

**AMENDMENT NO. 8  
TO PROFESSIONAL SERVICES AGREEMENT  
BETWEEN COUNTY OF MONTEREY AND  
CASCADE SOFTWARE SYSTEMS, INC.**

**THIS AMENDMENT NO. 8** to the Professional Services Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and Cascade Software Systems, Inc. (hereinafter, "CONTRACTOR") is hereby entered into between the County and the CONTRACTOR (collectively, the County and CONTRACTOR are referred to as the "Parties").

**WHEREAS**, CONTRACTOR entered into a Professional Services Agreement with County on September 20, 2005, (hereinafter, "Agreement") to provide maintenance services and program modifications for the specialized Windows-based Cost Accounting Management System (Win-CAMS); and

**WHEREAS**, Agreement was amended by the Parties on April 20, 2006 (hereinafter, "Amendment No. 1"), January 22, 2007 (hereinafter, "Amendment No. 2"), April 16, 2008 (hereinafter, "Amendment No. 3"), June 12, 2009 (hereinafter, "Amendment No. 4"), and November 8, 2010 (hereinafter, "Amendment No. 5"); and

**WHEREAS**, Agreement was further amended by the Parties on September 12, 2011 (hereinafter, "Amendment No. 6") to continue to provide services associated with maintenance and program modifications to Win-CAMS and implement an interface of data between Win-CAMS and Advantage, the County's financial system; and

**WHEREAS**, Agreement was further amended by the Parties on August 1, 2012 (hereinafter, "Amendment No. 7") to continue to provide services associated with maintenance and program modifications to Win-CAMS, including maintenance to the interface between Win-CAMS and Advantage; and

**WHEREAS**, County desires that CONTRACTOR continue to provide services associated with maintenance and program modifications for Fiscal Year (FY) 2013 – 2014; and

**WHEREAS**, the Parties wish to further amend the Agreement to include programming services associated with the implementation of an interface of payroll data between Win-CAMS and Advantage, to increase the amount by \$47,876.26 and extend the term to June 30, 2014 to allow CONTRACTOR to continue to provide tasks identified and as amended by this Amendment No. 8.

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

1. Amend the first sentence of Paragraph 1, "Services to be Provided", to read as follows:

The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in Exhibits A, A-1, A-2, A-3, A-4, A-5, A-6 and A-7 in conformity with the terms of this Agreement.

2. Amend Paragraph 2, "Payments by County", to read as follows:

County shall pay the CONTRACTOR in accordance with the payment provisions set forth in Exhibits A, A-1, A-2, A-3, A-4, A-5, A-6 and A-7, 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 \$450,937.73.

3. Amend the first sentence of Paragraph 3, "Term of Agreement", to read as follows:

The term of this Agreement is from July 1, 2005 to June 30, 2014, unless sooner terminated pursuant to the terms of this Agreement.

4. Amend Paragraph 4, "Additional Provisions/Exhibits", by adding "Exhibit A-7 - Scope of Services/Payment Provisions".

5. Amend Section 9.01, Professional liability insurance, of Paragraph 9, "Insurance", to delete the "Exemption/Modification".

6. Amend the third paragraph of Section 9.02 of Paragraph 9, "Insurance", to read as follows:

*Commercial general liability policy shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional Insureds with respect to liability arising out of the CONTRACTOR'S work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the CONTRACTOR'S insurance. The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000).*

7. All other terms and conditions of the Agreement remain unchanged and in full force.
8. This Amendment No. 8 shall be attached to the Agreement and incorporated therein as if fully set in the Agreement.

IN WITNESS WHEREOF the Parties hereto have executed this Amendment No. 8 to the Agreement as of the day and year written below:

COUNTY OF MONTEREY

By: *Debra Pugh*  
Contracts/Purchasing Officer

Date: 12 July 2012

Approved as to Form and Legality  
Office of the County Counsel

By: *Amy L. Olson*  
Deputy County Counsel

Date: 6-17-13

Approved as to Fiscal Provisions

By: *[Signature]*  
Auditor/Controller

Date: 6/14/13

Approved as to Indemnity, Insurance Provisions

By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

CONTRACTOR\*

Cascade Software Systems, Inc.  
Contractor's Business Name

By: *[Signature]*  
(Signature of Chair, President or Vice President)

Its: AAD F. ALKEMADE, PRESIDENT  
(Print Name and Title)

Date: 6/14/13

By: *Rachelle L.K. Alkemade*  
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)

Its: Rachelle L.K. Alkemade  
(Print Name and Title) CFO

Date: 6/13/13

\*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.

11/15/05 10:00 AM

IN WITNESS WHEREOF the Parties hereto have executed this Amendment No. 8 to the Agreement as of the day and year written below:

COUNTY OF MONTEREY

CONTRACTOR\*

By: \_\_\_\_\_  
Contracts/Purchasing Officer

\_\_\_\_\_  
Cascade Software Systems, Inc.  
Contractor's Business Name

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Chair, President or Vice President)

Its: AAD F. ALKEMADE, PRESIDENT  
(Print Name and Title)

Date: 6/14/13

Approved as to Form and Legality  
Office of the County Counsel

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

By: \_\_\_\_\_  
Deputy County Counsel

Its: Rachelle L.K. Alkemade  
(Print Name and Title) CFO

Date: \_\_\_\_\_

Date: 6/13/13

Approved as to Fiscal Provisions

By: \_\_\_\_\_  
Auditor/Controller

Date: \_\_\_\_\_

Approved as to Indemnity, Insurance Provisions

By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

\*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.





# Memo

RECEIVED  
APR 05 2013  
RMA FINANCE

RECEIVED  
APR 04 2013  
PUBLIC WORKS  
ADMINISTRATION

To: Gus Capinguan  
From: Aad F. Alkemade  
CC:  
Date: 4/1/2013  
Re: RMA CAMS Maintenance Rates for FY 2013-2014

In accordance with the current CAMS Agreement for Maintenance and System Services I hereby submit updated rates for FY 2013-2014:

FY 2012-2013 Maintenance Fee	\$ 29,528.76
FY 2012-2013 New Additions	\$ 0.00
Cost of Living Increase: 1.75 %	\$ 516.75
FY 2013-2014 Maintenance Fee	\$ 30,045.51
FY 2013-2014 Upgrade Document	\$ 5,905.75
Total	\$ 35,951.26

Contractor's Initials

The following hourly billing rates will be in effect during FY 2013-2014:

Programming Rate per Hour	\$ 145.00
SQL/DBE Services Rate per Hour	\$ 155.00
Onsite Rate per Hour	\$ 155.00

Rates decrease using sliding scale depending on total number of hours.

**EXHIBIT A-7 – SCOPE OF SERVICES/PAYMENT PROVISIONS**

**Monterey RMA - New Requests**

**Revised: May 14, 2013**

March 7, 2013

**CGI AFIN/Advantage Interfaces with Win-CAMS:**

1. Payroll / Employees
  - a. CAMS to Advantage
    - i. Payroll Timecard Data
  - b. Advantage to CAMS System Updates
    - i. Employees: Pay Rates, Benefits, etc.
    - ii. Employee Leave Balances

**Monterey RMA - Proposal**

**CAMS to Advantage**

1. Payroll Timecard Data	\$ 6,750
2. Employees: Pay Rates, New Hires, etc.	\$ 2,750
3. Employee Leave Balances	\$ 1,750
	<b>\$ 11,250</b>

**FY 2013-2014 Maintenance (effective 7/1/13)**

Annual Maintenance: 6% of \$ 11,250	\$ 675
	<b>\$ 675</b>

**TOTAL: \$ 11,925**

Services provided under Amendment No. 8 of this Agreement shall not exceed the sum of \$47,876.26.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/6/2013

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> Pacific Benefit Consultants 450 Country Club Road #330 Eugene OR 97401		<b>CONTACT NAME:</b> Caralie Gunderson <b>PHONE (A/C No. Ext):</b> (541) 484-6624 <b>FAX (A/C No.):</b> (541) 686-2726 <b>E-MAIL ADDRESS:</b> cgunderson@pbins.com	
<b>INSURED</b> CASCADE SOFTWARE SYSTEMS, INC. P. O. BOX 10723 EUGENE OR 97440		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Maryland Casualty Co. <b>NAIC #</b> 19356 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: 13-14 GL/Auto 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	ADL/INSR	SUBR/WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000,000 Hired and Non-Owned Auto Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		PPS041757858	1/31/2013	1/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<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		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

\*SEE ATTACHED\*

NOTE: This certificate of insurance replaces and supersedes the certificate of insurance previously issued to the County of Monterey on 1/8/2013.

<b>CERTIFICATE HOLDER</b> (831) 755-4958 COUNTY OF MONTEREY ITS AGENTS OFFICERS AND EMPLOYEES DEPT OF PUBLIC WORKS 168 W ALISAL 2ND FLOOR SALINAS, CA 93901	<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 Caralie Gunderson/CSG <i>Caralie Gunderson</i>
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## COMMENTS/REMARKS

May 6, 2013, CASCADE SOFTWARE SYSTEMS, INC.: The County of Monterey, its agents, officers and employees are additional insured for general liability per endorsement #CG 32 61 10 05. Primary insurance coverage applicable per endorsement #9S2321 Ed. 6-02.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/06/2013

**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  Colgan Insurance Agency 1369 W 6th Ave., Ste 240 Eugene, OR 97402	CONTACT NAME: <b>Ruby Olson</b> PHONE (A/C, No, Ext): <b>541-687-0778</b> FAX (A/C, No): <b>541-687-1897</b> E-MAIL ADDRESS: <b>rubyolson@allstate.com</b>  INSURER(S) AFFORDING COVERAGE INSURER A: <b>Allstate Fire &amp; Casualty Insurance Co</b> INSURER B: INSURER C: INSURER D: 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 INSUR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			976109703	03/10/2013	09/10/2013	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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					WC STATUTORY LIMITS    OTHER 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)

The County of Monterey, Its agents, officer and employees are additional insureds. This insurance is primary and con-contributory

<b>CERTIFICATE HOLDER</b>  Monterey County Resource Management Agency ATTN: Ms. Dalia M. Mariscal-Martinez 168 W. Alisal Street, 2nd Floor Salina, CA 93901	<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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/14/2013

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> Pacific Benefit Consultants 450 Country Club Road #330  Eugene OR 97401 PUBLIC WORKS - ADMIN	<b>RECEIVED</b>  <b>FEB 19 2013</b>	<b>CONTACT NAME:</b> Caralie Gunderson <b>PHONE (A/C, No, Ext):</b> (541) 484-6624 <b>E-MAIL ADDRESS:</b> cgunderson@pbcins.com	<b>FAX (A/C, No):</b> (541) 686-2726
		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Cascade Software Systems Inc P O Box 10723  Eugene OR 97440	<b>INSURER A:</b> United States Liability Ins Co		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** CL1321401839      **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
	<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 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N    N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Technology Professional Liability Policy</b>			TK1001919I	3/3/2013	3/3/2014	EACH CLAIM LIMIT: \$1,000,000. ANNUAL AGGREGATE LMT: \$2,000,000.

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

Claims-Made Policy

<b>CERTIFICATE HOLDER</b>  COUNTY OF MONTEREY ITS AGENTS OFFICERS AND EMPLOYEES DEPT OF PUBLIC WORKS ATTN GUS CAPINGUIAN 168 W ALISAL 2ND FLOOR SALINAS, CA 93901	<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Caralie Gunderson/CSG <i>Caralie Gunderson</i>

www.saif.com

# OREGON WORKERS COMPENSATION CERTIFICATE OF INSURANCE



**CERTIFICATE HOLDER:**

COUNTY OF MONTEREY  
RESOURCE MANAGEMENT AGENCY  
ATTN DALIA M. MARISCAL-MARTINEZ  
168 WEST ALISAL, 2ND FLOOR  
SALINAS, CA 93901

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

POLICY NO.	POLICY PERIOD	ISSUE DATE
424976	07/01/2012 to 07/01/2013	07/26/2012

**INSURED:**

CASCADE SOFTWARE SYSTEMS INC  
PO BOX 10723  
EUGENE, OR 97440-2723

**BROKER OF RECORD:**

**LIMITS OF LIABILITY:**

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

**DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:**

**IMPORTANT:**

The coverage described above is in effect as of the issue date of this certificate. It is subject to change at any time in the future.

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**

*Brenda JP Rocklin*

President and CEO

400 High Street SE  
Salem, OR 97312  
P: 800.285.8525  
F: 503.373.8020



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## OREGON ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<b>Name of Additional Insured Person(s) Or Organization(s):</b>
County of Monterey
Its Agents, Officers and Employees
Dept of Public Works
168 W Alisal 2nd Floor
Salinas CA 93901
<b>Location(s) Of Covered Operations:</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused by your ongoing operations for the additional insured(s) at the location(s) designated above and only to the extent that such "bodily injury", "property damage" or "personal and advertising injury" is caused by your negligence or the negligence of those performing operations on your behalf.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



Policy Number: PPS041757858

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS (PRIMARY INSURANCE)  
OREGON**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:** County of Monterey  
Its Agents, Officers and Employees  
Dept of Public Works  
168 W Alisal 2nd Floor  
Salinas CA 93901

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) (INCLUDES RESTRICTIONS OR ABRIDGMENTS) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

The insurance provided by this endorsement is primary insurance and we will not seek contribution from any other insurance available to the person or organization shown in the Schedule unless the other insurance is provided by a person or organization other than you for the same operation and job location. Then we will share with that other insurance by the method described in paragraph 5.c. of COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV) (INCLUDES RESTRICTIONS OR ABRIDGMENTS).

Paragraph 2.e. of WHO IS AN INSURED (Section II) (INCLUDES RESTRICTIONS OR ABRIDGMENTS) does not apply to the person or organization shown in the Schedule.


# MEMORANDUM

## RISK MANAGEMENT & BENEFITS

County Administrative Office  
County of Monterey

Date: 3/25/05

To: Nick Baldo

From: Steven F. Manck, Risk Manager 

Subject: Cascade Software System, Inc. Policy # TK1001919 & TK1001919A, and #  
917465945

We have reviewed the attached PSA, insurance documentation, scope of work and requested insurance waivers. Given the scope of work, nature of services and associated risks, as identified in the attached documentation, risk management agrees that the requested waiver & modification of coverage requirements are appropriate. The out of state contractor's W.C. coverage may be reduced to \$ 500,000, as per their state of residency requirements. The PL aggregate of \$ 1,000,000 is acceptable given the relatively low degree of risk associated with the contractor's work and proven 13 years work history, without damage or loss to the County. The GL "primary" language is stated in the policy language and "non-contributory" language is waived in as much as contractor has agreed to a "type I" indemnity agreement and agreed to the County of Monterey's standard contract wording regarding defense & indemnification. The County of Monterey has been properly named as an additional insured; and given the limited risk and nature of professional services provided, the County of Monterey's interests appear to be adequately protected.

# OREGON WORKERS COMPENSATION CERTIFICATE OF INSURANCE



**CERTIFICATE HOLDER:**

COUNTY OF MONTEREY  
RESOURCE MANAGEMENT AGENCY  
ATTN DALIA M. MARISCAL-MARTINEZ  
168 WEST ALISAL, 2ND FLOOR  
SALINAS, CA 93901

RECEIVED  
JUN 28 2013  
PUBLIC WORKS - ADMIN

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

POLICY NO.	POLICY PERIOD	ISSUE DATE
424976	07/01/2013 to 07/01/2014	06/25/2013

**INSURED:**

CASCADE SOFTWARE SYSTEMS INC  
PO BOX 10723  
EUGENE, OR 97440-2723

**BROKER OF RECORD:**

**LIMITS OF LIABILITY:**

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

**DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:**

**IMPORTANT:**

The coverage described above is in effect as of the issue date of this certificate. It is subject to change at any time in the future.

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

President and CEO