

**RENEWAL AND AMENDMENT #1
TO AGREEMENT No. A-13188 BY AND BETWEEN
COUNTY OF MONTEREY AND UNUM**

THIS RENEWAL AND AMENDMENT NO. 1 is made to the Agreement for DISABILITY INSURANCE by and between UNUM, hereinafter “Contractor”, and the COUNTY OF MONTEREY, a political subdivision of the State of California, hereinafter referred to as “COUNTY”,

WHEREAS, the parties entered into the AGREEMENT for the provision by the CONTRACTOR of disability insurance; and

WHEREAS, the Agreement expired by its terms on January 31, 2017; and

WHEREAS, the COUNTY and CONTRACTOR wish to renew the AGREEMENT retroactive to February 1, 2017; and

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to extend the term of the AGREEMENT and incorporate updated cost provisions in accordance with the insurance policy terms; and

NOW THEREFORE, the County and CONTRACTOR hereby agree as follows:

1. “TERM OF AGREEMENT”, shall be amended by removing “The initial term shall commence February 1, 2015 through and including January 31, 2017 (2 years), with the option to extend the AGREEMENT upon mutual consent, County is not required to state a reason if it elects not to renew this AGREEMENT.”, and replacing it with “The term shall commence February 1, 2015, through and including January 31, 2018, with the option to extend the AGREEMENT for two (2) additional, one (1) year periods upon mutual written consent. The County is not required to state a reason if it elects not to renew in future periods.
2. “1.0 PERFORMANCE OF THE AGREEMENT” shall be amended to delete the last sentence “The component parts of this AGREEMENT include the following:
 - Self-Funded Short Term Disability Advice-to-Pay SUPPLEMENTAL AGREEMENT (See Exhibit A & B)
 - Employer Paid Long Term Disability SUPPLEMENTAL AGREEMENT (See Exhibit A & B)
 - Certificate of Liability Insurance (See Exhibit C)”,and replacing it with “The component parts of this AGREEMENT include the following:
 - Self-Funded Short Term Disability Advice-to-Pay SUPPLEMENTAL AGREEMENT (See Exhibit A & B-1)
 - Employer Paid Long Term Disability SUPPLEMENTAL AGREEMENT (See Exhibit A & B-1)
 - Certificate of Liability Insurance (See Exhibit C)”.

3. EXHIBIT B – COST to the Agreement is hereby deleted and replaced in its entirety and attached hereto as EXHIBIT B-1.
4. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
5. A copy of this RENEWAL AND AMENDMENT NO. 1 shall be attached to the original AGREEMENT executed by the County on June 21, 2016.

The remainder of this page is intentionally left blank.

IN WITNESS WHEREOF, the parties have executed this AMENDMENT on the day and year written below.

MONTEREY COUNTY

Contracts/Purchasing Officer

Dated: _____

Approved as to Fiscal Provisions:



Deputy Auditor/Controller

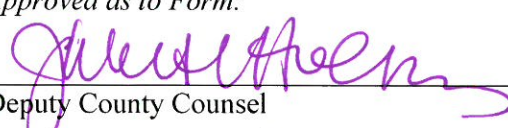
Dated: 3/8/17

Approved as to Liability Provisions:

Risk Management

Dated: _____

Approved as to Form:



Deputy County Counsel


Dated: 3-8-2017

CONTRACTOR

By:  MANAGING DIRECTOR
Signature of Chair, President, or
Vice-President

T.J. Gustafson MANAGING DIRECTOR
Printed Name and Title

Dated: 2/9/17

By: 
(Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer)*

THOMAS R. GUSTAFSON DEPUTY CHAIRMAN
Printed Name and Title

Dated: 2/23/17

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

EXHIBIT B-1 - COST

All Fees and Premiums are guaranteed for 12 months from 2/1/2017 – 1/31/2018.

Self-Funded Short-Term Disability Advice to Pay Services

- Monthly retainer: \$503.00 / month
- Initial claim adjudication: \$319.00 / claim
- Ongoing claim adjudication: \$149.00 / claim

Employer-Paid Fully-Insured Basic Long-Term Disability

- 0.38% of Covered Payroll

Employee-Paid Fully-Insured Voluntary Long-Term Disability

- Age-Rated as follows:

Age	Rate (as a % of Covered Payroll)
Up to 24	0.28
25 – 29	0.32
30 – 34	0.39
35 – 39	0.53
40 – 44	0.77
45 – 49	1.11
50 – 54	1.65
55 – 59	1.98
60 – 99	2.22



UNUMGRO-01

SHAIKHTA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/22/2016

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

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

PRODUCER Willis of New York, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191		CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): (877) 945-7378 E-MAIL ADDRESS: certificates@willis.com FAX (A/C, No): (888) 467-2378															
INSURED Unum Group Attn: Elizabeth Cobb 1 Fountain Square Mail Stop 6N660 Chattanooga, TN 37402		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Travelers Property Casualty Insurance Company</td><td>36161</td></tr><tr><td>INSURER B : Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td>INSURER C : National Union Fire Insurance Company of Pittsburgh</td><td>19445</td></tr><tr><td>INSURER D : Charter Oak Fire Insurance Company</td><td>25615</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Property Casualty Insurance Company	36161	INSURER B : Travelers Property Casualty Company of America	25674	INSURER C : National Union Fire Insurance Company of Pittsburgh	19445	INSURER D : Charter Oak Fire Insurance Company	25615	INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			TC2JGLSA-9526B299-16	12/31/2016	12/31/2017	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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	\$																				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			TJCAP-9526B28-7-16	12/31/2016	12/31/2017	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	\$																				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			BE 063764240	12/31/2016	12/31/2017	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 25,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 25,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 25,000,000	AGGREGATE	\$ 25,000,000		\$								
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AGGREGATE	\$ 25,000,000																				
	\$																				
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	TC2OUB-9525B9000-16	12/31/2016	12/31/2017	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
A	Work Comp & Emp Liab			TRJUB-9526B275-16	12/31/2016	12/31/2017	See Attached														

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

CERTIFICATE HOLDER

CANCELLATION

County of Monterey Attn: Paulette Clark	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

ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
<p>POLICY TYPE: Workers Compensation & Employers Liability CARRIER: Travelers Property Casualty Insurance Company POLICY TERM: 12/31/2016 - 12/31/2017 POLICY NUMBER: TRJUB-9526B275-16</p>	<p>Per Statute E.L. Each Accident: \$1,000,000 E.L. Disease-Each Employee:\$1,000,000 E.L. Disease-Policy Limit: \$1,000,000</p>