding disposal to the Owner's Representative. A Friable and Non-Friable Manifest will be required for this project.

All asbestos contaminated material must be double-bagged or wrapped in two layers of 6-mil polyethylene sheeting. All ACM or asbestos contaminated material must be damp when delivered to the disposal site.

All asbestos material will be placed in double lined 40-yard roll-off dumpsters. A waste disposal dumpster or any EPA approved hazardous waste container system capable of being totally secured can be used for transport to the disposal site.

All requirements specified in the specifications regarding disposal will be followed. A copy section will be on site in the supervisor's file.

Plan Prepared by:

Clauss Construction

Contractor Program

Workers' Compensation Application

Class Code	Description	Estimated Payroll	# Full Time Employees	# Part Time Employees	Current WC Rate per \$100

Please do not hesitate to contact us with any questions or concerns:

Mike Fisher, CRIS, CCIP, CWCA, PCIA
Principal and Commercial Insurance Broker
Newfront Insurance
Direct: (949) 395-0844
mike.fisher@newfront.com

General Information

Company Name: _____

Affiliate Companies: _____

Physical Location Address: _____

Mailing Address (If Different): _____

Contractors License #: _____

Federal ID #: _____

Contact Information

Contact Name: _____ Phone #: _____

E-mail: _____ Fax #: _____

Operations

1. Description of Operations: _____

2. Years in current business: _____

3. What percentage of your operations is:

New Construction: _____ % Residential: _____ %

Renovations/Remodeling: _____ % Commercial: _____ %

Service/Repair: _____ % Industrial: _____ %

Interior: _____ %

Exterior: _____ %

4. Any change in operations in the last 5 years? ☐ Yes ☐ No

If yes, describe: _____

5. Do you have any out of state operations? ☐ Yes ☐ No

If yes, describe: _____

6. Do you perform any of the following?

Work with a height/fall exposure greater than 15 feet: ☐ Yes ☐ No

If yes, what is maximum height/fall exposure: _____ feet

Minimum height requiring fall protection: _____ feet

Type of fall protection utilized: _____

Work below ground level: ☐ Yes ☐ No

If yes, what is maximum depth exposure: _____ feet

Operation of cranes (not subcontracted out): ☐ Yes ☐ No

If yes, describe: _____

Setup/teardown of scaffolds: ☐ Yes ☐ No

If yes, describe: _____

7. Do you own any company vehicles? ☐ Yes ☐ No

If yes, how many? _____

Percentage of employees that drive: _____ %

Is the driving radius greater than 50 miles? ☐ Yes ☐ No

Are employees permitted to take the vehicles home? ☐ Yes ☐ No

Do you have a vehicle maintenance program? ☐ Yes ☐ No

Subcontractors

8. What percentage of your revenue is subcontracted? _____ %

9. Type of work that is subcontracted: _____

10. Do you always obtain certificates of insurance from subcontractors? ☐ Yes ☐ No

Safety Programs

11. Do you have a full time safety director? ☐ Yes ☐ No

If yes, please provide name: _____

12. Do all job sites have full time supervision? ☐ Yes ☐ No

13. Do all of your full-time site supervisors/job foremen have at least 3 years in the trade? ☐ Yes ☐ No

14. Do you conduct regular worksite inspections? ☐ Yes ☐ No

15. Do you have a written safety program? ☐ Yes ☐ No

16. Do you have an injury and illness prevention program (IIPP)? ☐ Yes ☐ No

17. Do you have a safety incentive program? ☐ Yes ☐ No

18. Are safety/tailgate meetings conducted for all employees? ☐ Yes ☐ No

If yes, how often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

19. Do you have a first aid kit kept at all job site? ☐ Yes ☐ No

20. Do you have an equipment maintenance program? ☐ Yes ☐ No

21. Do you require utilization of personal protective equipment (PPE)? ☐ Yes ☐ No

If yes, describe: _____

22. Do you have a formal return to work program? ☐ Yes ☐ No
23. Do you have a formal return to full time modified duty work program? ☐ Yes ☐ No
24. Are you willing to implement safety recommendations made by the carrier? ☐ Yes ☐ No

Employee Experience & Workforce Information

25. Do you have pre-hire employment procedures? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Application ☐ Pre-Placement Material
☐ Interview ☐ Reference Check

26. Do you have a formal drug-testing program? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Post-Accident ☐ Probable Cause
☐ Pre-Employment ☐ Random

27. Non-Union: _____ % Union: _____ %

28. Do you lease any employees from others? ☐ Yes ☐ No

Benefits Program

29. Do you provide group medical coverage? ☐ Yes ☐ No

If yes, percentage of employees covered by the plan: _____ %

30. Do you provide sick pay? ☐ Yes ☐ No

31. Do you provide vacation pay? ☐ Yes ☐ No

Payroll/Premium History

	Policy Year	Total Payroll	Annual Premium
Current Policy Year:			
1st Prior Year:			
2nd Prior Year:			
3rd Prior Year:			

Officers/Owners Information

Officer Name	Corporate Title	Ownership %	Included	Excluded
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional Insurance Coverages

Our firm provides the most comprehensive coverages at the most competitive pricing in the industry. If you would like us to provide you additional quotes on other lines of insurance coverage, please list them below:

Line of Coverage	Renewal Date	Current Insurance Carrier
General Liability:		
Business Auto:		
Property/Tools/Equipment:		
Excess/Umbrella Liability:		
Other		

Authorized Signature: _____ Title: _____

Name (Print): _____ Date: _____



Loss Analysis Report

9219750-2023
CLAUSS CONSTRUCTION, INC.
9911 MAINE AVE, LAKESIDE, CA 92040

Inception Date	01-31-2023	District Office	NA - SAN FRANCISCO
Expiration Date	01-31-2024	Cancellation Code	Active
A.R.D	---	Quote ID	802271747
		Quote Type	PAS -

Ad hoc report produced on 10-31-2023

Brokerage

Name	Pinnacle Brokers Ins Solutions	
Address	1330 N Broadway Ste 204 Walnut Creek, CA 94596	Phone Number (925) 952-8680

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2023

Claims			Costs				
Open	0		Paid Compensation	\$0			
Closed	0		Paid Medical	\$0			
Total	0		Total Paid	\$0			
Disability	0		Estimated Compensation	\$0			
Non-Disability	0		Estimated Medical	\$0			
Litigated	0		Total Estimated/Incurred	\$0			

Policy Year	2023
Estimated Annual	\$361,095
Current Experience Mod	143.0%
Governing Class	5213 (1)



Loss Analysis Report

9219750-2022
CLAUSS CONSTRUCTION, INC.
9911 MAINE AVE, LAKESIDE, CA 92040

Inception Date	01-31-2022	District Office	NA - SAN FRANCISCO
Expiration Date	01-31-2023	Cancellation Code	Active
A.R.D	---	Quote ID	700069583
		Quote Type	PAS -

Ad hoc report produced on 10-31-2023

Brokerage

Name	Pinnacle Brokers Ins Solutions	
Address	1330 N Broadway Ste 204 Walnut Creek, CA 94596	Phone Number (925) 952-8680

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2022

Claims		Costs				Policy Year 2022	
Open	1	Paid Compensation	\$5,508			Estimated Annual	\$355,979
Closed	0	Paid Medical	\$11,676			Current Experience Mod	137.0%
Total	1	Total Paid	\$17,184			Governing Class	5213 (1)
Disability	1	Estimated Compensation	\$10,020				
Non-Disability	0	Estimated Medical	\$25,338				
Litigated	0	Total Estimated/Incurred	\$35,358				

Claims

Claim ID	Claimant	Status	Injury Date	Paid Comp	Paid Medical	Est. Comp	Est. Medical	Accident Description
06846852 SP	Morales Eduardo	open disability non-litig case	12-01-2022	\$5,508	\$11,676	\$10,020	\$25,338	the employee states that he wa; rupture; upper arm; strain/injury by misc.



Loss Analysis Report

9219750-2021
CLAUSS CONSTRUCTION, INC.
9911 MAINE AVE, LAKESIDE, CA 92040

Inception Date	01-31-2021	District Office	NA - SAN FRANCISCO
Expiration Date	01-31-2022	Cancellation Code	Active
A.R.D	---	Quote ID	801857435
		Quote Type	QMS -

Ad hoc report produced on 10-31-2023

Brokerage

Name	Pinnacle Brokers Ins Solutions	
Address	1330 N Broadway Ste 204 Walnut Creek, CA 94596	Phone Number (925) 952-8680

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2021

Claims		Costs											
Open	0	Paid Compensation	\$13,737	<table><tr><th>Policy Year</th><td>2021</td></tr><tr><td>Estimated Annual</td><td>\$129,582</td></tr><tr><td>Current Experience Mod</td><td>112.0%</td></tr><tr><td>Governing Class</td><td>5213 (1)</td></tr></table>		Policy Year	2021	Estimated Annual	\$129,582	Current Experience Mod	112.0%	Governing Class	5213 (1)
Policy Year	2021												
Estimated Annual	\$129,582												
Current Experience Mod	112.0%												
Governing Class	5213 (1)												
Closed	1	Paid Medical	\$7,389										
Total	1	Total Paid	\$21,126										
Disability	1	Estimated Compensation	\$13,737										
Non-Disability	0	Estimated Medical	\$7,389										
Litigated	0	Total Estimated/Incurred	\$21,126										

Claims

Claim ID	Claimant	Status	Injury Date	Paid Comp	Paid Medical	Est. Comp	Est. Medical	Accident Description
06596816 SP	Lopez Garcia Agustin	closed disability non-litig case	02-11-2021	\$13,737	\$7,389	\$13,737	\$7,389	patient was holding something; fracture; finger(s); struck by object handled

Loss Analysis Report

9219750-2020
CLAUSS CONSTRUCTION, INC.
9911 MAINE AVE, LAKESIDE, CA 92040

Inception Date	01-31-2020	District Office	NA - SAN FRANCISCO
Expiration Date	01-31-2021	Cancellation Code	Active
A.R.D	---	Quote ID	801565702
		Quote Type	QMS -

Ad hoc report produced on 10-31-2023

Brokerage

Name	Pinnacle Brokers Ins Solutions	Phone Number	(925) 952-8680
Address	1330 N Broadway Ste 204 Walnut Creek, CA 94596		

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2020

Claims		Costs		Policy Year	
Open	2	Paid Compensation	\$122,351	2020	
Closed	4	Paid Medical	\$125,484	Estimated Annual	\$343,983
Total	6	Total Paid	\$247,835	Current Experience Mod	86.0%
Disability	4	Estimated Compensation	\$236,718	Governing Class	5213 (1)
Non-Disability	2	Estimated Medical	\$241,582		
Litigated	4	Total Estimated/Incurred	\$478,300		

Claims

Claim ID	Claimant	Status	Injury Date	Paid Comp	Paid Medical	Est. Comp	Est. Medical	Accident Description
06610266 NE	Sanchez Hernandez Jesus	closed disability litig case has been finalized	12-17-2020	\$2,450	\$9,889	\$2,450	\$9,889	(per law office caller): covid; covid-19; internal org; miscellaneous causes pandemic
06621820 SP	Sanchez Hernandez Jesus	open disability wcab appl filed for the case	12-17-2020	\$69,322	\$16,232	\$103,321	\$51,370	the applicant sustained cumula; cumulative; lower back; rep motion ie crpl tunnel
06582068 SP	Fernandez Clemente F	closed non-disability non-litig case	12-10-2020	\$0	\$1,736	\$0	\$1,736	on dec 11, employee complained; specific noc; knee(s); misc. causes other
06569236 SP	Perez Soto Mario	open disability wcab appl filed for the case	11-18-2020	\$50,579	\$73,017	\$130,947	\$153,977	the employee was scraping mud; strain; upper back; fall/slip on same level
06557184 SP	Cueva Jr Jose	closed disability litig case has been finalized	06-11-2020	\$0	\$23,857	\$0	\$23,857	a description of the accident,; strain; lower back; misc. causes other
06507372 SP	Dehn Michael D	closed non-disability non-litig case	02-12-2020	\$0	\$753	\$0	\$753	employee was cutting a metal b; foreign body; eye(s); foreign body in eye

Loss Analysis Report

9219750-2019
CLAUSS CONSTRUCTION, INC.
9911 MAINE AVE, LAKESIDE, CA 92040

Inception Date	01-31-2019	District Office	NA - SAN FRANCISCO
Expiration Date	01-31-2020	Cancellation Code	Active
A.R.D	---	Quote ID	801241158
		Quote Type	QMS -

Ad hoc report produced on 10-31-2023

Brokerage

Name	Pinnacle Brokers Ins Solutions	
Address	1330 N Broadway Ste 204 Walnut Creek, CA 94596	Phone Number (925) 952-8680

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2019

Claims		Costs											
Open	0	Paid Compensation	\$1,017	<table><tr><th>Policy Year</th><td>2019</td></tr><tr><td>Estimated Annual</td><td>\$200,052</td></tr><tr><td>Current Experience Mod</td><td>76.0%</td></tr><tr><td>Governing Class</td><td>5213 (1)</td></tr></table>		Policy Year	2019	Estimated Annual	\$200,052	Current Experience Mod	76.0%	Governing Class	5213 (1)
Policy Year	2019												
Estimated Annual	\$200,052												
Current Experience Mod	76.0%												
Governing Class	5213 (1)												
Closed	2	Paid Medical	\$4,671										
Total	2	Total Paid	\$5,688										
Disability	2	Estimated Compensation	\$1,017										
Non-Disability	0	Estimated Medical	\$4,671										
Litigated	1	Total Estimated/Incurred	\$5,688										

Claims

Claim ID	Claimant	Status	Injury Date	Paid Comp	Paid Medical	Est. Comp	Est. Medical	Accident Description
06475540 SP	Canales Salvador	closed disability non-litig case	07-29-2019	\$1,017	\$2,465	\$1,017	\$2,465	while using a jack hammer to b; strain; lower back; strain/injury by misc.
06434352 SP non-comp	Toledano Romero Ramiro	closed disability litig case has been finalized	02-26-2019	\$0	\$2,206	\$0	\$2,206	employee sustained injuries to; specific noc; foot/feet; misc. causes other



Itemized Statement of Loss – Claim
CLAUSS CONSTRUCTION INC

**Warning: The information contained in this document is confidential and proprietary.
The output below displays only Billable Expenses.
It is for the exclusive use of Liberty Mutual and its Policyholder. Do not distribute beyond these groups.**

The report type is 'SLR – Itemized Statement of Loss (WC) – Claim'.
Date As Of: 10/31/2023

CRITERIA

Account Number
includes:
9700610 – CLAUSS CONSTRUCTION INC
Policy Effective Date
from 05/21/2018 to 10/16/2023 --- inclusive

OPTIONS

Subtotal By
equals 04 – Eff.Date/Pol.Num/Location
Logo
equals liberty – Liberty
Money Computation
equals N – Net
Report Title
equals 'CLAUSS CONSTRUCTION INC'
Financial View
equals 1 – External
Overview Page
equals Yes

Itemized Statement of Loss – Claim
CLAUSS CONSTRUCTION INC

Warning: The information contained in this document is confidential and proprietary.
The output below displays only Billable Expenses.
It is for the exclusive use of Liberty Mutual and its Policyholder. Do not distribute beyond these groups.

LOB: Workers Compensation
Valuation Date: 10/31/2023
Account Numbers: 9700610

Minimum Policy Effective Date: 05/21/2018
Maximum Policy Effective Date: 10/16/2023
Run Date: 10/16/2023

Claim Number	Claim ID	Claimant Name	Status	Policy	Inc Indem	Inc Med	Inc Exp	Total Inc
Loss Date	Report Date	Close Date	Tenure	Effective Date	Paid Indem	Paid Med	Paid Exp	Total Paid
Jurisdiction State		Location Code/Desc		O/S Reserve				
Nature of Injury		Part of Body		Catalyst	Cause			
Supp Nature of Injury		Supp Part of Body						

Effective Date: 05/21/2022

Policy Number: WC5-39S-700610-02-91 - CLAUSS CONSTRUCTION INC

Location:

WC 617A35204	177326150	BRITTON,ANTHONY C	Closed	WC5-39S-700610-02-91	\$0	\$1,094	\$70	\$1,164
02/08/2023	02/09/2023	08/14/2023	0	05/21/2022	\$0	\$1,094	\$70	\$1,164
NV								\$0
19-ELECTRIC SHOCK		91-BODY SYSTEMS AND MU		1510-ELECTRICITY		0YD-ELECTRICAL CONTACT		
200-		700-						

Total For Location:

Claim Count: 1	Accident Count: 1	\$0	\$1,094	\$70	\$1,164
		\$0	\$1,094	\$70	\$1,164
					\$0

Total For Policy Number: WC5-39S-700610-02-91 - CLAUSS CONSTRUCTION INC

Claim Count: 1	Accident Count: 1	\$0	\$1,094	\$70	\$1,164
		\$0	\$1,094	\$70	\$1,164
					\$0

Total For Effective DATE: 05/21/2022

Claim Count: 1	Accident Count: 1	\$0	\$1,094	\$70	\$1,164
		\$0	\$1,094	\$70	\$1,164
					\$0

Itemized Statement of Loss – Claim
CLAUSS CONSTRUCTION INC

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LOB: Workers Compensation
Valuation Date: 10/31/2023
Account Numbers: 9700610

Minimum Policy Effective Date: 05/21/2018
Maximum Policy Effective Date: 10/16/2023
Run Date: 10/16/2023

Claim Number	Claim ID	Claimant Name	Status	Policy	Inc Indem	Inc Med	Inc Exp	Total Inc
Loss Date	Report Date	Close Date	Tenure	Effective Date	Paid Indem	Paid Med	Paid Exp	Total Paid
Jurisdiction State		Location Code/Desc		O/S Reserve				
Nature of Injury		Part of Body		Catalyst	Cause			
Supp Nature of Injury		Supp Part of Body						

Effective Date: 05/21/2023

Policy Number: WC5-39S-700610-02-91 - CLAUSS CONSTRUCTION INC

Location:

WC 617A37430	237430950	GARATE,HILARIO	Open	WC5-39S-700610-02-91	\$0	\$5,000	\$4,000	\$9,000
06/05/2023	06/13/2023		0	05/21/2023	\$0	\$0	\$64	\$64
NV								\$8,936
10-CONTUSION	10-MULTIPLE HEAD INJUR		4120-RODS	ORA-STRUCK BY/AGAINST OBJECTS OR OTHER PERSONS				
160-	100-							

Total For Location:

Claim Count: 1	Accident Count: 1	\$0	\$5,000	\$4,000	\$9,000
		\$0	\$0	\$64	\$64
					\$8,936

Total For Policy Number: WC5-39S-700610-02-91 - CLAUSS CONSTRUCTION INC

Claim Count: 1	Accident Count: 1	\$0	\$5,000	\$4,000	\$9,000
		\$0	\$0	\$64	\$64
					\$8,936

Total For Effective Date: 05/21/2023

Claim Count: 1	Accident Count: 1	\$0	\$5,000	\$4,000	\$9,000
		\$0	\$0	\$64	\$64
					\$8,936



Itemized Statement of Loss – Claim
CLAUSS CONSTRUCTION INC

Warning: The information contained in this document is confidential and proprietary.
The output below displays only Billable Expenses.
It is for the exclusive use of Liberty Mutual and its Policyholder. Do not distribute beyond these groups.

LOB: Workers Compensation
 Valuation Date: 10/31/2023
 Account Numbers: 9700610

Minimum Policy Effective Date: 05/21/2018
 Maximum Policy Effective Date: 10/16/2023
 Run Date: 10/16/2023

Claim Number	Claim ID	Claimant Name	Status	Policy	Inc Indem	Inc Med	Inc Exp	Total Inc
Loss Date	Report Date	Close Date	Tenure	Effective Date	Paid Indem	Paid Med	Paid Exp	Total Paid
Jurisdiction State		Location Code/Desc						O/S Reserve
Nature of Injury		Part of Body		Catalyst	Cause			
Supp Nature of Injury		Supp Part of Body						
Grand Total								
	Claim Count: 2		Accident Count: 2		\$0	\$6,094	\$4,070	\$10,164
					\$0	\$1,094	\$134	\$1,228
								\$8,936



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
12/15/2023

AGENCY NAME AND ADDRESS Newfront Insurance Services, LLC 450 Sansome Street Suite 300 San Francisco CA 94111		COMPANY: UNDERWRITER: APPLICANT NAME: Clauss Construction, Inc. OFFICE PHONE: (619) 391-4940 MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 9911 Main Ave Lakeside CA 92040 E-MAIL ADDRESS: Lakeside CA 92040 SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> TRUST <input type="checkbox"/> UNINCORPORATED ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER: S Corporation <input checked="" type="checkbox"/>	
PRODUCER NAME: Mike Fisher CS REPRESENTATIVE NAME: Kerry Bieg OFFICE PHONE (A/C, No, Ext): (415) 754-3635 MOBILE PHONE: (415) 754-3635 FAX (A/C, No): E-MAIL ADDRESS: kerry.bieg@newfront.com CODE: SUB CODE: AGENCY CUSTOMER ID:		MOBILE PHONE: YRS IN BUS: 32 SIC: NAICS: 238990 WEBSITE ADDRESS: https://clausconstruction.com/ CREDIT BUREAU NAME: FEDERAL EMPLOYER ID NUMBER NCCI RISK ID NUMBER ID NUMBER: OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION	
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give date and/or attach copy) <input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> BILLING PLAN <input checked="" type="checkbox"/> AGENCY BILL <input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> PAYMENT PLAN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> % DOWN: <input checked="" type="checkbox"/> AUDIT <input checked="" type="checkbox"/> AT EXPIRATION <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

LOCATIONS			
LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE	
1		9911 Maine Ave Lakeside CA 92040	
2		4775 W Tecu Ave Ste 205 Las Vegas NV 89118	

POLICY INFORMATION							
PROPOSED EFF DATE 01/31/2024		PROPOSED EXP DATE 01/31/2025		RATING EFFECTIVE DATE (if applicable)		ANNIVERSARY RATING DATE (if applicable)	
PART 1 - WORKERS COMPENSATION (States) CA, NV		PART 2 - EMPLOYER'S LIABILITY \$ \$1,000,000.00 EACH ACCIDENT \$ \$1,000,000.00 DISEASE-POLICY LIMIT \$ \$1,000,000.00 DISEASE-EACH EMPLOYEE		PART 3 - OTHER STATES INS		DEDUCTIBLES (N / A in WI) MEDICAL INDEMNITY	
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION		AMOUNT / % (N / A in WI)		OTHER COVERAGES U.S.L. & H. VOLUNTARY COMP FOREIGN COV MANAGED CARE OPTION	
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
\$	\$	\$

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	Farrah Brake	(619) 391-4940		farrah@clausconstruction.com
ACCTNG RECORD	Farrah Brake	(619) 391-4940		farrah@clausconstruction.com
CLAIMS INFO	Farrah Brake	(619) 391-4940		farrah@clausconstruction.com

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
		Josh Clauss		President	100		Excluded		

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: CA, NV

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	3724		Millwright Work — N.O.C. — Erection Or Repair Of Machinery Or Equipment At Customers' Locations				238990	\$1,000,000.00		
1	5213		Concrete Construction — N.O.C.				238990	\$1,650,000.00		
1	5473		Asbestos Abatement — All Operations — Including Shop, Yard Or Storage Operations				238990	\$650,000.00		
1	6220		Excavation — N.O.C. — Including Borrowing, Filling Or Backfilling — Employees Whose Regular Hourly Wage Equals Or Exceeds \$38.00 Per Hour				238990	\$250,000.00		
1	8742		Salespersons — Outside				238990	\$865,000.00		
1	8810		Clerical Office Employees - N.O.C.				238990	\$225,000.00		
2	3724		Millwright Work — N.O.C. — Erection Or Repair Of Machinery Or Equipment At Customers' Locations				238990	\$400,000.00		
2	5213		Concrete Construction — N.O.C.				238990	\$400,000.00		
2	5473		Asbestos Abatement — All Operations — Including Shop, Yard Or Storage Operations				238990	\$15,000.00		
2	8742		Salespersons — Outside				238990	\$105,000.00		
2	8810		Clerical Office Employees - N.O.C.				238990	\$65,000.00		

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$			\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$
DEDUCTIBLE *		\$	CCPAP		\$
EXPERIENCE OR MERIT MODIFICATION		\$	STANDARD PREMIUM		\$
TERRORISM	N / A	\$	PREMIUM DISCOUNT		\$
CATASTROPHE	N / A	\$	EXPENSE CONSTANT	N / A	\$
ASSIGNED RISK SURCHARGE *		\$	TAXES / ASSESSMENTS *	N / A	\$
ARAP *		\$			\$
* N / A in Wisconsin					
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM		DEPOSIT PREMIUM	
\$		\$		\$	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
2023	CO: SCIF					
	POL #: 9219750					
2022	CO: SCIF					
	POL #: 9219750					
2021	CO: SCIF					
	POL #: 9219750					
2020	CO: SCIF					
	POL #: 9219750					
2019	CO: SCIF					
	POL #: 9219750					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Planning, managing and executing large scale demolition, remediation, and hazardous material abatement projects nationwide

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION? Safety/tailgate meetings are conducted weekly.	Y
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	Y
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	Y
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.</p> <p>(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____</p>			
<p>Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.</p> <p>Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p> <p>Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.</p> <p>Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p> <p>Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p> <p>Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.</p> <p>Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p>Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p> <p>Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p>Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p>			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

APPENDIX

State Rating Worksheet

1. **State** CA
2. **State** CA
3. **State** CA
4. **State** CA
5. **State** CA
6. **State** CA
7. **State** NV
8. **State** NV
9. **State** NV
10. **State** NV
11. **State** NV