

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor JOHNSON CONTROLS INC.
Contact Person DOUGLAS LYLE
Address 3526 BREAKWATER CT
HAYWARD CA 94545
Phone Number 510 786 5391
Fax Number 510 785 3170

II Employees

Does the Contractor have any employees? [X] Yes [ ] No

Does the Contractor provide benefits to spouses of employees? [X] Yes [ ] No

\*If the answer to one or both of the above is no, please skip to Section IV \*

III Equal Benefits Compliance (Check one)

- [X] Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2 93, to its employees with spouses and its employees with domestic partners
[ ] Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits
[ ] No, the Contractor does not comply
[ ] The Contractor is under a collective bargaining agreement which began on (date) and expires on (date)

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually

Executed this 21st day of January, 2001 at HAYWARD, CA (City)

Signature

DOUGLAS LYLE
Name (Please Print)

BRANCH MANAGER FIRE & SECURITY
Title

39-0380010
Contractor Tax Identification Number

ATTACHMENT I

**Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended**

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s)

The Contractor(s) (Check a or b)

- a Employs fewer than 15 persons
- b Employs 15 or more persons and, pursuant to section 84 7 (a) of the regulation (45 C F R 84 7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation

MARYCLAIRE TIFFANY  
Name of 504 Person - Type or Print

JOHNSON CONTROLS INC  
Name of Contractor(s) - Type or Print

3526 BUCKENWATER CT  
Street Address or P O Box

HAYWARD CA 94545  
City, State, Zip Code

I certify that the above information is complete and correct to the best of my knowledge

[Signature]  
Signature

BRANCH MANAGER FIRE & SECURITY  
Title of Authorized Official

7/21/06  
Date

\*Exception DHHS regulations state that

"If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible "

# MARSH USA INC.

# CERTIFICATE OF INSURANCE

DATE  
07/05/2006

<b>PRODUCER</b> Marsh USA Inc 411 East Wisconsin Avenue Suite 1600 Milwaukee Wisconsin 53202-4419 Attn: CPU Phone (414) 290-4912 Fax (414) 290-4953 CPU_Milwaukee@marsh.com	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.	
	<b>COMPANIES AFFORDING COVERAGE</b>	AM Best Rating (As of 07/05/06) *See Below
Company <b>A</b> Illinois Union Insurance Company P O Box 41484 Philadelphia PA 19101		A+ XV

<b>INSURED</b> Johnson Controls Inc Johnson Controls Battery Group Inc Johnson Controls Interiors L.L.C. Johnson Controls of Puerto Rico Inc Cal-Air Inc GES America L.L.C. Optima Batteries Inc Pro-Tel Inc USI Companies Inc	Attn: Corp Risk Mgmt X 92 P O Box 591 Milwaukee WI 53201	Company <b>B</b> Sentry Insurance A Mutual Co 1800 North Penn Drive Stevens Point WI 54481	A+ XV
		Company <b>C</b> Indemnity Insurance Company of North America and for CA ACE American Insurance Company PO Box 41484 Philadelphia PA 19101	A+ XV
		Company <b>D</b> Lexington Insurance Company 100 Summer Street Boston MA 02110	A+ XV

**COVERAGES** This certificate supersedes and replaces any previously issued certificate

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

CO LT R	TYPE OF INSURANCE	POLICY NUMBER	POLIC / EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY 1, 2, 3	HDOG21723551	10-1-2005	10-1-2006	GENERAL AGGREGATE \$ 5 000 000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG \$ 5 000 000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 5 000 000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 5 000 000
	<input checked="" type="checkbox"/> Contractual				FIRE DAMAGE Any one fire \$ 5 000 000
	<input checked="" type="checkbox"/> Pollution Exposure Collapse Underground				MED EXP Any one person \$ 50 000
<input checked="" type="checkbox"/> Additional Insured See Below					
B	AUTOMOBILE LIABILITY 1, 2, 3	90-04606-01	10-1-2005	10-1-2006	COMBINED SINGLE LIMIT \$ 2 000 000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY Per person
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY Per accident
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON OWNED AUTOS					
GARAGE LIABILITY	ANY AUTO				AUTO ONLY EA ACCIDENT
					OTHER THAN AUTO ONLY
					EACH ACCIDENT
AGGREGATE					
D	EXCESS LIABILITY	5577313	10-1-2005	10-1-2006	EACH OCCURRENCE \$ 5 000 000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 5 000 000
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY 3	WLRC44333879 WLRC44333880 - CA The Indemnity Insurance Company of North America program applies to all JCI entities in all states except for the self insured entities and the majority of the states.	10-1-2005	10-1-2006	<input checked="" type="checkbox"/> STATUTORY LIMITS OTHER
	THE PROPRIETOR <input checked="" type="checkbox"/> INCL				EL EACH ACCIDENT \$ 1 000 000
	PARTNERS EXECUTIVE OFFICERS ARE <input type="checkbox"/> EXCL				EL DISEASE POLICY LIMIT \$ 1 000 000
	OTHER				EL DISEASE EACH EMPLOYEE \$ 1 000 000

(1) ADDITIONAL INSURED/LOSS PAYEE Includes coverage for Additional Insureds & Loss Payees as required by lease or contract  
 If specific naming is required COUNTY OF SAN MATEO  
 (2) PRIMARY COVERAGE Where required by lease or contract this coverage is primary and not excess of or contributing with other insurance or self insurance  
 (3) WAIVER OF SUBROGATION Insured waives subrogation to the extent required by contract

DESCRIPTION OF OPERATIONS LOCATIONS VEHICLES SPECIAL ITEMS JCI Contract No: 66440078  
 Project Name: SMC HOJ DA 2nd Cardke, Doors  
 Customer PO Number: PO624573 8442401680 COUNTY OF SAN MATEO

<b>CERTIFICATE HOLDER</b>  COUNTY OF SAN MATEO PAM WATSON 455 COUNTY CENTER 3RD FLOOR REDWOOD CITY, CA 94063	<b>CANCELLATION</b> I SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL BE ADVISED BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE ITS AGENTS OR REPRESENTATIVES. MARSH USA INC BY
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A M Best ratings of insurers are provided for information purposes only and are based upon information with respect to such ratings available to Marsh USA Inc on the date set forth herein with respect to such ratings. Marsh USA Inc will not and will have no responsibility or obligation to inform the certificate holder or any person relying upon this certificate of any changes in such A M Best ratings occurring after such date. Marsh USA Inc will have no liability with respect to the solvency or future ability to pay claims of any of the insurance companies which have issued the insurance policies referenced herein.

**DEPARTMENT OF INDUSTRIAL RELATIONS****SELF-INSURANCE PLANS**

2265 Watt Avenue, Suite 1  
Sacramento, CA 95825  
Phone No (916) 483-3392  
FAX (916) 483-1535

**CERTIFICATION OF SELF-INSURANCE  
OF WORKERS' COMPENSATION**


TO WHOM IT MAY CONCERN

This certifies that Certificate of Consent to Self-Insure  
No 2082 was issued by the Director of Industrial Relations  
to

JOHNSON CONTROLS, INC

under the provisions of Section 3700, Labor Code of  
California, on December 1, 1987 The Certificate is now and  
has been in full force and effective since that date

Dated at Sacramento, California  
This 17<sup>th</sup> day of December, 2001

  
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MARK B. ASHCRAFT, Manager  
Self Insurance Plans

Orig           Phyllis N Doane  
                  Paralegal Assistant  
                  Ned L Gaylord & Associates  
                  3530 Atlantic Ave , Suite 210  
                  Long Beach, CA 90807

cc             Kathleen E Theisen  
                  Vice President  
                  Marsh USA, Inc  
                  411 E Wisconsin Ave , #900  
                  Milwaukee, WI 53202