

**County of San Mateo
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

Contractor Name:	JOHNSON CONTROLS INC	Phone:	510-783-4000
Contact Person:	MARY CLAIRE TIFFANY	Fax:	510-785-3170
Address:	3526 BREAKWATER CT HAYWARD, CA 94545		

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
 - offering equal benefits to employees with spouses and employees with domestic partners.
 - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
 - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

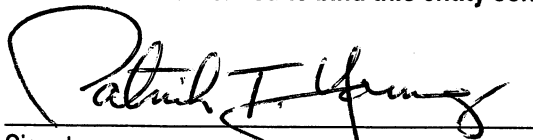
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
 - the contract is for \$100,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

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.


 Signature _____
 8/15/2007
 Date _____

PATRICK T. YOUNG
 Name _____
 REG. FIRE + SECURITY MGR.
 Title _____

County Counsel Review Form

Date: August 13, 2007
 To: Judith Holiber
 From: Joy Cheechov, ext. 4550
 Subject: Johnson Controls, Inc. Maintenance Agreement Review and Approval

Contractor: Johnson Controls, Inc.

Maximum Amount: \$133,595

Rate of Payment: Semi-annual

No changes on the standard agreement form

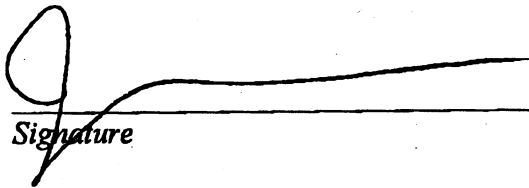
The following sections have been changed on the "standard" agreement:

<i>Section No. & Title</i>	<i>Approved As Is [For County Counsel Use Only]</i>	<i>Not Approved As Is [For County Counsel Use Only]</i>

Modifications (Please specify modifications to be made below. Use additional paper if needed.):

Approve Agreement/Exhibits/Attachments

Approve Agreement/Exhibits/Attachments with the modifications that have been described



 Signature

8/27/07

 Date

CONTRACT INSURANCE APPROVAL

DATE: August 13, 2007

TO: Faiza Steele FAX: 363-4864 PONY: HRD 163

FROM: Joy Cheechov

PHONE: 363-4550 FAX: 363-7800 PONY: ISD120

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: Johnson Controls, Inc.

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? Yes

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Maintenance on proprietary software and hardware for the County's Cardkey Security System

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$1mil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$1mil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

Faiza Steele
Faiza Steele
Risk Management Analyst

8/22/07
Date

MARSH USA INC.

CERTIFICATE OF INSURANCE

DATE

09/22/2006

PRODUCER 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.	
	COMPANIES AFFORDING COVERAGE	AM Best Rating (As of 09/05/06) *See Below
INSURED 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. York International Corporation	Attn: Corp. Risk Mgmt. X-92 P.O. Box 591 Milwaukee, WI 53201	Company A Illinois Union Insurance Company P.O. Box 41484, Philadelphia, PA 19101 A+ XV
	Company B Sentry Insurance A Mutual Co. 1800 North Point Drive, Stevens Point, WI 54481 A+ XV	
	Company C Indemnity Insurance Company of North America and for CA: ACE American Insurance Company PO Box 41484, Philadelphia, PA 19101 A+ XV	
	Company D 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	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY (1) (2) (3)	HDOG23719290	10-1-2006	10-1-2007	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"/> X,C,U (Explosion, Collapse, Underground)					
	<input checked="" type="checkbox"/> Additional Insured (See Below)				MED EXP (Any one person)	\$ 50,000
B	AUTOMOBILE LIABILITY (1) (2) (3)	90-04606-01	10-1-2006	10-1-2007	COMBINED SINGLE LIMIT	\$ 4,000,000
	<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	<input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT	
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
D	EXCESS LIABILITY	5577492	10-1-2006	10-1-2007	AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (3)	WLRC44441135 WLRC44441111 - 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 monopolistic states.	10-1-2006	10-1-2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	<input checked="" type="checkbox"/> INCL				EL EACH ACCIDENT	\$ 1,000,000
	<input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT	\$ 1,000,000
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL DISEASE-EACH EMPLOYEE	\$ 1,000,000

- (1) ADDITIONAL INSURED: If required by contract, includes coverage for Additional Insureds per attached endorsement
- (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 JC Contract No. 68440078
 Project Name: SMC HOJ DA 2nd Cardkey Door Ins
 Customer PO Number: PO604573 844124016601 COUNTY OF SAN MATEO

CERTIFICATE HOLDER COUNTY OF SAN MATEO PAM WATSON 455 COUNTY CENTER 3RD FLOOR REDWOOD CITY, CA 94063	CANCELLATION SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO 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: <i>Kathleen E. Watson</i>
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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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE	
Name of Additional Insured Person(s) Or Organization(s): If required by contract, COUNTY OF SAN MATEO	
Location(s) Of Covered Operations 68440078	All as required by contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Endorsement #A2	
ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – NAMED INSURED’S ACTS OR OMISSIONS ONLY	
<p>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 solely by:</p> <ol style="list-style-type: none"> 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. 	<p>B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:</p> <p>This insurance does not apply to "bodily injury" or "property damage" occurring after:</p> <ol style="list-style-type: none"> 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.

Endorsement #A2A	
ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS – NAMED INSURED’S ACTS OR OMISSIONS ONLY	
<p>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 solely 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."</p>	

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 17th day of December, 2001

A handwritten signature in black ink, appearing to read "Mark B. Ashcraft".

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

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.

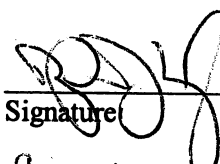
MARYCLAIRE TIFFANY
Name of 504 Person - Type or Print

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

3526 BROADWAY 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

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."