



INTERCOM . CLOCK . SIGNAL
SERVICE . SYSTEM . SALES

CL. LICENSE 711012
ACO 5610

Fire Alarm | Intrusion | Access | CCTV | Intercom | Sound | Data

Request For Proposal RFP- 103-26

Fire Alarm Systems Testing, Inspections and Maintenance

ICS
P.O. Box 5255
Riverside, CA 92517



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Fire Alarm | Intrusion | Access | CCTV | Intercom | Sound | Data

Submission by:
Intercom Clock & Signal Service, dba; ICS Service
P.O. Box 5255
Riverside, CA 92517
951-683-3637



Company History

Founded in September 1983, ICS Service is a Riverside, California-based leader in low voltage system solutions. For over 42 years, we have delivered innovative, high-quality services to Southern California's schools, municipalities, and commercial markets. Strategically located in Riverside, we are ideally positioned to serve clients such as Newport Mesa USD with reliable, cutting-edge technology.

Initially focused on repairing clock systems for local school districts and businesses, ICS Service has evolved into a trusted provider of turnkey low voltage systems. The acronym ICS stands for Intercom, Clock, and Signal, with "Signal" encompassing a broad range of solutions, including Data Networks, CCTV, Intrusion Systems, Fire Alarms, Autonomous Sound, Audio Visual, and Access Control. Our expertise in design, installation, service, Inspections and monitoring ensures comprehensive support for K-12 schools, commercial entities, and public works projects. Our evolution reflects our adaptability and dedication to meeting the changing needs of our clients through advanced technology and tailored services.

Our Mission

At ICS Service, our mission is to empower Southern California's schools, businesses, and communities with innovative, high-quality low voltage system solutions. We are committed to exceeding customer expectations by embracing cutting-edge technology, upholding exceptional standards, and delivering dependable, customized services from our Riverside base. Our goal is to provide reliable solutions that enhance safety, connectivity, and functionality for our clients.

ICS
P.O. Box 5255
Riverside, CA 92517

Why Choose ICS Service?

With over four decades of experience and long tenured team, ICS Service combines a rich history of reliability with a forward-thinking approach to technology. Our Riverside roots and deep expertise in low voltage systems make us a trusted partner for schools, municipalities, and businesses. Whether it's designing a state-of-the-art Fire Alarm or security system or installing advanced audio-visual solutions, ICS Service is dedicated to delivering exceptional results tailored to your needs.

Company Profile

Intercom Clock & Signal Service, dba ICS Service

Physical Address: 3289 Trade Center Drive, Riverside, CA 92507 Mailing

Address: PO Box 5255, Riverside, CA 92517

T: 951-683-3637 F: 951-683-3034 Website: icsservice.net

Corporate Officers:

Jennifer Abbasi - CEO/ President, j.abbasi@icsservice.net

Company Information:

Corporation, **CSLB No. 711012**, Exp. 12/31/2026 Class: **C10/ C7**

ACO # 5610 Exp. 7/31/2027

EIN # 33-0938756, DIR No. 1000007581, Exp. 06/30/2027

Founded in 1983, Incorporated: 04/23/2000, Women Owned Business (WBE)

28 employees and 65 plus clients

ICS

P.O. Box 5255

Riverside, CA 92517

Company Hierarchy- ICS

Name	Position	Tenure
Jennifer Abbasi	President/CEO	25 years
Laurence Abbasi	Chief Operations Officer	22 years
Ed Black	IT& Business Development	20 years
Hugo Rodriguez	Project Manager	23 years
Eric White	Project Manager	21 years
Joseph Figueroa	Project Manager	10 years
Josie Torres	Office Manager	8 years
Megan Ross	Administrative Assistant	3 years
Anthony Lax	Designer	7 years
Eloy Medina	Inspection Manager	25 years
Dean Black	Service Manager	10 years
Alex Kim	Service Supervisor	15 years
Carlos Leon	IT Specialist	25 years
Alex Cota	Journeyman	9 years
Anthony Vega	Journeyman	6 years
Gus Avila	Data Specialist	16 years
Jacob Delgadillo	Journeyman	2 years
Nathan Macdonald	Journeyman	6 years
Omar Huerta	Journeyman	5 years
Steve Logan	Lead Service Technician	10 years
Austin Mohr	Journeyman	5 years
Will Sandoval	Journeyman	6 years
Brandon Pettengill	Apprentice	3 years
Cristian Potaro	Apprentice	2 years
Efrain Alamilla	Apprentice	3 years
Manuel Quintana	Apprentice	2 years
Spencer Osborn	Apprentice	4 years
Joshua Ross	Apprentice	2 years

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Client Base - ICS Service

Customer	Service Provided	Years of Service
Costa Mesa Water District	Installation and Maintenance / Monitoring and Inspections	5 years
Orange County Office of Education	Installation and Maintenance / Monitoring and Inspections	25 years
Citrus College	Installation and Maintenance / Monitoring and Inspections	15 years
San Gabriel USD	Installation and Maintenance / Monitoring and Inspections	30 years
Fullerton Joint Union School District	Installation and Maintenance / Monitoring and Inspections	20 years
Anaheim Union School District	Installation and Maintenance / Monitoring and Inspections	30 years
Santa Ana USD	Installation and Maintenance / Monitoring and Inspections	25 years
Val Verde USD	Installation and Maintenance / Monitoring and Inspections	32 years
Riverside County Office of Education	Installation and Maintenance / Monitoring and Inspections	32 years
Alvord USD	Installation and Maintenance / Monitoring and Inspections	38 years
Hermosa Beach City SD	Installation and Maintenance / Monitoring and Inspections	15 years
Anaheim Elementary SD	Installation and Maintenance / Monitoring and Inspections	35 years
Palos Verdes USD	Installation and Maintenance / Monitoring and Inspections	15 years
Lennox SD	Installation and Maintenance / Monitoring and Inspections	12 years
Lowell Joint SD	Installation and Maintenance / Monitoring and Inspections	15 years
Hacienda La Puente USD	Installation and Maintenance / Monitoring and Inspections	25 years

Savanna SD	Installation and Maintenance / Monitoring and Inspections	22 years
Cypress SD	Installation and Maintenance / Monitoring and Inspections	22 years
Buena Park USD	Installation and Maintenance / Monitoring and Inspections	20 years
Burbank USD	Installation and Maintenance / Monitoring and Inspections	14 years
San Bernardino College	Installation and Maintenance / Monitoring and Inspections	21 years
Placentia Yorba Linda USD	Installation and Maintenance / Monitoring and Inspections	10 years

Exhibit 1 - General Provider Information/Signature Page

The Provider shall furnish the following information. Failure to comply with this requirement will render the proposal incomplete and may cause its rejection. Please fill out the un-shaded sections in the form below. Also, additional sheets may be attached if necessary. "You" or "your" as used herein refers to the vendor's firm and any of its officers, directors, shareholders, parties, and principals.

General Provider Information/Signature Page		
Firm Name	Intercom Clock & Signal Service	
Firm Address	PO Box 5255 Riverside, CA 92517	
Firm Telephone	951-683-3637	
Firm Fax Number	951-683-3034	
Firm Email	j.abbasi@icsservice.net	
Type of Firm (Mark an 'X' for the appropriate one)	Individual	
	Partnership	
	Corporation	X
	Joint Venture	
Primary Contact Name	Laurence Abbasi	
Primary Contact's Telephone	951-235-0524	
Primary Contact's Email	labbasi@icsservice.net	
Number of years of experience?	32	
Has your firm, either performing work under its current license or under other licenses through other entities, including a joint venture, declared bankruptcy or been placed in receivership within the past ten (10) years? (Please answer Yes or No)	No.	
If Yes, explain		
Have you been assessed liquidated damages for any project in the past three years? (Please answer Yes or No)	No.	
If Yes, explain		
Are you currently or within the past five (5) years been involved in litigation with any public agency particularly any school district? (Please answer Yes or No)	No.	

Exhibit 1 - General Provider Information/Signature Page

General Provider Information/Signature Page	
If Yes, explain, and provide case name and number:	
Have you ever failed to complete a project in the last three years? (Please answer Yes or No)	No.
If yes, give the owner and details:	

Provider's Representations Provider understands, agrees, and warrants:

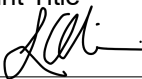
1. That Provider has carefully read and fully understands the information that was provided by NMUSD to serve as the basis for submission of this proposal.
2. That Provider has the capability to successfully undertake and complete the responsibilities and obligations of the proposal being submitted.
3. All information contained in the proposal is true and correct to the best of Provider's knowledge.
4. That Provider did not, in any way, collude, conspire or agree, directly or indirectly, with any person, firm, corporation or other Provider in regard to the amount, terms, or conditions of this proposal.
5. That Provider did not receive unauthorized information from Any NMUSD staff member or Consultant during the Proposal period except as provided for in the Request for Qualifications package, addenda thereto, or the pre-proposal conference, if applicable.
6. That by submission of this proposal, the Provider acknowledges that NMUSD has the right to make any inquiry it deems appropriate to substantiate or supplement information supplied by Provider and Provider hereby grants NMUSD permission to make said inquiries, and to provide any and all requested documentation in a timely manner.
7. That funding for any resulting contract is contingent on adequacy and availability.
8. To comply with NMUSD's insurance provisions, to provide appropriate indemnification for NMUSD and to hold NMUSD harmless from Vendor's performance of the contract.

Provider's Signature

No Proposal shall be accepted which has not been signed in ink in the appropriate space below:

 Laurence Abbasi
 Print Name

 Chief Operations Officer
 Print Title


 Signature

 Date

Exhibit 2 - List of References

References – provide at least three (3) educational client references for which your proposed lead person and project team have performed similar services. Include school district names, addresses, contact name(s), and phone/fax numbers.

Reference # 1	
Contact Name	Troy Shandy
Contact Title	Assistant Director of Facilities
Contact's Telephone	714-626-4385
Contact's Email Address	tshandy@fjuhsd.org
School District Name	Fullerton Joint High School District
School District Address	1051 West Bastanchury Rd, Fullerton, CA 92883
Description of Services	Fire Alarm, Intrusion, Data, FA Inspections, Service, Repair and Maintenance, Alarm Monitor

Reference # 2	
Contact Name	Jim Harris
Contact Title	Director Facilities/ Maintenance and Transportation
Contact's Telephone	714-236-3800
Contact's Email Address	jim.harris@savsd.org
School District Name	Savanna School District
School District Address	1330 S. Knott Ave, Anaheim, CA 92804
Description of Services	Fire Alarm, Cameras, FA Inspections, Service, Repair and Maintenance, Alarm Monitor

Reference # 3	
Contact Name	Teresa Lennox
Contact Title	Director of Maintenance/ Operations, Transportation & Technology
Contact's Telephone	714-220-6951
Contact's Email Address	tlennix@cypsd.k12.ca.us
School District Name	Cypress School District
School District Address	5851 Newman Street, Cypress, CA 90630
Description of Services	Fire Alarm, Intrusion, Data, FA Inspections, Service, Repair and Maintenance, Alarm Monitor

Reference # 4	
Contact Name	David Henry
Contact Title	Director Maintenance and Operations
Contact's Telephone	951-940-6107
Contact's Email Address	pdavenport@valverde.edu
Organization Name	Val Verde Unified School District
Organization Address	975 West Morgan St., Perris, CA 92571
Description of Services	Fire Alarm, Intrusion, Data, FA Inspections, Service, Repair and Maintenance, Alarm Monitor

Exhibit 3 – Certificate of Nondiscrimination

CERTIFICATE OF NONDISCRIMINATION BY SELLER

As a supplier of goods or services to the Newport Mesa Unified School District, the firm listed below certifies that it does not discriminate in its employment with regard to race, religion, creed, sex, national origin, or handicap; that it is in compliance with all Federal, State, and local directives and executive orders regarding nondiscrimination in employment; and that it agrees to demonstrate positively and aggressively the principle of equal opportunity in employment.

We agree specifically:

1. To establish or observe employment policies which affirmatively promote opportunities for minority persons at all job levels.
2. To communicate this policy to all persons concerned, including all company employees, outside recruiting services (especially those serving minority communities), and the minority communities at large.
3. To take affirmative steps to hire minority employees within the company.

Intercom Clock & Signal Service

PRINT OR TYPE FIRM'S NAME

Laurence Abbasi, Chief Operations Officer

PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING



9/22/25

SIGNATURE

DATE

EXHIBIT 4

NONCOLLUSION DECLARATION

(To Be Executed By Bidder and Submitted With RFP)

I, Laurence Abbasi, declare as follows:

That I am the Chief Operations Officer of ICS Service, the party making the attached RFP; that the attached bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the RFP is genuine and not collusive or sham; that the submitter has not directly or indirectly induced or solicited any other submitter to put in a false or sham bid, or that anyone shall refrain from submitting; that the submitter has not in any manner, directly or indirectly, sought by agreement, communication, or to fix any overhead, profit, or cost element of the RFP price, or of that of any other submitter, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the RFP are true; and further, that the submitter has not, directly or indirectly, submitted his or her RFP price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, RFP depository, or to any member or agent thereof to effectuate a collusive or sham RFP.

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

Executed this 22nd day of September, 2025, at

Riverside, California.

Laurence Abbasi

Print Name

Chief Operations Officer

Print Title



Signature

9/22/25

Date

Exhibit 5 - Conflict of Interest Statement

(This form must be filled out, signed, dated and submitted by all persons seeking to serve as a Provider to the District.)

Board Policy 3600 of the Newport Mesa Unified School District provides in part:

“Independent contractors shall submit a written conflict of interest statement disclosing financial interests as determined necessary by the Superintendent or designee, depending on the range of duties to be performed by the consultant. The Superintendent or designee shall consider this statement when deciding whether to recommend approval of the contract.

Any consultant hired by the district who is subject to the filing requirements in the district's conflict of interest code shall file a Statement of Economic Interests within the time period required by law. (Government Code 87302).”

The Superintendent has determined that all persons seeking to serve as a Provider to the District shall fill out truthfully, sign, date and submit the Conflict of Interest Statement prior to performing any Provider work or services for the District.

I, Laurence Abbasi hereby certify the following:

(NAME OF PROVIDER'S DESGINEE)

1. I am not an employee of the District and no member of my immediate family¹ is an employee of the District.
2. Within the past 12 months, neither I nor any member of my immediate family¹ has been a member of the Board of Trustees of the District.
3. Neither I nor any member of my immediate family¹ has been a member of the District's Citizens Bond Oversight Committee for the District's Bond Program.
4. Within the past 12 months, neither I nor any member of my immediate family¹ has provided or made, and will not provide or make, any promise of any gift² of any kind (money, meals, goods, services, entertainment tickets, etc.), in-kind services, commission, or fully or partially expense-paid trips to any District Board Member, District employee or District Provider whose responsibilities include the selection of District Providers or the evaluation, supervision or oversight of District Provider (a “Responsible Employee³”), except:

N/A

-
5. I do not employ or retain, and will not employ or retain, any current District Responsible Employee as a Provider, independent provider or employee during the term of my agreement with the District.

6. I am authorized to make, and do make, this certification on behalf of

ICS Service

(NAME OF ORGANIZATION)

The foregoing certifications are true and correct. I make this certification under penalty of perjury under the laws of the State of California.

Laurence Abbasi

PRINTED NAME OF DESIGNEE

Chief Operations Officer

PRINTED TITLE



SIGNATURE OF DESIGNEE

9/22/25

SIGNATURE DATE

Exhibit 6

CERTIFICATION BY CONTRACTOR CRIMINAL RECORDS CHECK

To the Governing Board of Newport Mesa Unified School District,

I, Intercom Clock & Signal Service certify that:
Name of Contractor

The undersigned does hereby certify to the governing board of the District as follows:

That I am a representative of the Contractor currently under contract ("Contract") with the District; that I am familiar with the facts herein certified, and an authorized and qualified to execute this certificate on behalf of the Contractor.

Contractor certifies that it has taken at least one of the following actions with respect to the service that is the subject of the Contract (check all that applies):

X The Contractor has complied with the fingerprinting requirements of Education Code Sections 33192, 33915, and 45125 et al., with respect to all Contractor's employees and all of its sub-Contractors' employees who may have a contact with District pupils in the course of providing services pursuant to the Contract, and the California department of Justice has determined that none of those employees has been convicted of a felony, as that term is defined in Education Code Section 45122.1, as well as all other applicable legislative and penal codes that may be referenced in this Section. A complete and accurate list of Contractor's employees and of all of its sub-Contractors' employees who may come in contact with District pupils during the course and scope of the Contract is attached hereto: and/or

_____ Pursuant to Education Code Section 45125.2, Contractor certified that all employees will be under the continual supervision of, and monitored by, an employee(s) of the Contractor who the California Department of Justice has ascertained has not been convicted of a violent or serious felony. The name and title of the employee(s) who will be supervising Contractor's employee(s) and its sub-Contractors' employee(s) is/are:

Name and Title:

See attached Criminal Records Check Employee Name List (page 2 of this form)

_____ The Work on the Contract is at an unoccupied school site and no employee and/ or sub-Contractor or supplier of any tier of Contract shall come in contact with the District pupils.

Contractor's responsibility for criminal background clearance extends to all of its employees, sub- sub-Contractors, and employees of sub-Contractors coming into contact with District pupils regardless of whether they are designated as employees or acting as independent Contractors or suppliers of the Contractor.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Riverside, California on 9/22/25
Date


Signature

Laurence Abbasi
Typed or printed name

Chief Operations Officer
Title

PO Box 5255 Riverside, CA 92517
Address

951-683-3637
Telephone

CRIMINAL RECORDS CHECK

INSERT NAMES OF EMPLOYEES WHO MAY COME IN CONTACT WITH PUPILS

>>> Use Additional Copies of This Page as Needed and Update Names as Required by Contract <<<

IMPORTANT! Changes to the criminal status of anyone listed on this form must be reported to the District immediately.

Name of Contractor: ICS Service Co.

Date: 9/22/25

NAME OF EMPLOYEE(S)	PROJECT POSITION
1. Eloy Medina	Inspection Manager
2. Dean Black	Service Manager
3. Joseph Figueroa	Project Manager
4. Alex Cota	Journeyman
5. Anthony Vega	Journeyman
6. Jacob Delgadillo	Journeyman
7. Nathan Macdonald	Journeyman
8. Omar Huerta	Journeyman
9. Eric White	Project Manager
10. Hugo Rodriguez	Project Manager
11. Gus Avila	IT Specialist
12. Brandon Pettengill	Apprentice
13. Cristian Potaro	Apprentice
14. Manuel Quintana	Apprentice
15. Spencer Osborn	Apprentice
16. Joshua Ross	Apprentice
17. Alex Kim	Service Supervisor
18. Carlos Leon	Journeyman
19. Ed Black	IT Director
20. Laurence Abbasi	Chief Operations Officer

Exhibit 7
Maintenance Proposed Cost

Preventive and Corrective Maintenance and Testing services to be billed quarterly, monthly, semiannually, or annually.

Site	Unit Cost	Annual Cost
Adams (TK-6)	\$2080.00	\$2080.00
Andersen (TK-6)	\$2080.00	\$2080.00
California (TK-6)	\$2080.00	\$2080.00
College Park (TK-6)	\$2080.00	\$2080.00
Davis Magnet School (K-6)	\$2080.00	\$2080.00
Eastbluff (TK-6)	\$2080.00	\$2080.00
Harbor View (TK-6)	\$2080.00	\$2080.00
Kaiser (3-6)	\$2080.00	\$2080.00
Killybrooke (TK-6)	\$2080.00	\$2080.00
Lincoln (TK-6)	\$2080.00	\$2080.00
Mariners (TK-6)	\$2080.00	\$2080.00
Newport (TK-6)	\$2080.00	\$2080.00
Newport Coast (TK-6)	\$2080.00	\$2080.00
Newport Heights (TK-6)	\$2080.00	\$2080.00
Paularino (TK-6)	\$2080.00	\$2080.00
Pomona (TK-6)	\$2080.00	\$2080.00
Rea (TK-6)	\$2080.00	\$2080.00
Sonora (TK-6)	\$2080.00	\$2080.00
Victoria (TK-6)	\$2080.00	\$2080.00
Whittier (TK-6)	\$2080.00	\$2080.00
Wilson (TK-6)	\$2080.00	\$2080.00
Woodland (TK-2)	\$2080.00	\$2080.00
Back Bay High School (9-12)	\$2080.00	\$2080.00
Corona del Mar Middle	\$8320.00	\$8320.00
Costa Mesa Middle and	\$8320.00	\$8320.00
Early College High	\$8320.00	\$8320.00
Ensign Intermediate	\$2080.00	\$2080.00
Estancia High School (9-12)	\$6240.00	\$6240.00
Monte Vista Independent	\$1040.00	\$1040.00
Newport Harbor High	\$8320.00	\$8320.00
TeWinkle Middle School (7-8)	\$2080.00	\$2080.00
BESST Center	\$2080.00	\$2080.00
Ed Center	\$1040.00	\$1040.00
Harper Center	\$2080.00	\$2080.00
Lindbergh School	\$1040.00	\$1040.00
	Total Cost	\$98,800.00

EXHIBIT 8

LABOR RATES AND OTHER CHARGES

Complete hourly labor rate for each type of technician (i.e. apprentice, journeyman etc.) for each category of work hours (i.e. standard time, overtime, holidays, etc.).

TECHNICIAN TYPE	WORK HOUR CATEGORY	HOURLY RATE	
Journeyman Apprentice	Standard Time	\$120.00	\$110.00
Journeyman Apprentice	Overtime	\$165.00	\$155.00
Journeyman Apprentice	Double Time	\$200.00	\$190.00
Journeyman Apprentice	Holidays	\$185.00	\$175.00

Indicate when hourly charge begins and ends; and the smallest portion of an hour for which a charge will be made. (min/max)

ICS time is calculated at 10th of an hour.

EMERGENCY, AFTER HOURS, SATURDAYS, SUNDAYS AND HOLIDAYS RATES

Required work for emergencies, after normal business hours 7:30 AM – 4:30 PM Monday through Friday and on Saturdays, Sundays, and holidays, travel and labor time will be charged as follows:

Hourly Service Rate-Emergency straight time	Apprentice	\$165.00	\$155.00
Hourly Travel Time Rate/mile	Apprentice	\$110.00	\$100.00
Hourly Service Rate, after hours & weekends	Apprentice	\$165.00	\$155.00

Indicate when hourly charge begins and ends; and the smallest portion of an hour for which a charge will be made. (min/max)

ICS time is calculated at 10th of an hour.

Other:

REPAIR CHARGES

Fee/Overhead & Profit – Self Performed Work (as a percentage of direct costs for repairs related to services in this proposal). This percentage shall be inclusive of all mark-up for self-performed work.

10 %

Fee/Overhead & Profit – Sub-Contractor Performed Work (as a percentage of direct costs for repairs related to services in this proposal). This percentage shall be inclusive of all mark-up for sub-contracted work if applicable.

10 %

Fee/Overhead & Profit – Equipment Rental (as a percentage of direct costs for repairs related to services in this proposal). This percentage shall be inclusive of all mark-up for rental equipment.

10 %

Fee/Overhead & Profit – Materials (as a percentage of direct costs for repairs related to services in this proposal). This percentage shall be inclusive of all mark-up for the cost of materials.

10 %

EXHIBIT 9
DESIGNATION OF SUBCONTRACTORS

In compliance with the Subletting and Subcontracting Fair Practices Act (Chapter 2, commencing at Section 41007), Division 5, Title 1 of the Government Code of the State of California, and any amendments thereof, each bidder shall set forth below: (a) the name and the location of the place of business of each subcontractor who will perform work or labor or render service to the prime contractor in or about the construction of the work or improvement to be performed under this contract or a subcontractor licensed by the State of California who, under subcontract to the prime contractor, specially fabricates and installs a portion of the work or improvement according to detailed drawings contained in the plans and specifications in an amount in excess of one-half of one percent of the prime contractor's total bid; and (b) the portion of the work which will be done by each subcontractor under this act. The prime contractor shall list only one subcontractor for each such portion as is defined by the prime contractor in this bid.

If a prime contractor fails to specify a subcontractor or if a prime contractor specifies more than one subcontractor for the same portion of the work to be performed under the contract in excess of one-half of one percent of the prime contractor's total bid, he shall be deemed to have agreed that he is fully qualified to perform that portion himself, and that he shall perform that portion himself.

No prime contractor whose bid is accepted shall (a) substitute any subcontractor, (b) permit any subcontract to be voluntarily assigned or transferred or allow it to be performed by any on other than the original subcontractor listed in the original bid, or (c) sublet or subcontract any portion of the work in excess of one-half of one percent of the prime contractor's total bid as to which his original bid did not designate a subcontractor, except as authorized in the Subletting and Subcontracting Fair Practices Act. Subletting or subcontracting of any portions of the work in excess of one-half of one percent of the prime contractor's total bid as to which no subcontractor was designated in the original bid shall only be permitted in cases of public emergency or necessity, and only after finding reduced to writing as a public record of the authority awarding this contract setting forth the facts constituting the emergency or necessity.

PORTION OF WORK	SUBCONTRACTOR	LOCATION & PLACE OF BUSINESS
NA for this project		

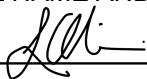
Intercom Clock & Signal Service

PRINT OR TYPE FIRM'S NAME

Laurence Abbasi, Chief Operations Officer

PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING

SIGNATURE



DATE

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Intercom Clock & Signal Service	
2 Business name/disregarded entity name, if different from above ICS Service	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. PO Box 5255	Requester's name and address (optional)
6 City, state, and ZIP code Riverside, CA 92517	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-			-			
or									
Employer identification number									
3	3		-	0	9	3	8	7	5 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>J. Abbasi</i>	Date ► 5/23/24
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/04/2025

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

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

PRODUCER Kellogg & Moreland Agency, Inc. DBA Arroyo Insurance Services 1654 Plum Lane Redlands CA 92374-4532	CONTACT NAME: Matthew Evans PHONE (A/C, No, Ext): (909) 792-8950 FAX (A/C, No): (909) 792-2030 E-MAIL ADDRESS: matte@arroyoins.com
INSURED Intercom Clock & Signal Serv, DBA: ICS Service P.O. Box 5255 Riverside CA 92517	INSURER(S) AFFORDING COVERAGE INSURER A: Palomar Excess and Surplus Insurance Company INSURER B: Insurance Company of the West INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** Cert 25-26**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:	Y		5300-0621-00	04/25/2025	04/25/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 5,000,000
							Deductible \$ 1,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	☐ UMBRELLA LIAB ☒ EXCESS LIAB DED RETENTION \$			5301-0260-00	04/25/2025	04/25/2026	EACH OCCURRENCE \$ 3,000,000
	☐ CLAIMS-MADE						AGGREGATE \$ 3,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WVE 5085751 00	08/01/2025	08/01/2026	☒ PER STATUTE ☐ OTH-ER
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						

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

RE: NMUSD-ANDERSEN ES RENOVATION
SUBJECT TO A SIGNED AND DATED WRITTEN CONTRACT OR WRITTEN AGREEMENT THAT INCLUDES AN ADDITIONAL INSURED REQUIREMENT CERTIFICATE HOLDER IS ADDITIONAL INSURED(CG 20 10 04/13 & CG 20 37 12/19). GENERAL LIABILITY IS PRIMARY AND NON-CONTRIBUTORY PER FORM SG-GL 00152 00 12/23.

CERTIFICATE HOLDER**CANCELLATION**

NEWPORT MESA UNIFIED SCHOOL DISTRICT 2985 BEAR ST COSTA MESA CA 92626	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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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
Blanket Basis – Any entity that the Named Insured agrees through written contract or agreement (hereinafter "contract") to include as an additional insured. The contract must be fully signed in writing by the parties to the contract prior to any work being performed, noting that any Additional Insureds as stated in the contract may not be required to sign the contract.	Any
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.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

Whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Blanket – As required by written contract or agreement	Any
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Primary and Non-Contributory Endorsement

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1)** The additional insured is a Named Insured under such other insurance;
- (2)** You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured; and
- (3)** Such contract or agreement was fully executed with written signatures by all parties prior to any work being performed.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT MUST BE ATTACHED TO A CHANGE ENDORSEMENT WHEN ISSUED AFTER THE POLICY IS WRITTEN.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/09/2025

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

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

PRODUCER Allsberry Insurance Agency Inc 355 North Sheridan Street Ste 100 Corona CA 92878	CONTACT NAME: Linda Sullivan	FAX (A/C, No): 951-739-5955	
	PHONE (A/C, No, Ext): 951-739-5959	E-MAIL ADDRESS: linda@allsberryagency.com	
INSURED Intercom Clock and Signal Service, Inc. P.O. Box 5255 Riverside CA 92517	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Mid-Century Insurance Company		21687
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY	☐	☐				EACH OCCURRENCE \$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY	☒	☒	09394-42-25	03/15/2025	03/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	☐	☐				EACH OCCURRENCE \$
	EXCESS LIAB	☐	☐				AGGREGATE \$
	DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		☐				☐ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N ☐	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
		☐	☐				
		☐	☐				
		☐	☐				

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

Newport Mesa Unified School District is Additional Insured as pertains to automobile liability. Coverage is Primary and Noncontributory with Waiver of Subrogation.

Coverage may vary from requested.

CERTIFICATE HOLDER**CANCELLATION**

Newport Mesa Unified School District
2985 Bear St.
Costa Mesa, CA 92626

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

AUTHORIZED REPRESENTATIVE

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BUSINESS AUTO EXTENSIONS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

A. Section II - Liability Coverage is amended as follows:

1. The following is added to Paragraph A.1. Who Is An Insured:

Blanket Additional Insured

Each person or organization with whom you agree, by virtue of a written contract or agreement, to provide insurance is an "insured", but only with respect to their legal liability for acts or omissions of a person for whom Liability Coverage is afforded under this policy:

- (1)** Provided that the contract or agreement is signed and executed by you prior to the "bodily injury" or "property damage" loss; and
- (2)** The contract or agreement is in effect during the policy period.

B. Section IV - Business Auto Conditions is amended as follows:

1. The following is added to Paragraph A.5. Transfer Of Rights Of Recovery Against Other To Us:

Blanket Waiver Of Subrogation

We waive our right of recovery that we may have against a person or organization, but only to the extent that this is required of you by a written contract or agreement that is signed and executed prior to any "accident" or "loss". This waiver applies only to the person or organization designated in such contract or agreement.

2. The following is added to Paragraph B.5. Other Insurance:

Primary And Noncontributory

This insurance will be primary and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1)** The additional insured is a Named Insured under such other insurance;
- (2)** You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured;
- (3)** This contract or agreement is signed and executed by you prior to when the "bodily injury" or "property damage" occurs; and
- (4)** This written contract or agreement is in effect during the policy period.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.