The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT DAMIAN REYNOLDS SONS IN RETIREMENT. INCORPORATED BRANCH NO. 1, INCORPORATED

> Michael A. Garoutte Branch Secretary 1121 Notre Dame Ave Belmont, CA 94002

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, EAST BAY BRANCH SONS IN RETIREMENT. INCORPORATED NO. 2, INCORPORATED

Erle H. Brown Branch Secretary 2638 Francisco Way El Cerrito, CA 94530 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contractor	
Check One:Sole Proprietorship:CorporationF	Partnership Limited Liability Company
	Company
Authorized Signature of Contractor	Date
Address of Contractor	
Distribution: Branch Secretary, SIR Insurance Chairma	

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SAN FRANCISCO BRANCH NO. 4, INCORPORATED

Peter Gandell Branch Secretary 640 Davis St San Francisco, CA 94111 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contract	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SOUTHERN PENINSULA BRANCH NO. 5, INCORPORATED

Chris E. Vasquez Branch Secretary 18979 Palo Oaks Ct Saratoga, CA 95070 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contractor	
Check One:Sole Proprietorship:Corporation	PartnershipLimited Liability Company
Authorized Signature of Contractor	Date
Address of Contractor	
Distribution: Branch Secretary, SIR Insurance Chairma	

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, NORTH BAY BRANCH NO. 7, INCORPORATED

Bob G. Rigler Branch Secretary 148 Sycamore Ave Mill Valley, CA 94941 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MT. DIABLO BRANCH NO. 8, INCORPORATED

Jack S, Sagen Branch Secretary 1024 Sanders Dr Moraga, CA 94556 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ictor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, LAKE WILDWOOD BRANCH NO. 11, INCORPORATED

Herb Reinl Branch Secretary 19182 Swallow Way Penn Valley, CA 95946 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership _	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, LINCOLN/ROSEVILLE BRANCH NO. 13, INCORPORATED

Jack Orlove Branch Secretary 1649 Barn Valley Ln Lincoln, CA 95648

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Check One:Sole Proprietorship:Corporation	Partnership	,
		Limited Liability Company
Authorized Signature of Contractor	Da	te
Address of Contractor		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, FORT SUTTER BRANCH NO. 14, INCORPORATED

Lloyd R. Jackson Branch Secretary 109 Burnt Creek Way Folsom, CA 95630 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES INTRY SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, UP COUNTRY BRANCH NO. 15

Ronald A. Killian Branch Secretary 26083 Sunset Ct Pioneer, CA 95666 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, EL CAMINO BRANCH NO. 16, INCORPORATED

Edwin R. Dodd Branch Secretary 1135 Pine St Menlo Park, CA 94025 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	gnature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, LUTHER BURBANK SONS IN RETIREMENT. INCORPORATED BRANCH NO. 17, INCORPORATED

James Gurke Branch Secretary 3746 Texas Dr Santa Rosa, CA 95405 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, JOHN MUIR BRANCH NO. 19, INCORPORATED

Joeseph Gillis Branch Secretary 2402 Henlock Ave Concord, CA 94520 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	gnature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SANTA CRUZ BRANCH NO. 20, INCORPORATED

Thomas P. Fahrenholz Branch Secretary 23061 Evergreen Ln Los Gatos, CA 95033 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contract	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, WEST SANTA CLARA VALLEY BRANCH NO. 21, INCORPORATED

Thomas McRae Branch Secretary 141 S 14th St San Jose, CA 95112

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, IGNACIO PACHECO BRANCH NO. 22, INCORPORATED

> Otto Pflueger Branch Secretary 201 Molino Ave Mill Valley, CA 94941

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation _	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, EL DORADO BRANCH NO. 23, INCORPORATED

John F. Boss Branch Secretary 8249 Sumbonnet Dr Fair Oaks, CA 95628 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One: _	Sole Proprietorship: _	Corporation _	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, HESPERIAN BRANCH NO. 26, INCORPORATED

Philip Garbutt Branch Secretary 6372 Boone Dr Castro Valley, CA 94552 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MONTEREY PENINSULA BRANCH NO. 28, INCORPORATED

Joseph Ricciardi Branch Secretary 139 Seal Ct Marina, CA 93933

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MISSION BRANCH NO. 32, INCORPORATED

Bernard B. Coullahan Branch Secretary 100 Drysdale Dr Los Gatos, CA 95032 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Check One:Sole Proprietorship:CorporationPartnership	Limited Liability Company
Authorized Signature of Contractor	Date
Address of Contractor	
Distribution: Branch Secretary, SIR Insurance Chairma	

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, COUNTRY CLUB BRANCH NO. 33, INCORPORATED

Tony Mickela Branch Secretary 5018 Strasbourgh Way Sacramento, CA 95842 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ture of Contractor			Date
Address of Contr	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

Randall Reber Branch Secretary 4396 Muirwood Dr Pleasanton, CA 94588

SONS IN RETIREMENT, PLEASANTON TRI-VALLEY BRANCH NO. 34, INCORPORATED

> Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MISSION TRAIL BRANCH NO. 35, INCORPORATED

James V. Quillinan Branch Secretary 678nGeorgetown Ct Sunnyvale, CA 94087 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contract	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, TWIN VALLEYS BRANCH NO. 36, INCORPORATED

Robert L. Lewis Branch Secretary 851 Lost Acre Dr Felton, CA 95018 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	hch Secretary, SIR Insurance	Chairma		-

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, PLACER GOLD BRANCH NO. 37, INCORPORATED

Douglas H. Perry Branch Secretary 3907 Deergrass Cir Rocklin, CA 95677 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contra	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MT. HAMILTON BRANCH NO. 38, INCORPORATED

Edward Munoz Branch Secretary 8698 Lomas Azules Ct San Jose, CA 95135 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership _	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, GARDEN CITY BRANCH NO. 39, INCORPORATED

Wallace A. Hayes Branch Secretary 6366 Mojave Dr San Jose, CA 95120 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	ractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Sigr	nature of Contractor			Date
Address of Co	ntractor			
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, PEACH BOWL BRANCH NO. 45, INCORPORATED

Richard C. Grant Branch Secretary 3215 Lyle Court Yuba City, CA 95993 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

John Bayley Branch Secretary 1223 West Swain Rd Stockton, CA 95207

SONS IN RETIREMENT, PORT STOCKTON BRANCH NO. 46, INCORPORATED

> Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr				
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, TAMALPAIS BRANCH NO. 47, INCORPORATED

Edward H. Lawrence Jr. Branch Secretary 1905 Mar West St Tiburon, CA 94920 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, THE FORTY NINERS BRANCH NO. 49, INCORPORATED

Marc H. Perl Branch Secretary 3661 Millbrae Rd Cameron Park, CA 95682 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co				
Distribution: Br	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MID-PENINSULA BRANCH NO. 51, INCORPORATED

Gerald D. Shebar Branch Secretary 3345 Stockton Pl Palo Alto, CA 94303 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, PARADISE BRANCH SONS IN RETIREMENT. INCORPORATED NO. 52, INCORPORATED

Tom Dixion Branch Secretary 1638 Hucka Ln Paradise, CA 95969 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, ROBERT L. RIPLEY SONS IN RETIREMENT. INCORPORATED BRANCH NO. 53, INCORPORATED

> Alan R. Scott Branch Secretary 418 Woodley Way Santa Rosa, CA 95409

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership _	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contra	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, ORCHARD VALLEY SONS IN RETIREMENT. INCORPORATED BRANCH NO. 54, INCORPORATED

> Francis J. Seidl Branch Secretary 10711 Wunderlich Dr Cupertino, CA 95014

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Contr				
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, NEVADA CITY BRANCH NO.55, INCORPORATED

Robert Barr Branch Secretary 21922 Mayfield Way Big Oak Valley, CA 95977 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation _	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, PETALUMA BRANCH NO. 58, INCORPORATED

Marshall West Branch Secretary 1619 Cabernet Ct Petaluma, CA 94954 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, PATHFINDER BRANCH NO. 59, INCORPORATED

David E. Nelsen Branch Secretary 35654 Morley Pl Fremont, CA 94536 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship: _	Corporation _	Partnership _	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Contr	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SUNNYVALE BRANCH NO. 62, INCORPORATED

Robert Pastorino Branch Secretary 15730 La Jolla Ct Morgan Hill, CA 95037 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ature of Contractor			Date
Address of Con	tractor			
Distribution: Brai	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, NAPA VALLEY BRANCH NO. 65, INCORPORATED

Dennis Dickey Branch Secretary 2532 West Pueblo Ave Napa, CA 94558 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contractor		
Check One:Sole Proprietorship:Corporation	Partnership	Limited Liability Company
Authorized Signature of Contractor		Date
Address of Contractor		

Distribution: Branch Secretary, SIR Insurance Chairma

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

BRANCH NO. 66, INCORPORATED

SONS IN RETIREMENT, SONOMA VALLEY

Joseph W. Runnion Branch Secretary 630 Este Madera Ct Sonoma, CA 95476 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, CHINA CAMP/INDIAN VALLEY BRANCH NO. 68, INCORPORATED

John A. Zeiter Branch Secretary 32 Skyview Ter San Rafael, CA 94903 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	hch Secretary, SIR Insurance	Chairma		-

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, PONY EXPRESS BRANCH NO. 69, INCORPORATED

Ron Hutcheson Branch Secretary 9325 Colliston Dr Elk Grove, CA 95624 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One: _	Sole Proprietorship: _	Corporation _	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, ALVARADO BRANCH NO. 73, INCORPORATED

> Craig W. Hammack Branch Secretary 1148 Portland Ave Albany, CA 94706

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, BRANCH NO. 76, SONS IN INCORPORATED

Robert Nadell Branch Secretary 1255 Eagle Dr Windsor, CA 95492 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	octor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES SONS IN RETIREMENT, SIR FRANCIS SONS IN RETIREMENT. INCORPORATED DRAKE BRANCH NO. 77, INCORPORATED

Mike J. Clay Branch Secretary 21122 Christopher Cir Sonora, CA 95370 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ature of Contractor			Date
Address of Cont	tractor			
Distribution: Brar	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SIERRA HILLS BRANCH NO. 79, INCORPORATED

Stanley H. Bishop Branch Secretary 3360 Skyview Dr Auburn, CA 95602 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, BRANCH NO. 81, SONS INCORPORATED

John J. Cassidy Branch Secretary 1860 Tice Creek Dr, Apt 1111 Walnut Creek, CA 94595 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, HOOKER OAK BRANCH NO. 84, INCORPORATED

Gerald N. McLaughlin Branch Secretary 1106 Orchard Way Chico, CA 95928 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ature of Contractor			Date
Address of Con	tractor			
Distribution: Brai	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, PAJARO VALLEY BRANCH NO. 85, INCORPORATED

> Wayne Fort Branch Secretary 777 Amesti Rd Watsonville, CA 95076

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sign	ature of Contractor			Date
Address of Con	tractor			
Distribution: Bra	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

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THE SIR ENTITIES URG SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, TULEBURG BRANCH NO. 87

Randy J. Roberts Branch Secretary 1625 Rohde Dr Stockton, CA 95209 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contract	tor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Signatu	ure of Contractor			Date
Address of Contra	actor			

Distribution: Branch Secretary, SIR Insurance Chairma

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, SOLANO BRANCH SONS IN RETIREMENT. INCORPORATED

NO. 88, INCORPORATED

Dave Krenzke Branch Secretary 381 Wellfleet Dr Vallejo, CA 94591 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contr	ractor			
Check One:	Sole Proprietorship:	Corporation _	Partnership	Limited Liability Company
Authorized Sign	ature of Contractor			Date
Address of Cor	ntractor			
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SANTA LUCIA BRANCH NO. 89, INCORPORATED

James M. Washington Branch Secretary 666 John St Salinas, CA 93905 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, HOOD MTN. BRANCH NO. 92, INCORPORATED

> Neil Huber Jr. Branch Secretary 353 Golf Ct Santa Rosa, CA 95409

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, FRUITRIDGE BRANCH NO. 93, INCORPORATED

Robert S. Abalos Branch Secretary 439 Southgate Rd Sacramento, CA 95815 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor is delivered.

THE SIR ENTITIES

SONS IN RETIREMENT, ALMADEN BRANCH SONS IN RETIREMENT. INCORPORATED NO. 94, INCORPORATED

James M. Stonehouse Branch Secretary 7880 Moorfoot Ct. San Jose, CA 95135 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor		
Check One:	Sole Proprietorship:Corpora	tion Partnership	Limited Liability Company
Authorized Sig	nature of Contractor		Date
Address of Co			
Distribution: Br	anch Secretary, SIR Insurance Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

Terry Starkel Branch Secretary 1237 Meredith Way Folsom, CA 95630

SONS IN RETIREMENT, GOLD COUNTRY BRANCH NO. 95, INCORPORATED

> Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	tractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co				
Distribution: Br	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, AMADOR BRANCH SONS IN RETIREMENT. INCORPORATED NO. 96, INCORPORATED

Richard G. Thomas Branch Secretary 520 Fairway Dr Ione, CA 95640 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership _	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, ROCKLIN BRANCH SONS IN RETIREMENT. INCORPORATED NO. 98, INCORPORATED

> Tom Whalen Branch Secretary 4441 Barington Ct Rocklin, CA 95677

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, VACAVILLE, CA BRANCH NO. 99, INCORPORATED

Rick Castanias Branch Secretary 7401 Pedrick Rd Dixon, CA 95620 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ture of Contractor			Date
Address of Contr	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES ORE SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, LIVERMORE BRANCH NO. 101, INCORPORATED

William R. Leach Branch Secretary 1331 Winsor Way Livermore, CA 94550 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, SAN JUAN BRANCH SONS IN RETIREMENT. INCORPORATED NO. 102, INCORPORATED

Tom B. Hennessy Branch Secretary 1400 El Nido Way Sacramento, CA 95864 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership .	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, STANISLAUS BRANCH NO. 103, INCORPORATED

Donald N. Rowe Branch Secretary 3096 Kendra Ct Turlock, CA 95382 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation _	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, APTOS-RIO DEL MAR BRANCH NO. 104, INCORPORATED

David Lott Branch Secretary 208 Altivo Ave La Selva Beach, CA 95076 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership _	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, THE VINTAGE BRANCH NO. 105, INCORPORATED

Phillip D. Coffelt Branch Secretary 114 Goldengate Cir Napa, CA 94558 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contract	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, TRI-CITY BRANCH SONS IN RETIREMENT. INCORPORATED

NO. 106, INCORPORATED

Harold W. Phister Branch Secretary 514 Blue Wing Dr Suisun City, CA 94585 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, BRENTWOOD BRANCH #108, INC.

> Fred A. Critchfield Branch Secretary 682 Baldwin Dr Brentwood, CA 94513

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contractor	
Check One:Sole Proprietorship:CorporationPartner	ship Limited Liability Company
Authorized Signature of Contractor	Date
Address of Contractor	
Distribution: Branch Secretary, SIR Insurance Chairma	

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, TWIN RIVERS BRANCH NO. 109, INCORPORATED

Eric G. Vodden Branch Secretary 635 E 24th St Marysville, CA 95901 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, BIDWELL BRANCH SONS IN RETIREMENT. INCORPORATED

NO. 110

Robert J. Dinger Branch Secretary 13861 Winesap Ct Chico, CA 95973 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, THE DREDGERS BRANCH NO. 112, INCORPORATED

Edward P. Spellacy Branch Secretary 1905 Placer Gold Ct Gold River, CA 95670 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor is delivered.

THE SIR ENTITIES

SONS IN RETIREMENT, SNOWLINE BR. NO. SONS IN RETIREMENT. INCORPORATED 113, INCORPORATED

Alex Rodriguez Branch Secretary 3264 Cableview Ct Pollock Pines, CA 95667 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contra				
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, THE VILLAGE'S BRANCH NO. 114, INCORPORATED

Gary Holmquist Branch Secretary 8372 Reisling Way San Jose, CA 95135 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship: _	Corporation _	Partnership _	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Contr	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT LAS TRAMPAS BRANCH NO. 116 INCORPORATED

Norman F. Schafer Branch Secretary 253 Conifer Ter Danville, CA 94526 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ature of Contractor			Date
Address of Con	tractor			
Distribution: Bra	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, RIVER CITY BRANCH NO. 117, INCORPORATED

Martin Relles Branch Secretary 8156 La Riviera Dr Sacramento, CA 95826 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SOUTH SANTA CLARA COUNTY BRANCH NO. 119, INCORPORATED

William Briggs Branch Secretary 16467 Carlson Dr Morgan Hill, CA 95037

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contr	ractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Sigr	nature of Contractor			Date
Address of Cor	ntractor			
Distribution: Bra	anch Secretary SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES SONS IN RETIREMENT, GEORGETOWN SONS IN RETIREMENT. INCORPORATED DIVIDE, BRANCH NO. 120, INCORPORATED

Robert A. Villalobos Branch Secretary 6085 Shasta Rd Garden Valley, CA 95633 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	tractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co				
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, ALTA SIERRA BRANCH NO. 124, INCORPORATED

Robert T Coats Branch Secretary 14803 Echo Ridge Dr Nevada City, CA 95959 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, WESTGATE BRANCH NO. 125 INCORPORATED

David E. Hedrick Branch Secretary 3244 Chesire Dr San Jose, CA 95118 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, BLU YONDER, BRANCH NO. 127 INCORPORATED

Andy Nesbit Branch Secretary 100 Soaring Hawk Ln Sacramento, CA 95833 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	ractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Sigr	nature of Contractor			Date
Address of Co	ntractor			
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES SONS IN RETIREMENT, SAN RAMON SONS IN RETIREMENT. INCORPORATED VALLEY BRANCH NO. 128 INCORPORATED

Alexander J. Moir Branch Secretary 5711 Signal Hill Dr Dublin, CA 94568 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One: _	Sole Proprietorship:	Corporation _	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Contr	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, THE THREE SHASTAS BRANCH NO. 129, INCORPORATED

> A. Cris Andrews Branch Secretary 1740 Vinson Dr Redding, CA 96003

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	ractor			
Check One:	Sole Proprietorship: _	Corporation	Partnership	Limited Liability Company
Authorized Sigr	nature of Contractor			Date
Address of Col				
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SAN BENITO BRANCH NO. 131, INCORPORATED

Kelley Ojeda Branch Secretary 2171 Santa Rosa Dr Hollister, CA 95023 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contra	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, ROHNERT PARK BRANCH NO. 132, INCORPORATED

Allen Webb Branch Secretary 5470 Corbett Cir Santa Rosa, CA 95403 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contract	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT LAKE COUNTY BRANCH NO. 133 INCORPORATED

William C. Lyon Branch Secretary 16603 Ellen Springs Rd Lower Lake, CA 95457 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	ractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Sigr	nature of Contractor			Date
Address of Cor	ntractor			
Distribution: Bra	anch Secretary, SIR Insurance C	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MIWOK BRANCH NO. 134 INCORPORATED

William A. Cline Branch Secretary 33 Brown Dr Novato, CA 94947 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	ractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Sigr	nature of Contractor			Date
Address of Co	ntractor			
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, BIG NUGGET BRANCH NO. 135, INCORPORATED

James D. Willoughby Branch Secretary 37 Mallard Ct Magalia, CA 95954 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation .	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Br	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SONORA BRANCH NO. 136, INCORPORATED

William V. Burnes Branch Secretary 12660 Red Chestnut Ln Spc 33 Sonora, CA 95370 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	tractor		
Check One:	Sole Proprietorship:Corporation	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor		Date
Address of Co	ontractor		
Distribution: Br	anch Secretary, SIR Insurance Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, CRYSTAL SPRINGS SONS IN RETIREMENT. INCORPORATED BRANCH NO. 142, INCORPORATED

> Joseph Pierce Branch Secretary 2315 Ciprirani Blvd Belmont, CA 94002

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership .	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, TURLOCK BRANCH SONS IN RETIREMENT. INCORPORATED NO. 143, INCORPORATED

Larry Date Branch Secretary 1000 Penn Ave Turlock, CA 95382 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co		0		
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, MODESTO BRANCH SONS IN RETIREMENT. INCORPORATED NO. 144, INCORPORATED

Biff Galbraith Branch Secretary 1532 Jackellen Ln Modesto, CA 95356 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ature of Contractor			Date
Address of Con	tractor			
Distribution: Bra	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, TOKAY BRANCH NO. 145 INCORPORATED

Richard J. Baines Branch Secretary 18585 N Jack Tone Rd Lockeford, CA 95237 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership .	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, CONTRA COSTA BRANCH NO. 146, INCORPORATED

Richard L. Hockenbrock Branch Secretary 3616 Winchester PI Walnut Creek, CA 94598 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co	ontractor			
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

James Inden Branch Secretary 812 Crinella Dr Petaluma, CA 94954

SONS IN RETIREMENT, PETALUMA LITTLE HILLS BRANCH NO. 147, INCORPORATED

> Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Check One:Sole Proprietorship:Corporation	Partnership	Limited Liability Company
Authorized Signature of Contractor		Date
Address of Contractor Distribution: Branch Secretary, SIR Insurance Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, WINE VALLEY BRANCH NO. 149, INCORPORATED

Jacobs B. John Branch Secretary 1041 Las Amigas Rd Napa, CA 94559 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	ractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Sigr	nature of Contractor			Date
Address of Co	ntractor			
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, ORANGEVALE BRANCH NO. 150, INCORPORATED

James W. Boles Branch Secretary 3104 Esplanade Cir Folsom, CA 95630 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation _	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, ARNOLD BRANCH SONS IN RETIREMENT. INCORPORATED

NO. 152 INCORPORATED

Bernie Tillotson Branch Secretary PO Box 845 Arnold, CA 95223 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	ractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sigr	nature of Contractor			Date
Address of Cor	ntractor			
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MT. SHASTA BRANCH NO. 154, INCORPORATED

Dennis Poehlmann Branch Secretary 706 S Washington Dr Mount Shasta, CA 96067 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ure of Contractor			Date
Address of Contra	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, MENDENHALL BRANCH NO. 155, INCORPORATED

Ronald Dovichi Branch Secretary 1551 Genoa St Livermore, CA 94550 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	ractor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Sigr	nature of Contractor			Date
Address of Co	ntractor			
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, ELK GROVE BRANCH NO. 156, INCORPORATED

Ronald Riggs Branch Secretary 8652 Banff Vista Dr Elk Grove, CA 95624 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contract	ctor			
Check One: _	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, WINE COUNTRY BRANCH NO. 157, INCORPORATED

Bruce Levin Branch Secretary 509 Westmont Ct Healdsburg, CA 95448 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Contr	actor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SEBASTOPOL BRANCH NO. 158, INCORPORATED

Michael W. Stimmann Branch Secretary 10875 Blue Jacket Ct Sebastopol, CA 95472 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	gnature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, FRESNO BRANCH SONS IN RETIREMENT. INCORPORATED

NO. 159, INCORPORATED

Vic Froehmer Branch Secretary 968 Purdue Ave Clovis, CA 93611 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship: _	Corporation _	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, LAKE TAHOE BRANCH NO. 160, INCORPORATED

Derek L. Smith Branch Secretary 800 Bally Bunion Dr Dayton, CA 89403 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contrac	ctor			
Check One: _	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Signat	ture of Contractor			Date
Address of Contr	actor			
Distribution: Brand	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor is delivered.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

Richard T. Harris Branch Secretary 2235 Colonial Ct

Discovery Bay, CA 94505

SONS IN RETIREMENT, DISCOVERY BAY BRANCH NO. 161, INCORPORATED

> Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Cont	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership -	Limited Liability Company
Authorized Sig	nature of Contractor			Date
Address of Co				
Distribution: Bra	anch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, GOLDEN EMPIRE BRANCH NO. 163, INCORPORATED

Morris W. Taylor Branch Secretary 10813 Stratton Ct Bakersfield, CA 93312 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ature of Contractor			Date
Address of Con	tractor			
Distribution: Bra	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SAN ANDREAS BRANCH NO. 164 INCORPORATED

Ruben R. Gonzalez Branch Secretary 646 Hacienda Ave Manteca, CA 95336 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contr	actor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sign	ature of Contractor			Date
Address of Cor				
Distribution: Bra	inch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES SONS IN RETIREMENT, NORTH LAKE SONS IN RETIREMENT. INCORPORATED COUNTY BRANCH NO. 168, INCORPORATED

Robert Hume Branch Secretary 3584 Shoreline View Way Kelseville, CA 95451 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship:	Corporation _	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, GATEWAY BRANCH SONS IN RETIREMENT. INCORPORATED NO. 169, INCORPORATED

James E Forden Branch Secretary 9506 N Madison Ridge Rd Fresno, CA 93720 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contract	tor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability Company
Authorized Signatu	re of Contractor			Date
Address of Contra	ctor			

Distribution: Branch Secretary, SIR Insurance Chairma

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES SONS IN RETIREMENT, LAKE OF THE SONS IN RETIREMENT. INCORPORATED PINES, BRANCH NO. 170 INCORPORATED

Robert W. Cunningham Branch Secretary 21210 Ash Ct Auburn, CA 95602 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship:	Corporation	Partnership	Limited Liability
				Company
Authorized Signa	ature of Contractor			Date
Address of Cont	tractor			
Distribution: Brar	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, LAMORINDA BRANCH NO. 171, INCORPORATED

Michael J. Donovan Branch Secretary 3 Cielo Ct Orinda, CA 94563 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sig	gnature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, TWAIN HARTE BRANCH NO. 172 INCORPORATED

Robert L. Fisher Branch Secretary 20845 Crestwood Ct Sonora, CA 95370 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	actor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Cont	ractor			
Distribution: Bran	nch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT, LAMORINDA HILLS SONS IN RETIREMENT. INCORPORATED BRANCH NO. 174, INCORPORATED

> Thomas R. Vinzent Branch Secretary 20 Robert Rd Orinda, CA 94563

Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Con	tractor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Sig	gnature of Contractor			Date
Address of Co				
Distribution: Bi	ranch Secretary, SIR Insurance	Chairma		

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities". 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non- payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, SIERRA BRANCH NO. 175 INCORPORATED

Paul R. Dehn Branch Secretary 3226 Pistachio Ave Clovis, CA 93611 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contr	actor			
Check One:	Sole Proprietorship:	Corporation -	Partnership	Limited Liability Company
Authorized Sign	ature of Contractor			Date
Address of Cor				
Distribution: Bra	inch Secretary, SIR Insurance	Chairma		

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THE SIR ENTITIES

SONS IN RETIREMENT, WINDSOR BRANCH NO. 176, INCORPORATED

Philip R. Anderson Branch Secretary 3030 Hermit Way Santa Rosa, CA 95405 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contra	ctor			
Check One:	Sole Proprietorship: _	Corporation -	Partnership	Limited Liability Company
Authorized Signa	ture of Contractor			Date
Address of Contr	ractor			
Distribution: Bran	ch Secretary, SIR Insurance	Chairma		

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THE SIR ENTITIES

SONS IN RETIREMENT. INCORPORATED

SONS IN RETIREMENT, INCORPORATED YOSEMITE BRANCH NO. 179

Cletus Von Tersch Branch Secretary 292 East Loyola Fresno, CA 93720 Craig Hoffhines SIR Insurance Chairman 2505 Polar Star St Rocklin, CA 95677

I agree to the terms of these Provisions.

Check One:Sole Proprietorship:CorporationPartnershipLimited Liability Company	Name of Contractor				
	Check One:Sole Propriet	orship:	— Corporation	Partnership	
Address of Contractor	Authorized Signature of Contractor				Date
Distribution: Branch Secretary, SIR Insurance Chairma					