

MONTEREY COUNTY

RESOURCE MANAGEMENT AGENCY



DEPARTMENT OF PUBLIC WORKS

Yazdan T. Emrani, M.S., P.E., Director

168 West Alisal Street, 2nd Floor
Salinas, CA 93901
(831) 755-4800
Fax: (831) 755-4958
www.co.monterey.ca.us

APRIL 12, 2011

SALINAS AREA MODELERS INC
ATTN CHRISTOPHER MEHARG PRESIDENT
P O BOX 1225
SALINAS CA 93902-1225

DEAR MR. MEHARG:

SUBJECT: OLD CHUALAR LANDFILL SITE LEASE AGREEMENT RENEWAL AMENDMENT 1

This letter serves to transmit one (1) original of Amendment 1 of Lease Agreement A10526 Old Chualar Landfill site. The term of this renewal expires on June 30, 2016.

Besides the annual payments due, please ensure that you provide the County's Real Property section (Address listed in Section 18 of lease agreement) annual proof of continued insurance coverage throughout the term of the lease. Also, should you wish to continue leasing this site beyond this extended term, we recommend that you contact our Real Property Specialist at least four months prior to its expiration to allow for the processing of a new lease agreement for consideration by the Board of Supervisors.

Lastly, I would like to express our appreciation for your timely assistance in processing this lease amendment. If you have any questions regarding the lease, please don't hesitate to contact Real Property Specialist George Salcido at (831)755-4859.

Sincerely,

YAZDAN T. EMRANI, M.S., P.E.
DIRECTOR OF PUBLIC WORKS

By

Judy Jeska
Architectural Services Manager (Interim)

RH

cc: Real Property
Environmental Services
RMA Finance/Auditor

AMENDMENT 1 OF LEASE AGREEMENT

LESSOR: County of Monterey

LESSEE: Salinas Area Modelers, Inc
P.O Box 1225, Salinas CA, 93902-1225

Premises: Old Chualar Landfill Site located on Chualar River Road, Chualar CA

Lease: Agreement A-10526 dated April 3, 2007

It is agreed that: Said Lease Agreement is hereby extended for one (1) additional five- (5) year period through June 30, 2016.

Paragraph 18 of the lease is amended to correct the address for Lessee to:

SALINAS AREA MODELERS INC
P O BOX 1225
SALINAS CA 93902-1225

All notices will be sent to this address.

The annual rent shall remain at \$375.00.

All other terms and conditions of said Lease Agreement shall remain the same.

Effective Date: July 1, 2011

LESSOR: (County of Monterey)

By: _____

Title: Mike Derr, Contracts/Purchasing Officer

Date: April 13, 2011

APPROVED AS TO FORM: (County Counsel)

By: _____

Title: Cynthia L. Hasson, Deputy County Counsel

Date: April 12, 2011

LESSEE: (Salinas Area Modelers, Inc.)

By: _____

Title: Christopher Meharg, President

Date: April 11, 2011



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/17/2012

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).

PRODUCER The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145-0279		CONTACT NAME: PHONE (A/C, No, Ext): 402-861-7000 E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Academy of Model Aeronautics, Inc. &/or Affiliated &/or Associated Chartered Clubs, Chapters & Members Thereof 5161 E. Memorial Drive Muncie IN 47302		INSURER(S) AFFORDING COVERAGE INSURER A: Westchester Surplus Lines Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10172	

COVERAGES CERTIFICATE NUMBER: 1979863295 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input checked="" type="checkbox"/> LOC	Y	Y	G22011534007	3/31/2012	3/31/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WVC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess Liability	Y	Y	G22011546007	3/31/2012	3/31/2013	Limits per Occ \$1,500,000 General Aggregate \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THE COUNTY OF MONTEREY, ITS AGENTS, OFFICERS ANDEMPLOYEES is an additional insured, primary and non-contributing as respects to any additional insured site owner. Location: 2460 CHUALAR RIVER RD Club: 1554 SALINAS AREA MODELERS

CERTIFICATE HOLDER COUNTY OF MONTEREY DEPT OF PUBLIC WORKS 168 W ALISAL ST FL2 SALINAS CA 93901-2438	CANCELLATION 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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RECEIVED

MAR 01 2011

PUBLIC WORKS - ADMIN



SALINAS AREA MODELERS, INC.

Serving the Central Coast of California Since 1976

P. O. Box 1225 Salinas, California 93902-1225 www.salinasareamodelers.org

George

March 1, 2011

County Of Monterey
c/o Public Works Department
168 West Alisal Street 2nd Floor
Salinas, CA 93901

Attn: Ed Munoz

Dear Mr. Munoz,

<input checked="" type="checkbox"/> PWD	<input checked="" type="checkbox"/> APWD	<input type="checkbox"/> FMIII
REF# _____		
CONSTR/MINT: _____		
FINANCE: _____		
DESIGN: _____		
DEV TRANSP: _____		
ENV TRAIL: <i>Medema, muniz</i>		
CAP PROJ: _____		
FILET: _____		
FACILITIES: <i>Salcido</i>		
ACTION NOTES: _____		
_____ <i>Chualar landfill</i> _____		

Please consider this letter the official notification from the Salinas Area Modelers, Inc. of our intent to extend our lease of the Old Chualar Landfill Site under the same terms per Item 6 of the existing Lease that expires June 30, 2011 (The lease period is July 1, 2006 to June 30 2011). It is our understanding the lease would then terminate June 30, 2016 at which time an additional five (5) year option is not available necessitating negotiation of a new lease.

Please note the change of mailing address as indicated in the letterhead. Robert McGregor notified the County by letter of this change June 5, 2010, but would just like to confirm the change.

Thank you,

Ch + Meh
Christopher Meharg
President

910526