



**Attachment:**

**Ruiz Labor Contractor Bond and Insurance Certificates**

**HWY23FH013**

(7 pages)



COPY

Bureau of Labor and Industries  
Wage and Hour Division  
Labor Contracting Unit

**Labor Contractor Bond**

(Please Read Instructions Carefully Before Completing)

Bond Number: (1) \_\_\_\_\_

Effective Date: April 30, 2022

KNOW ALL MEN BY THESE PRESENTS:

That we, (2) Jerry Lee Ruiz dba J. Ruiz Farm Labor Contracting

are authorized to transact business within the State of Oregon as principal and (3) \_\_\_\_\_  
WESTERN SURETY COMPANY a corporation

duly organized and existing under and by virtue of the laws of the State of (4) South Dakota

and authorized to transact a surety business within the State of Oregon, as surety, are held and firmly bound unto the Commissioner of the Oregon Bureau of Labor and Industries in the penal sum of (5) \_\_\_\_\_  
Twenty Thousand and 00/100 thousand dollars (6) \$ 20,000.00

lawful money of the United States of America, for the payment of which well and truly to be made, we hereby bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The conditions of this obligation are such that if the said principal shall:

1. Pay in full all sums due on wage claims of employees; and
2. Pay all sums due to construction property owners, the grower or producer of agricultural commodities or the owner or lessee of intended to be used for the production of timber for advances made to or on behalf of the labor contractor; then this obligation is to be void; otherwise the obligation is to remain in full force and effect.

This bond shall remain in full force and effect from the date of its issuance until (7) April 30, 2024 and shall be irrevocable during this period. It is understood that all claims against the bond shall be unenforceable unless request for payment of a judgment or other form of adequate proof of liability or a notice of the claim has been made by certified mail to the surety or the Commissioner within six (6) months from the date of expiration of the bond.

The surety and principal agree that the Commissioner of the Oregon Bureau of Labor and Industries shall determine the principal's liabilities to the beneficiaries pursuant to the provisions of ORS Chapter 183, and shall, after notice directed to the principal and an opportunity for hearing, enter findings of fact, conclusions of law and order with respect to any liabilities to the beneficiaries found to exist unless the matter is otherwise disposed of by stipulation, agreed settlement, consent order or default.

The Commissioner, the principal, and the surety further agree that ten (10) days subsequent to the Commissioner having determined a liability to exist on the part of the principal to a beneficiary, the Commissioner may demand from the surety, and the surety will promptly pay subject to the limits of this bond, sufficient funds to pay the beneficiary the amount of the liability which has been determined by the Commissioner, unless the Commissioner grants a stay or is stayed by an appellate court.

Dated and Issued This (8) 18th Day of March, 2022.

(Continued on the reverse)

SOLE PROPRIETOR / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP

(9) CORPORATE SURETY  
WESTERN SURETY COMPANY

By \_\_\_\_\_  
(Signature of Attorney in Fact)

D. Johnson, Assistant Secretary  
(Printed Name of Attorney in Fact)

101 South Reid Street, Suite 300

Sioux Falls, SD 57103-7046  
(Surety Address)

(605) 336-0850  
(Surety Telephone)

(10) CONTRACTOR

By \_\_\_\_\_  
(Signature of Principal - Sole Proprietor or Partner)  
Jerry Lee Ruiz dba J. Ruiz Farm Labor Contracting

(Printed Assumed Business Name, if any)

CORPORATION/LIMITED LIABILITY COMPANY/NON-PROFIT CORPORATION/  
PUBLICLY TRADED CORPORATION/AGRICULTURAL ASSOCIATION/  
COOPERATIVE CORPORATION

(11) CORPORATE SURETY

By \_\_\_\_\_  
(Signature of Attorney in Fact)

\_\_\_\_\_  
(Printed Name of Attorney in Fact)

\_\_\_\_\_  
(Surety Address)

\_\_\_\_\_  
(Surety Telephone)

(12) CONTRACTOR

\_\_\_\_\_  
(Name of Corporation / LLC/Non-Profit Corporation/ Publicly Traded Corporation/Agricultural Association/ Cooperative Corporation/Assumed Business Name, if any)

By \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

Attach certified copy of authority to sign, if applicable

# Western Surety Company

## POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

D. Johnson of Sioux Falls, State of SOUTH DAKOTA, with limited authority, its true and lawful Attorney-in-Fact, with full power and authority hereby conferred to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One FARM LABOR CONTRACTOR

bond with bond number [REDACTED]

for JERRY LEE RUIZ DBA J. RUIZ FARM LABOR CONTRACTING

as Principal in the penalty amount not to exceed: \$20,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings. Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 18th day of March, 2022.

ATTEST

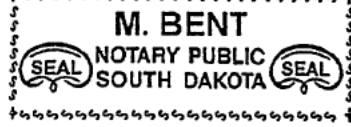
[Signature]  
P. Leitheiser, Assistant Secretary

WESTERN SURETY COMPANY  
By [Signature]  
Paul T. Bruffat, Vice President



STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

On this 18th day of March, 2022, before me, a Notary Public, personally appeared Paul T. Bruffat and P. Leitheiser who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



[Signature]  
Notary Public

My Commission Expires March 2, 2026

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.

ACKNOWLEDGMENT OF SURETY  
(Corporate Officer)

COPY

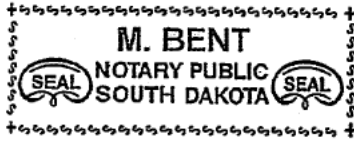
STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

On this 18th day of March, 2022, before me, a Notary Public in

and for said County, personally appeared D. Johnson Assistant Secretary personally known to me, who being by me duly sworn, did say that he/she is the aforesaid officer of WESTERN SURETY COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, that the seal affixed to the foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed and executed on behalf of said corporation by authority of its Board of Directors, and further acknowledge that the said instrument and the execution thereof to be the voluntary act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal the day and year last above written.

My commission expires:



M. Bent  
Notary Public

My Commission Expires March 2, 2026



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SEAN R CONNOR (05489) 5720 INLAND SHORES WAY N KEIZER, OR 97303-0000	<b>CONTACT NAME:</b> SEAN R CONNOR
	<b>PHONE (A/C, No, Ext):</b> 503-393-2433 <b>FAX (A/C, No):</b> [REDACTED]
<b>E-MAIL ADDRESS:</b> SEAN.CONNOR@COUNTRYFINANCIAL.COM	
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> COUNTRY Mutual Insurance Company	<b>NAIC #</b> 20990
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

<b>INSURED</b> 9668826	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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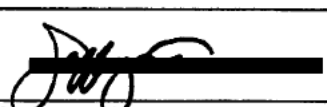
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	✓		[REDACTED]	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

JOB NAME:  
 UMBRELLA POLICY NUMBER [REDACTED] PROVIDES COVERAGE TO HIRED AND NON OWNED AUTOS.

\$500 DED COLL \$500 DED COMP  
 (CONTINUED)

<b>CERTIFICATE HOLDER</b>  US DEPARTMENT OF LABOR WAGE AND HOUR DIVISION/ESA 90 7TH STREET, SUITE 11-100 SAN FRANCISCO, CA 94103	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# Oregon Workers' Compensation Certificate of Insurance

**Certificate holder:**

US DEPARTMENT OF LABOR  
WAGE AND HOUR DIVISION  
90 7TH STREET SUITE 11-100  
SANFRANCISCO, CA 94103

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by this policy is subject to all the terms, exclusions and conditions of such policy; this policy is subject to change or cancellation at any time.

<b>Insured</b> Jerry Ruiz J Ruiz Farm Labor Contractor 6980 3rd St SE Turner, Or 97392-9612	<b>Producer/contact</b> CC Services Inc Sean Connor 503.393.2433 sean.connor@countryfinancial.com
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<b>Issued</b> 05/29/2023 <b>Policy</b> [REDACTED] <b>Period</b> 01/01/2023 to 01/01/2024	<b>Limits of liability</b> Bodily Injury by Accident \$1,000,000 each accident Bodily Injury by Disease \$1,000,000 each employee Body Injury by Disease \$1,000,000 policy limit
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**Description of operations/locations/special items**

**Important**

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above. This certificate does not constitute a contract between the issuing insurer, authorized representative or producer and the certificate holder.

Authorized representative



Chip Terhune  
President and CEO