

FAITHFUL PERFORMANCE BOND

CITY OF MENIFEE, STATE OF CALIFORNIA (Government Code Section 66499.1)

FOR: Landscape Irrigation Contingency Inspection Total

\$ 42,000.00
\$ 37,500.00
\$ 16,000.00
\$ 6,500.00
\$ 102,000.00

Tract Map		PM37624-1	
Other Proj.	Ref.	IP19-019L	
Bond No.	800	147915	
Premium	\$		

Surety Atlantic Specialty Insurance Company	Principal Heritage Square Menifee, LLC
Address 605 Highway 169 North, Suite 800	Address 41391 Kalmia Street, Ste 200
City/State Plymouth, MN	City/State Murrieta, CA
Zip code <u>55441</u>	Zip 92562
Phone (781) 332-7000	Phone (951) 200-2376

WHEREAS, the City Council of the City of Menifee, State of California, and Heritage Square Menifee, LLC (hereinafter designated as "principal") have entered into, or are about to enter into, the attached agreement(s) whereby principal agrees to install and complete the above designated public improvements relating to PM37624-1, McCall Square, POC1, which agreement(s), dated Novembert \$\frac{1}{20.22}\$, is/are hereby referred to and made a part hereof; and,

WHEREAS, said principal is required under the terms of said agreement(s) to furnish bond(s) for the faithful performance of said agreement(s);

NOW, THEREFORE, we the principal and **Atlantic Specialty Insurance Company,** as surety, are held and firmly bound unto the City of Menifee in the penal sum of <u>One Hundred Two Thousand and no/100</u>, **Dollars**, (\$ 102,000.00) lawful money of the United States, for the payment of which sum will and truly be made, we bind ourselves, our heirs, successors, executors and administrators, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the above bonded principal, his or its heirs, executors, administrators, successors or assigns, shall in all things stand to and abide by, and well and truly keep and perform the covenants, conditions and provisions in the said agreement(s) and any alteration thereof made as therein provided, on his or their part, to be kept and performed at the time and in the manner therein specified, and in all respects according to their true intent and meaning, and shall indemnify and save harmless the City of Menifee, its officers, agents and employees, as therein stipulated, then this obligation shall become null and void; otherwise, it shall remain in full force and effect.

As a part of the obligation secured hereby and in addition to the face amount specified therefore, there shall be included costs and reasonable expenses and fees, including reasonable attorney's fees, incurred by the City of Menifee in successfully enforcing such obligation, all to be taxed as costs and included in any judgment rendered.

FAITHFUL PERFORMANCE BOND



The surety hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the agreement(s) or to the work to be performed there under or the specifications accompanying the same shall in anywise affect its obligation on this bond, and it does hereby waive notice of any such change, extension of time, alteration or addition to the terms of the agreement(s) or to the work or to the specifications.

Surety further stipulates and agrees that the provisions of Section 2845 of the Civil Code and commencement of construction are not conditions precedent to surety's obligations hereunder and are hereby waived by surety.

When the work covered by the agreement(s) is complete, the City of Menifee will accept the work and thereupon, the amount of the obligation of this bond is reduced by 90% with the remaining 10% held as security for the one-year maintenance period provided for in the agreement(s).

IN WITNESS WHE	EREOF, this inst	trument has beer	n duly executed	by the	principal	and	surety
above named, on_	November 7,	2022					
NAME OF PRINCI	PAL: Heritage	e Square Menifee.	LLC				

AUTHORIZED SIGNATURE(S):

Name. Daniel L. Stephenson

Title: Manager

(IF CORPORATION, AFFIX SEAL)

NAME OF SURETY:

Atlantic Specialty Insurance Company

AUTHORIZED SIGNATURE:

Brook T. Smith, Attorney-in-Fact
Title

Its Attorney-in-Fact

(IF CORPORATION, AFFIX SEAL)

ATTACH NOTARIAL ACKNOWLEDGMENT OF SIGNATURES OF PRINCIPAL AND ATTORNEY-IN-FACT.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of Riverside On November 8, 2022 before me, Aviel Exema Notary Public

Date Here Insert Name and Title of the Officer niel L. Stephenson personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing ARIEL EKEMA paragraph is true and correct. stary Public - California Riverside County Commission # 2403169 WITNESS my hand and official seal. Comm. Expires May 4, 2026 Signature Our Signature of Notary Public Place Notary Seal and/or Stamp Above OPTIONAL Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: ____ Document Date: ___ Number of Pages: ___ Signer(s) Other Than Named Above: _ Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: _ □ Corporate Officer – Title(s): __ □ Corporate Officer – Title(s): ☐ Partner — ☐ Limited ☐ General □ Partner – □ Limited □ General □ Individual □ Attorney in Fact □ Individual ☐ Attorney in Fact □ Trustee ☐ Guardian or Conservator □ Trustee ☐ Guardian or Conservator □ Other: □ Other: □

Signer is Representing: __

Signer is Representing: _

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

validity of that document.	
State of Kentucky County of)	
On November 7, 2022 before me, Theresa Pickerrell, Notary Public (insert name and title of the officer)	_
personally appearedBrook T. Smith who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	in
I certify under PENALTY OF PERJURY under the laws of the State of Kentucky that the foregoing paragraph is true and correct.	}
WITNESS my hand and official seal. Theresa Pickerrell NOTARY PUBLIC STATE AT LARGE, KENTUCKY ID # 633720 ID # 633720	
Signature Theresa Tickenell (Seal)	



Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Brook T. Smith, James T. Smith, Raymond M. Hundley, Jason D. Cromwell, James H. Martin, Deborah S. Neichter, Michele D. Lacrosse**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

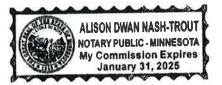
IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

SEAL 1986 ON ATTHE

Ву

Paul J. Brehm, Senior Vice President

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 7th day of November , 2022

This Power of Attorney expires January 31, 2025

STATE OF MINNESOTA

HENNEPIN COUNTY

CORPORATE CONTROL OF THE PROPERTY OF THE PROPE

Kara Barrow, Secretary



MATERIAL AND LABOR BOND

CITY OF MENIFEE, STATE OF CALIFORNIA (Government Code Section 66499.2)

FOR: L	andscape	\$ 21,000.00	Tract Map	PM37624-1
Ir	rigation	\$ 18,750.00	Other Proj.	Ref. <u>IP19-019L</u>
C	Contingency	\$ 8,000.00	Bond No.	800147915
Ir	nspection	\$ 3,250.00	Premium _	
To	otal	\$ 51,000.00	-	

Surety Atlantic Specialty Insurance Company	_Principal	Heritage Square Menifee, LLC
Address 605 Highway 169 North, Suite 800	Address	41391 Kalmia Street, Ste 200
City/State Plymouth, MN	City/State	Murrieta, CA
Zip 55441	Zip	92562
Phone (781) 332-7000	Phone	(951) 200-2376

WHEREAS, the City Council of the City of Menifee, State of California, and Heritage Square Menifee, (hereinafter designated as "principal") have entered into, or are about to enter into, the attached agreement(s) whereby principal agrees to install and complete the above designated public improvements relating to PM 37624-1, McCall Square, POC1, which agreement(s), dated November*2012; is/are hereby referred to and made a part hereof; and,

WHEREAS, under the terms of said agreement(s), principal is required, before entering upon the performance of the work, to file a good and sufficient payment bond with the City of Menifee to secure the claims to which reference is made in Title 3 (commencing with Section 9000) of Part 6 of Division 4 of the Civil Code of the State of California;

NOW, THEREFORE, said principal and the undersigned, as corporate surety, are firmly bound unto the City of Menifee and all contractors, subcontractors, laborers, material suppliers, and other persons employed in the performance of the agreement(s) and referred to Title 3 (commencing with Section 9000) of Part 6 of Division 4 of the Civil Code in the sum of Fifty One Thousand and no/100 Dollars, (\$ 51,000.00) for materials furnished or labor thereon of any kind, or for amounts due under the Unemployment Insurance Act with respect to such work or labor, that said surety will pay the same in an amount not exceeding the amount hereinabove set forth, and also in case suit is brought upon this bond, will pay, in addition to the face amount thereof, costs and reasonable expenses and fees, including reasonable attorney's fees, incurred by the City of Menifee in successfully enforcing such obligation, to be awarded and fixed by the court, and to be taxed as costs and to be included in the judgment therein rendered.

It is hereby expressly stipulated and agreed upon that this bond shall inure to the benefit of any and all persons, companies and corporations entitled to file claims under Title 3 (commencing with Section 9000) of Part 6 of Division 4 of the Civil Code, so as to give a right of action to them or their assigns in any suit brought upon this bond.

Should the condition of this bond be fully performed, then this obligation shall become null and void; otherwise, it shall be and remain in full force and effect.

MATERIAL AND LABOR BOND

The surety hereby stipulates and agrees that no change, extension of time, alteration, or addition to the terms of the agreement(s) or to the specifications accompanying the same shall in anywise affect its obligation on this bond, and it does hereby waive notice of any such change, extension of time, alteration, or addition.

Surety further stipulates and agrees that the provisions of Section 2845 of the Civil Code are not a condition precedent to surety's obligations hereunder and are hereby waived by surety.

IN WITNESS WHEREOF	this instrument has been duly	executed by the	principal and surety
above named, on <u>Nov</u>	rember 7	_,2022	
NAME OF PRINCIPAL:	Heritage Square Menifee, LLC		

AUTHORIZED SIGNATURE(S):

Name. Daniel L. Stephenson

Title: Manager

(IF CORPORATION, AFFIX SEAL)

NAME OF SURETY: Atlantic Specialty Insurance Company

AUTHORIZED SIGNATURE:

Brook T. Smith, Attorney-in-Fact

Its Attorney-in-Fact

Title

(IF CORPORATION, AFFIX SEAL)

ATTACH NOTARIAL ACKNOWLEDGMENT OF SIGNATURES OF PRINCIPAL AND ATTORNEY-IN-FACT.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of Diverside On November 8,2022 before me, Aviel Exema Notary Public,

Date Here Insert Name and Title of the Officer personally appeared ___ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing ARIEL EKEMA paragraph is true and correct. Notary Public - California Riverside County WITNESS my hand and official seal. Commission # 2403169 My Comm. Expires May 4, 2026 Signature Come Place Notary Seal and/or Stamp Above OPTIONAL Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: _____ Document Date: Number of Pages: ___ Signer(s) Other Than Named Above: _ Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: _ □ Corporate Officer - Title(s): □ Corporate Officer – Title(s): ___ ☐ Partner — ☐ Limited ☐ General □ Partner – □ Limited □ General □ Individual □ Attorney in Fact □ Individual □ Attorney in Fact ☐ Guardian or Conservator □ Trustee ☐ Guardian or Conservator

□ Other: _

Signer is Representing: _

Signer is Representing: __

☐ Trustee☐ Other

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validity of that document.	
State of Kentucky County of Jefferson)
On November 7, 2022 before me,	Theresa Pickerrell, Notary Public (insert name and title of the officer)
personally appearedBrook T. Smith	
who proved to me on the basis of satisfactory esubscribed to the within instrument and acknown	evidence to be the person(s) whose name(s) is/are vieldged to me that he/she/they executed the same in by his/her/their signature(s) on the instrument the e person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under paragraph is true and correct.	the laws of the State of Kentucky that the foregoing
WITNESS my hand and official seal.	Theresa Pickerrell NOTARY PUBLIC STATE AT LARGE, KENTUCKY
Signature Theresa Pickenell	ID # 633720 MY COMMISSION EXPIRES OCT. 26, 2023



Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: Brook T. Smith, James T. Smith, Raymond M. Hundley, Jason D. Cromwell, James H. Martin, Deborah S. Neichter, Michele D. Lacrosse, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: unlimited and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

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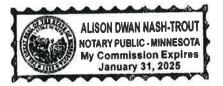
Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 7th

day of November 2022

This Power of Attorney expires January 31, 2025

Kara Barrow, Secretary

McCall Square POC 1 off-site Job #18-132

LANDSCAPE COST ESTIMATE Vincent Dibonato 7-28-22

Approved for Bonding IP19-019L 10/21/2022

	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL	
PLANTING					
TREES	48" BOX	0 EA.	600.00	0.00	
	36" BOX	2 EA.	550.00	1,100.00	
	24" BOX	49 EA.	200.00	9,800.00	
	15 GAL	0 EA.	60.00	0.00	
SHRUBS	5 GAL	256 EA.	17.00	4,352.00	
	1 GAL	361 EA.	6.00	2,166.00	
JUTE	NETTING	0 S.F.	0.12	0.00	
LAWN	HYDROSEED	0 S.F.	0.20	0.00	
SOIL	CLEAR/WEED	18,660 S.F.	0.03	559.80	
	GRADE	18660 S.F.	0.12	2,239.20	
BARK		18,660 S.F.	0.35	6,531.00	Bond
CONCRETE	MOW CURB	1527 L.F.	8.00	12,216.00	Amounts
COBBLE MUL	СН	390 S.F.	8.00	3,120.00	
		PLANT	ING SUB-TOTAL	42,084.00	\$42,000
IRRIGATION					Ψ :=,σσσ
CONTROL	8 STATION	1 EA.	10,000.00	10,000.00	
STRAINER	1.5 INCH	1 EA.	1,200.00	1,200.00	
WEATHER	STATION	0 EA.	250.00	0.00	
R.C.V.	1 INCH	6 EA.	150.00	900.00	
	1-1/2 INCH	0 EA.	75.00	0.00	
RAINBIRD	PRS REG 1 INCH	6 EA.	20.00	120.00	
RAINBIRD	FILTER	6 EA.	40.00	240.00	
QCV	QUICK COUPLING VALVE	16 EA.	50.00	800.00	
	E END FLUSH CAP	24 EA.	40.00	960.00	
B.VALVE	2 INCH	22 EA.	75.00	1,650.00	
	1-1/2 INCH	0 EA.	50.00	0.00	
GPH/SALCO	EMITTER-MED	745 EA.	1.50	1,117.50	
GPH/SALCO	EMITTER-LOW	545 EA.	1.50	817.50	
UVR -PVC		0 L.F.	2.50	0.00	
FLEX TUBING		0 L.F.	1.00	0.00	
STRM RTR	4 PGM	0 EA.	16.00	0.00	
12" RISER	PGM	0 EA.	15.00	0.00	
	12 PGM	0 EA.	30.00	0.00	
SPRAY HEAD		0 EA.	6.00	0.00	
RAINBIRD	12 POP-UP	0 EA.	12.00	0.00	
	6 POP-UP	0 EA.	6.00	0.00	
3.64.737	4 POP-UP	0 EA.	4.00	0.00	
MAIN	2 INCH	1421 L.F.	4.00	5,684.00	
	1 1/2 INCH	0 L.F.	3.00	0.00	
I AMED AT	1 INCH	0 L.F.	1.25	0.00	
LATERAL	2 INCH	0 L.F.	1.75	0.00	
	1-1/2 INCH	0 L.F.	1.60	0.00	
	1-1/4 INCH	0 L.F.	1.40	0.00	
	1 INCH	120 L.F	2.75	330.00	
	3/4 INCH	5,500 L.F.	2.50	13,750.00	
		IRRIGAT	TION SUBTOTAL	37,569.00	\$37,500

	37,569.00		
PLANTIN	NG AND IRRIGATION	N TOTAL	79,653.00
CONTINGENCY		0.20	15,930.60
INSPECTION FEES		0.08	6,372.24
	TOT	AL	101,955.84
*MAINTENANCE / YEAR	18,660 S.F.	0.18	3,358.80

= \$16,000 \$6,500 Total: \$102,000