

**AMENDMENT NO. 1 OF STANDARD AGREEMENT  
BETWEEN  
COUNTY OF MONTEREY and  
Financial, Administrative, Secretarial & Translation Services (FAST Services)**

**THIS AMENDMENT NO. 1** to the Standard Agreement by and between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and **Financial, Administrative, Secretarial & Translation Services (FAST Services)** (hereinafter, "CONTRACTOR"), is hereby entered into between the County and CONTRACTOR (collectively, "the Parties") and effective as of the last date written below.

**WHEREAS**, CONTRACTOR entered into a Standard Agreement with the County on April 20, 2017 (hereinafter, "Agreement") to provide language interpretation services by certified or qualified professional interpreters as needed by Monterey County Probation (hereinafter, "services"), through April 15, 2019, for an amount not to exceed \$12,000; and

**WHEREAS**, the Department has a continued need for the services; and

**WHEREAS**, the Parties wish to further amend the Agreement to extend the term date for two (2) additional years through April 15, 2021 and increase the Agreement's amount by \$3,000 for a total not to exceed amount of \$15,000, to allow CONTRACTOR to continue to provide services as identified in the Agreement and as amended by this Amendment No. 1.

**NOW THEREFORE**, the Parties agree to further amend the Agreement as follows:

1. Amend Section 2.01 of Paragraph 2.0, "Payment Provisions", to read as follows:

County shall pay the CONTRACTOR in accordance with the payment provisions set forth in Exhibit A, subject to the limitations set forth in this Agreement. The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$15,000.

2. Amend the first sentence of Paragraph 3.01 under Section 3.0, "Term of Agreement", to read as follows:

"The term of this Agreement is from April 15, 2017 to April 15, 2021".

3. Except as provided herein, all remaining terms, conditions and provisions of the Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect as set forth in the Agreement.
4. This Amendment No. 1 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
5. The recitals to this Amendment No. 1 are incorporated into the Agreement and this Amendment No. 1.

IN WITNESS WHEREOF, the Parties execute this Amendment No. 1 which shall be effective as of the last date written below.

**MONTEREY COUNTY**

  
Contracts/Purchasing Officer

Dated: 3/22/19

Approved as to Fiscal Provisions:

  
Deputy Auditor/Controller

Dated: 3/21/19

Approved as to Liability Provisions:

**Risk Management**

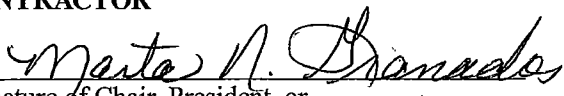
Dated: \_\_\_\_\_

Approved as to Form:

  
Deputy County Counsel

Dated: 3.20.19

**CONTRACTOR**

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

Marta Nava Granados, Owner  
Printed Name and Title

Dated: 3/11/19

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

Printed Name and Title

Dated: \_\_\_\_\_

\*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.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/28/2019

<b>PRODUCER</b> Troy Anderson 36 E Romie Ln Salinas, CA 93901  	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b> F A S T Services 115 CAPITOL ST SALINAS CA 93901-2013	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURERS AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: State Farm General Insurance Company 25151</td> <td style="text-align: center;">25151</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: State Farm General Insurance Company 25151	25151	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																								
X	X	GENERAL LIABILITY <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 checked="" type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC	97-Q2-1957-2	03/01/2019	03/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000.00</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000.00</td></tr> <tr><td>PRODUCTS - COMPIOP AGG</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000.00	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000.00	MED EXP (Any one person)	\$ 5,000.00	PERSONAL & ADV INJURY	\$ 1,000,000.00	GENERAL AGGREGATE	\$ 2,000,000.00	PRODUCTS - COMPIOP AGG	\$ 1,000,000.00												
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X		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	97-CB-Q861-0	03/01/2019	03/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000.00</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000.00</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000.00</td><td></td></tr> </table>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000.00		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.00		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00													
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

**Additional Insured :Re:Project on file with the insured. County of Monterey, its officers, employees, 20 E. Alisal Street Salinas, CA 93901 are include as Additional Insured(s) on the General Liability policy per the attached form CGD247 10-02. The General Liability coverage applies on a Primary and Non-Contributory basis per the attached from CGD037 04-05.**

**\*10 days notice of cancellation applies for non-payment of premium.**

<b>CERTIFICATE HOLDER</b> County of Monterey Monterey County General Service Attn: Contract/Purchasing Division 855 E. Laurel Dr. Building C Salinas, CA 93905	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <b>Troy Anderson</b>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CMP-4786.1 ADDITIONAL INSURED — OWNERS, LESSEES, OR CONTRACTORS  
(Scheduled)**

This endorsement modifies insurance provided under the following:  
BUSINESSOWNERS COVERAGE FORM

**SCHEDULE**

**Policy Number:** 97 CDL489 9

**Named Insured:**  
Granados, Marta  
DBA Fast Services  
115 Capital St  
Salinas, CA 93901

**Name And Address Of Additional Insured Person Or Organization:**

County of Monterey, its agents, officers, and  
employees  
20 E Alisal St  
Salinas, CA 93901

1. **SECTION II — WHO IS AN INSURED of SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by:

**a. Ongoing Operations**

- (1) Your acts or omissions; or  
(2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for that additional insured; or

**b. Products — Completed Operations**

"Your work" performed for that additional insured and included in the "products-completed operations hazard".

However, Paragraph 1. above is subject to the following:

- a. The insurance afforded to the additional insured only applies to the extent permitted by law;

- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance provided to the additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured; and

- c. If the contract or agreement between you and the additional insured is governed by California Civil Code Section 2782 or 2782.05, the insurance provided to the additional insured is the lesser of that which:

- (1) Is allowed for the satisfaction of a defense or indemnity obligation by California Civil Code Section 2782 or 2782.05 for your sole liability; or

- (2) You are required by contract or agreement to provide for such additional insured.

We have no duty to defend or indemnify the additional insured under this endorsement until a claim or "suit" is tendered to us.

2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.

3. With respect to the insurance afforded to the additional insured, the following is added to **SECTION II — LIMITS OF INSURANCE:**

If coverage provided to the additional insured is required by contract or agreement, the most we will pay on behalf of the additional insured will be the lesser of the amount of insurance:

- a. Required by the contract or agreement; or
- b. Available under the applicable Limits Of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

4. With respect to the insurance afforded to the additional insured, the following is added to Paragraph 3. **Duties In The Event Of Occurrence, Offense, Claim Or Suit** of **SECTION II — GENERAL CONDITIONS:**

The additional insured must:

a. See to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:

- (1) How, when and where the "occurrence" or offense took place;
- (2) The names and addresses of any injured persons and witnesses; and

(3) The nature and location of any injury or damage arising out of the "occurrence" or offense;

b. Tender the defense and indemnity of any claim or "suit" to us and to all other insurers who may have insurance potentially available to the additional insured; and

c. Agree to make available any other insurance the additional insured has for defense or damages for which we would provide coverage under **SECTION II — LIABILITY.**

5. With respect to the insurance afforded the additional insured, the following replaces **SECTION II — LIABILITY** of Paragraph 7. **Other Insurance of SECTION I AND SECTION II — COMMON POLICY CONDITIONS:**

a. This insurance is primary to and will not seek contribution from any other insurance available to the additional insured, provided that the additional insured is a named insured under such other insurance.

b. Regardless of any agreement between you and the additional insured, this insurance is excess over any other insurance whether primary, excess, contingent or on any other basis for which the additional insured has been added as an additional insured on other policies.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.

State Farm Mutual Automobile Insurance Company  
PO Box 853922  
Richardson, TX 75085-3922

AT2  
GRANADOS, MARTA N  
438 TUDOR WAY  
SALINAS CA 93906-7246

A-2135 A

**Policy Number: 407 9367-B10-05C**  
Policy Period: February 10, 2019 to August 10, 2019

**Vehicle:**  
2015 INFINITI Q50

**Principal Driver:**  
MARTA N GRANADOS

## AUTO RENEWAL

**PREMIUM PAID: \$902.82**

*Your premium is billed through the State Farm Payment Plan*

State Farm Payment Plan Number: 0376414602

### Your State Farm Agent

TROY ANDERSON

Office: 831-424-1562

Address: 36 E ROMIE LN  
SALINAS, CA 93901-3124

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.*

**Thank you for choosing State Farm.**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund

transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9805B, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.  
6028BU ADDITIONAL INSURED-COUNTY OF MONTEREY & ITS OFFICERS AND EMPLOYEES, 20 E ALISAL ST, SALINAS CA 93901-3416.  
6196AA WAIVER OF SUBROGATION UNDER THE LIABILITY COVERAGE.  
6126AD EXCESS COVERAGE FOR PERSONAL VEHICLE SHARING.  
6126AC AMENDMENT ENDORSEMENT  
6136AA - WAIVER OF SUBROGATION UNDER THE LIABILITY COVERAGE FOR COUNTY OF MONTEREY & ITS OFFICERS AND EMPLOYEES.

Policy Number: 407 9367-B10-05C  
Prepared January 4, 2019  
1004583

Page number 1 of 5

143562 202 01-15-2018

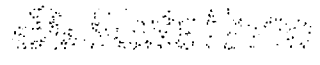


## You Know.

Your auto insurance premium is \$902.82.

Did you know you may qualify for a discount?  
Call State Farm® Agent TROY ANDERSON at 831-424-1562 to see how much you can save!

*\*Not all discounts are available in every state, and discount amounts may vary by state.*



**Review your policy information carefully.** If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
2015 INFINITI Q50	JN1BV7AP9FM358524	MARTA GRANADOS, a divorced female, who will have 55 years of driving experience as of February 10, 2019.	Business.

**Other Household Vehicle(s)**

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

- 2011 ACURA RDX
- 2014 SUBARU XV CROSSTR

The premium on the expiring policy term was based on over 7,500 miles per year.

The premium on the renewal policy term was based on over 7,500 miles per year.

The premium for this renewal was determined using an annual mileage this vehicle is expected to be driven that was developed from information we obtained or was provided by you. Please contact us if you expect your annual mileage to change over the next year.

**Premium Adjustment**

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

**Other Household Driver(s)**

In addition to the Principal Driver(s) and Assigned Driver(s), your premium may be influenced by the drivers shown below and other individuals permitted to drive your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that most frequently drive other vehicles in your household.

- MARLA GRANADOS
- MAURICIO ARREOLA
- ABRAHAM GRANADOS
- MARTA L GRANADOS

**Principal Driver & Assigned Drivers**

For each automobile, the **Principal Driver** is the individual who most frequently drives it. Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your

premium may be influenced by the information shown for these drivers.

See your policy for an explanation of these coverages.

<b>A</b>	<b>Liability</b>	
	Bodily Injury 1,000,000/1,000,000	
	Property Damage 1,000,000	\$361.66
<b>C</b>	Medical Payments 5,000	\$16.90
<b>D</b>	100 Deductible Comprehensive	\$131.42
<b>G</b>	500 Deductible Collision	\$321.73
<b>H</b>	Emergency Road Service	\$4.97
<b>R1</b>	Car Rental & Travel Expense	
	80% Per Day, \$1,000 Max	\$16.10
<b>U</b>	Uninsured Motor Vehicle	
	Bodily Injury 100,000/300,000	\$47.10
<b>U1</b>	Uninsured Motor Vehicle	
	Property Damage	\$2.94
<b>Total Premium</b>		<b>\$902.82</b>

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

These adjustments have already been applied to your premium.

Multiple Line	✓
Multicar	✓
Vehicle Safety	✓
Driving Safety Record	✓
California Good Driver	✓
Loyalty	✓
<b>Total Discounts</b>	<b>\$2,604.97</b>

**Other Available Discount(s)**

You may be eligible for additional discounts See the enclosed insert for more information.

Mature Driver



**Driving Safety Record Rating Plan**

Your driving safety record, along with other rating factors, determines what you pay for Liability, Medical Payments, Comprehensive, Collision, and Uninsured Motor Vehicle Coverages. Policyholders with no accidents and convictions pay less than those with accidents and convictions.

The Driving Safety Record Rate Level that is assigned to your policy moves up, down, or stays the same every policy renewal, depending upon your driving record. For every 12 months since the renewal following the occurrence of a chargeable accident or the conviction of a minor violation, the initial assigned Driver Record Level for that chargeable accident or conviction shall be lowered by 1 level. For each 12 month period since the conviction of a major violation, the initial assigned Driver Record Level for that conviction shall be lowered by 2 levels. The Rate Level is increased if there are subsequent chargeable accidents or convictions.

**Definition of Chargeable Accidents**

Chargeable accidents for new business are those which resulted in bodily injury or death or in payment(s) by an insurer due to damage to any property in the amount of

more than \$1000. For accidents occurring prior to December 11, 2011, an accident shall be chargeable provided it resulted in death or in payment(s) by an insurer due to damage to any property in the amount of more than \$750.

For applicants without prior insurance at the time of the accident, an accident shall be chargeable provided it resulted in damage to any property in the amount of more than \$1000 (more than \$750 if the accident occurred prior to December 11, 2011).

Chargeable accidents for renewal business are those which resulted in bodily injury or death or State Farm claim payments totaling more than \$1000 (more than \$750 for accidents occurring prior to December 11, 2011) under property damage liability coverage and collision coverage combined.

For more information about the rating plan, please contact your State Farm agent.

Superior Driver Rate Level

If any information on this renewal notice is incomplete or inaccurate, or if you want to confirm the information we have in our records, please contact your agent. For additional

information regarding discounts or coverages, see your State Farm agent or visit [statefarm.com](http://statefarm.com).

Never worry about misplacing a bill or missing a payment when you set up automatic payments. Choose what works best for you and set up your automatic payments with either a bank account, debit card, or credit card. Pay monthly or every six months, and we'll keep you in the loop by sending you a reminder in advance of your automatic draft that confirms both your amount due and payment amount.

Call your agent today to get started.

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors including:

- The coverage you have
- Where you live
- The kind of car you drive
- How the car is used
- Who drives the car

Any premium adjustment is reflected on this Auto Renewal. If you have any questions, please contact your agent.

*(continued on next page)*

**Additional Car Coverage**

When you buy an additional car or one that replaces a car already on your policy, you need to report the change to your agent **promptly**. Even though the dealership you purchased the car from may offer to notify your agent or insurance company, you, as the named insured, are responsible for reporting all changes to your auto policy. By contacting your agent, you can help:

- avoid any complications or lack of coverage in the event of an accident or loss,
- avoid insurance verification problems with a lienholder, the police, or the department of motor vehicles, and
- ensure that you receive any new discounts you may be entitled to.

Your current State Farm policy automatically provides certain coverages for a new or replacement car for up to a specified, limited number of days after you take possession of the car. Please refer to your policy for the number of days that applies in your state.

If you have any questions about coverage for a newly acquired car, please contact your State Farm agent.

*Disclaimer: This message is provided for informational purposes only and does not grant any insurance coverage. The terms and conditions of coverage are set forth in your State Farm Car Policy booklet, the most recently issued Declarations Page, and any applicable endorsements.*