

# CERTIFICATE OF INSURANCE



This certifies that

- ☒ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois  
☐ STATE FARM FIRE AND CASUALTY COMPANY, Aurora, Ontario  
☐ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida  
☐ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder Coates Kokes

Address of policyholder 34 NW 1<sup>st</sup> AVE STE 300 Portland, OR 97209Location of operations 34 NW 1<sup>st</sup> AVE STE 300 Portland, OR 97209

Description of operations Business/Office

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
97-78-1189-4 F	Comprehensive Business Liability	07/07/06	07/08/07	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	<input type="checkbox"/> Products - Completed Operations			Each Occurrence \$ 200,000
	<input type="checkbox"/> Contractual Liability			General Aggregate \$ 400,000
	<input type="checkbox"/> Personal Injury			Products - Completed Operations Aggregate \$ 400,000
	<input type="checkbox"/> Advertising Injury			
	<input type="checkbox"/>			
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence \$
	<input type="checkbox"/> Other			Aggregate \$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability
				Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
071 4326-A20-37A	2006 Toyota Prius	01/20/2006	07/20/2007	2000000
149 7232-C27-37T	1999 Mercedes	09-27-2006	03-27-2007	2000000

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder  
Additional Insured:

ATTN: Megan Callahan

Clean Rivers & Streams/City of Portland  
1120 SW 5<sup>th</sup> Avenue, Room 1000  
Portland, OR 97204

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative

Agent

02/28/2007

Title

Date

John Freeman

Agent Name

Telephone Number 503-228-1311

Agent's Code Stamp

Agent Code 37 92F8

AFO Code F476

FREEMAN INS AND FIN SVCS, INC

5927 SE 85TH AVENUE

(CORNER OF 85TH &amp; WOODSTOCK)

PORTLAND, OREGON 97266

BUS: 503-228-1311

email: john.freeman.gao3@aol.com

**SAIF CORPORATION**

400 High Street SE  
Salem, OR 97312-1000  
Toll Free 1-800-285-8525

**OREGON WORKERS COMPENSATION  
CERTIFICATE OF INSURANCE****MAIL TO:**

COATES KOKES INC  
34 NW 1ST AVE #300  
PORTLAND, OR 97209-4016

**CERTIFICATE HOLDER:**

CLEAN RIVERS AND STREAMS/CITY OF PO  
ATTN: MEGAN CALLAHAN  
1120 SW 5TH AVE ROOM 1000  
PORTLAND, OR 97204

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

POLICY NO.  
477850

POLICY PERIOD  
04/01/2006 to 04/01/2007

ISSUE DATE  
02/08/2007

**INSURED:**

COATES KOKES INC  
34 NW 1ST AVE #300  
PORTLAND, OR 97209-4016

**BROKER OF RECORD:****LIMITS OF LIABILITY**

Bodily Injury by Accident	\$500,000 each accident
Bodily Injury by Disease	\$500,000 each employee
Bodily Injury by Disease	\$500,000 policy limit

**DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:**  
ALL OPERATIONS

**IMPORTANT:**

The coverage described above is in effect as of the issue date of this certificate. It is subject to change at any time in the future.

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above.

**AUTHORIZED REPRESENTATIVE**



# City of Portland - Equal Benefits Compliance Worksheet/Declaration

You are encouraged to submit the completed Equal Benefits Worksheet/Declaration with your bid or proposal response. If not submitted, you will be required to provide the form prior to contract award. The City cannot award a contract until this information is submitted.

## Offeror Information:

Company Name: Coates Kokes, Inc. Contact Person: Jeanie Coates, CEO  
 Phone Number: 503-241-1124 Fax: 503-241-1326 E-mail: jeanie@coateskokes.com  
 Approximate Number of Employees in the U.S.: 22 Fed. Tax ID Number 93-0721993  
34 NW First Avenue, Suite 300, Portland, Oregon 97209  
 Address

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

Signature Jean Pettijohn Coates  
Jean Pettijohn Coates  
 Name (please print)

1. a. Do you have any employees? ☒ YES ☐ NO

If "YES," continue to Question 1b and 2. If "NO," select Option A – Full Compliance – No Employees.

- b. Are any of your employees covered by a collective bargaining agreement or union trust fund? ☐ YES ☒ NO

2. Do you provide the same employee benefits to domestic partners as you do to spouses of employees?\* ☐ YES ☐ NO

If the answer to Question 2 is "YES", select Option B – Full Compliance.

If you DO NOT provide benefits to spouses or the domestic partners of your employees, select Option C – No Benefits.

\* "Employee benefits" means any plan, program or policy provided by an employer to its employees as part of the employer's total compensation package. This includes but is not limited to the following types of benefits: bereavement leave; disability, life, and other types of insurance; family medical leave; health benefits; membership or membership discounts; moving expenses; pension and retirement benefits; vacation; travel benefits; and any other benefits given to employees, provided that it does not include benefits to the extent that the application of the requirements may be preempted by federal or state law.

### Option A – Full Compliance – No Employees

- ☐ Has no employees.

### Option B – Full Compliance

- ☒ Makes benefits available on an equal basis to its employees with spouses & its employees with domestic partners.

### Option C – Full Compliance – No benefits to spouses OR domestic partners

- ☐ Does not make benefits available to the spouses or the domestic partners of its employees.

### Option D – Delayed Compliance

- ☐ Offeror must request and receive authorization from the Bureau of Purchases to delay implementation of equal benefits prior to selecting this option. Authorization must be granted before the contract can be awarded. Attach the "Delayed Compliance Authorization" which allows you to select Option D. The Delayed Compliance Authorization form can be obtained from the following web site: <http://www.portlandonline.com/omf/index.cfm?c=43774>

### Statement of NON-Compliance

The above named Offeror does NOT comply and does NOT intend to comply with Portland City Code Chapter 3.100.050 through 3.100.056 and related rules.

## Registered Vendors for Solicitation BES059

**4 Front Traffic Control Inc** (MBE ESB)  
Eadwine Webb , President  
PO Box 86143, Portland OR 97286-0143  
[4FrontTC@earthlink.net](mailto:4FrontTC@earthlink.net) Phone: 503 659-8778  
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**Aaron D. Busch ~ foto**  
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**Becker Consulting**

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Fax:

**Becker Projects, Inc. (WBE)**

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**Big House Marketing**

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**Booz Allen Hamilton Inc.**

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Fax: 503-221-4541

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**Chick Of All Trades, LLC. DBA (MBE WBE ESB)**

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**CMD Agency**

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**Compustat Consultants Inc.**

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**Conkling Fiskum & McCormick, I**

Kirsten Johnson , Bookkeeper/Admin Asst  
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**Counterpoint Consulting (WBE ESB)**

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**Group AGB Ltd (MBE)**

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**Hahn and Associates, Inc. (ESB)**

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**Hallock Modey, Inc. (WBE)**

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**Henry V**

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**There are 171 planholders for solicitation BES059**

End of records

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**EVALUATOR'S STATEMENT OF INDEPENDENCE AND CONFLICT OF INTEREST**

I, Megan Callahan, an evaluation committee member for Request for Proposal # BES059 for advertising signs, do hereby certify that, to the best of my knowledge, I do not have a conflict of interest<sup>1</sup>, as a result of any financial or other interest on my part or that of any member of my immediate family, nor of my partner(s). Further, I certify that I am not employed by nor do I have any arrangement for future employment with any organization under consideration, nor will I solicit or accept gratuities, favors, or anything of monetary value from any company or organization associated with this solicitation. I will independently score each proposal and have no conversation or contact with any proposers regarding their proposals, except as allowable as part of the RFP process.

In addition, I agree to evaluate the proposals independently and am not unfairly prejudiced in regard to any of the proposals.

Megan D. Callahan  
(evaluator's name)

MJD  
(signature)

12/29/00  
(dated)

<sup>1</sup>A conflict of interest is identified as a situation, in which an Evaluation Committee Member has, or appears to have, a financial relationship with a responding proposer, or has a family relationship with any responding proposer.

A family relationship with a responding proposer means that the evaluator is related to that proposer by marriage, or domestic partnership, and includes relationships such as children, stepchildren, parents, grandparents, grandchildren, brothers, sisters, fathers-in-law, mothers-in-law, sisters-in-law, and brothers-in-law.

Financial relationships include involvement of the evaluator and the proposer in a current partnership, joint venture, company, or corporation, and any other relationship that could make it appear that the evaluator would obtain a monetary benefit if a favorable evaluation was given.

## EVALUATOR'S STATEMENT OF INDEPENDENCE AND CONFLICT OF INTEREST

I, Karen DeBaker, an evaluation committee member for Request for Proposal # BE5059 for Advertising Services, do hereby certify that, to the best of my knowledge, I do not have a conflict of interest<sup>1</sup>, as a result of any financial or other interest on my part or that of any member of my immediate family, nor of my partner(s). Further, I certify that I am not employed by nor do I have any arrangement for future employment with any organization under consideration, nor will I solicit or accept gratuities, favors, or anything of monetary value from any company or organization associated with this solicitation. I will independently score each proposal and have no conversation or contact with any proposers regarding their proposals, except as allowable as part of the RFP process.

In addition, I agree to evaluate the proposals independently and am not unfairly prejudiced in regard to any of the proposals.

Karen DeBaker  
(evaluator's name)

Karen DeBaker  
(signature)

12/29/06  
(dated)

<sup>1</sup>A conflict of interest is identified as a situation, in which an Evaluation Committee Member has, or appears to have, a financial relationship with a responding proposer, or has a family relationship with any responding proposer.

A family relationship with a responding proposer means that the evaluator is related to that proposer by marriage, or domestic partnership, and includes relationships such as children, stepchildren, parents, grandparents, grandchildren, brothers, sisters, fathers-in-law, mothers-in-law, sisters-in-law, and brothers-in-law.

Financial relationships include involvement of the evaluator and the proposer in a current partnership, joint venture, company, or corporation, and any other relationship that could make it appear that the evaluator would obtain a monetary benefit if a favorable evaluation was given.

## EVALUATOR'S STATEMENT OF INDEPENDENCE AND CONFLICT OF INTEREST

I, Michel Gregory, an evaluation committee member for Request for Proposal # BES 059 for advertising services, do hereby certify that, to the best of my knowledge, I do not have a conflict of interest<sup>1</sup>, as a result of any financial or other interest on my part or that of any member of my immediate family, nor of my partner(s). Further, I certify that I am not employed by nor do I have any arrangement for future employment with any organization under consideration, nor will I solicit or accept gratuities, favors, or anything of monetary value from any company or organization associated with this solicitation. I will independently score each proposal and have no conversation or contact with any proposers regarding their proposals, except as allowable as part of the RFP process.

In addition, I agree to evaluate the proposals independently and am not unfairly prejudiced in regard to any of the proposals.

Michel Gregory  
(evaluator's name)

Michel Gregory  
(signature)

29 Dec 2006  
(dated)

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## EVALUATOR'S STATEMENT OF INDEPENDENCE AND CONFLICT OF INTEREST

I, Hilda Stevens, an evaluation committee member for Request for Proposal # BES059 for Regional Coalition for Clean Rivers and Streams, do hereby certify that, to the best of my knowledge, I do not have a conflict of interest<sup>1</sup>, as a result of any financial or other interest on my part or that of any member of my immediate family, nor of my partner(s). Further, I certify that I am not employed by nor do I have any arrangement for future employment with any organization under consideration, nor will I solicit or accept gratuities, favors, or anything of monetary value from any company or organization associated with this solicitation. I will independently score each proposal and have no conversation or contact with any proposers regarding their proposals, except as allowable as part of the RFP process.

In addition, I agree to evaluate the proposals independently and am not unfairly prejudiced in regard to any of the proposals.

Hilda Stevens

(evaluator's name)



(signature)

12/29/06

(dated)

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A family relationship with a responding proposer means that the evaluator is related to that proposer by marriage, or domestic partnership, and includes relationships such as children, stepchildren, parents, grandparents, grandchildren, brothers, sisters, fathers-in-law, mothers-in-law, sisters-in-law, and brothers-in-law.

Financial relationships include involvement of the evaluator and the proposer in a current partnership, joint venture, company, or corporation, and any other relationship that could make it appear that the evaluator would obtain a monetary benefit if a favorable evaluation was given.