

***AMTB Inc.***  
***Amah Mutsun Tribal Band***

If you have done a Sacred Lands File (SLF) search and California Historical Resource Information System (CHRIS) and the Native American Heritage Commission (NAHC). If you have received any positives within 1 mile of the project area:

Our recommendations are as follows:

All Crews and Individuals who will be moving any earth be Cultural Sensitivity Trained.

A Qualified California Trained Archaeological Monitor be present during any earth movement.

A Qualified Native American Monitor be present during any earth movement.

If you have not done the searches, please do so and contact us with the results for our recommendations.

Any further questions or information we are happy to assist.

Irenne Zwierlein

***3030 Soda Bay Road,  
Lakeport, CA 95453  
[amtbinc21@gmail.com](mailto:amtbinc21@gmail.com)  
650-851-7489***

**AMTB Inc.**  
**Amah Mutsun Tribal Band**  
**3030 Soda Bay Road**  
**Lakeport, CA 95453**

Our rates for 2022

\$ 150.00 per hour.

4 hours minimum

Cancellations not 48 hours prior will be charged a 4-hour minimum. There is a round trip mileage charge if canceled after they have traveled to site.

Anything over 8 hours a day is charged as time and a half.

Weekends are charged at time and a half.

Holidays are charged at double time.

For fiscal year (FY) 2022, standard per diem rate of \$324 (\$255 lodging, \$69 M&IE).

**M&IE Breakdown FY 2022**

<b>M&amp;IE Total<sup>1</sup></b>	<b>Continental Breakfast/ Breakfast<sup>2</sup></b>	<b>Lunch<sup>2</sup></b>	<b>Dinner<sup>2</sup></b>	<b>Incidental Expenses</b>	<b>First &amp; Last Day of Travel<sup>3</sup></b>
<b>\$69</b>	\$16	\$17	\$31	\$5	\$64.00

Beginning on January 1, 2022, the standard mileage rates for the use of a car round trip (also vans, pickups or panel trucks) will be: 58.5 cents per mile driven for business use. or what the current federal standard is at the time. As of July 1, 2022 the rate will increase to 62.5 cents per mile.

Our Payment terms are 5 days from date on invoice.

Our Monitors are Members of the Amah Mutsun Tribal Band of Mission San Juan Bautista.

If you have any questions, please feel free to contact the AMTB Inc. at the below contact information.

Sincerely,

*Irenne Zwiierlein*

Irenne Zwiierlein

[ambinc21@gmail.com](mailto:ambinc21@gmail.com)

650 851 7489



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/25/2022

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Brenda Aldaco	
Allied Brokers		<b>PHONE (A/C, No, Ext):</b> (650) 328-1000	<b>FAX (A/C, No):</b> (650) 324-1142
591 Lytton Avenue		<b>E-MAIL ADDRESS:</b> BusinessVIP@alliedbrokers.com	
Palo Alto CA 94301		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Scottsdale Insurance Company	<b>NAIC #</b> 41297
		<b>INSURER B:</b> United States Liability Insurance Company	25895
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPS7617452	07/09/2022	07/09/2023	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:						Deductible	\$ 500	
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR						\$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$	
	DED	RETENTION \$					AGGREGATE	\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
B	Professional Liability			SP 1573468B	06/21/2022	06/21/2023	Each Claim	\$1,000,000	
							Aggregate	\$1,000,000	
							Deductible	\$2,500	

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

PROOF OF COVERAGE

**CERTIFICATE HOLDER** **CANCELLATION**

For Your Information	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 <i>Brenda Aldaco</i>

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