

**AMENDMENT NO. 2
TO PROFESSIONAL SERVICES AGREEMENT
BETWEEN COUNTY OF MONTEREY AND
COFFMAN ASSOCIATES, INC.**

THIS AMENDMENT NO. 2 to the Professional Services Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and Coffman Associates, Inc. (hereinafter, "CONTRACTOR") is hereby entered into between the County and the CONTRACTOR (collectively, the "Parties") and effective as of the last date opposite the respective signatures below.

WHEREAS, CONTRACTOR entered into a Professional Services Agreement with County on February 12, 2015 (hereinafter, "Agreement") to provide airport land use planning consulting services (hereinafter, "services") for four (4) general public use airports within Monterey County (hereinafter, "Project") through February 10, 2018 with the option to renew for an additional one (1) year period for an amount not to exceed \$486,025; and

WHEREAS, Agreement was amended by the Parties on July 18, 2016 (hereinafter, "Amendment No. 1", including Exhibit A-1 – Scope of Services/Payment Provisions) to revise the services and to reduce the amount by \$268,600 which resulted in a total not to exceed amount of \$217,425 with no extension to the term; and

WHEREAS, CONTRACTOR has completed services identified as Task 1.1/2.1, Public Workshop #1, Task 1.2/2.2, Displacement Analysis, and Task 1.3/2.3, Prepare Administrative Draft Initial Study for Element 1, Monterey Regional Airport, and Element 2, Marina Municipal Airport, of Phase II of the Agreement; and

WHEREAS, additional time is necessary to complete the remaining tasks identified in the Agreement; and

WHEREAS, the Parties wish to further amend the Agreement to extend the term for one (1) additional year to February 10, 2019 with no associated dollar amount increase to allow CONTRACTOR to continue to provide tasks identified in the Agreement and as amended by this Amendment No. 2.

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

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

The term of this Agreement is from February 10, 2015 to February 10, 2019, unless sooner terminated pursuant to the terms of this Agreement.

2. In all places within the Agreement, any reference to the County's address at 168 West Alisal Street, 2nd Floor, Salinas, California, 93901, is hereby replaced with 1441 Schilling Place, South 2nd Floor, Salinas, California, 93901-4527.
3. All other terms and conditions of the Agreement remain unchanged and in full force.
4. This Amendment No. 2 and the previous amendment shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
5. The recitals to this Amendment No. 2 are incorporated into the Agreement and this Amendment No. 2.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment No. 2 to the Agreement which shall be effective as of the last date opposite the respective signatures below.

COUNTY OF MONTEREY

By: [Signature]
Contracts/Purchasing Officer

Date: 10-3-17

**Approved as to Form and Legality
Office of the County Counsel**

By: [Signature]
Brian P. Briggs
Deputy County Counsel

Date: 9-28-17

Approved as to Fiscal Provisions

By: [Signature]
Auditor/Controller

Date: 9-29-17

Approved as to Indemnity, Insurance Provisions

By: _____
Risk Management

Date: _____

*INSTRUCTIONS: If CONTRACTOR is a corporation, including non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two (2) specified officers per California Corporations Code Section 313. If CONTRACTOR is a Limited Liability Corporation (LLC), the full legal name of the LLC shall be set forth above together with the signatures of two (2) managing members. If CONTRACTOR is a partnership, the full legal 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 or Amendment to said Agreement.

CONTRACTOR*

Coffman Associates, Inc.
Contractor's Business Name

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

Its: Steven G. Benson, President
(Printed Name and Title)

Date: 9-25-17

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

Its: Stephen C. Wagner, CFO
(Printed Name and Title)

Date: 9/25/17



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/15/2017

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 BOULEVARD INSURANCE, LLC 7501 COLLEGE BLVD., STE 115 OVERLAND PARK KS 66210-	CONTACT NAME: Geoff Gobble / David Mathys PHONE (A/C, No, Ext): (913)451-8898 FAX (A/C, No): (913)451-8899 E-MAIL ADDRESS: dave@boulevardins.com														
INSURED COFFMAN ASSOCIATES, INC. 237 NW Blue Parkway, Suite #100 Lee's Summit MO 64063-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Fire Insurance Company</td> <td>19682 A+XV</td> </tr> <tr> <td>INSURER B: Hartford Underwriters Insurance Company</td> <td>30104 A+XV</td> </tr> <tr> <td>INSURER C: NATIONAL UNION FIRE</td> <td>19445 A XV</td> </tr> <tr> <td>INSURER D: TWIN CITY FIRE / HARTFORD</td> <td>28459 A+XV</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Fire Insurance Company	19682 A+XV	INSURER B: Hartford Underwriters Insurance Company	30104 A+XV	INSURER C: NATIONAL UNION FIRE	19445 A XV	INSURER D: TWIN CITY FIRE / HARTFORD	28459 A+XV	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

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.

INBR LTR	TYPE OF INSURANCE	ADDL INSRD	INSURD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	AP-038413998-01	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	37UECTX9861	05/01/2017	05/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			37WECBJ7147	05/01/2017	05/01/2018	<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
A	3rd Party Crime Policy - Employee Theft			37BDDHN0533	11/15/2017	11/15/2018	Limit 300,000 Ded. 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RFQ #10451

County of Monterey, its officials, agents and employees are included as additional insured as respects general liability and business auto. Insurance is primary and non-contributory per written contract (Form CGL1033)

CERTIFICATE HOLDER County of Monterey Contracts/Purchasing Dept 168 W. Alisal St., 3rd Floor Salinas CA 93901-	CANCELLATION AI 104059 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)
6/23/2017

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 Truss 4551 W. 107th St., Third Floor Overland Park KS 66207	CONTACT NAME: Certificate Department	
	PHONE (A/C. No. Ext): 913.341.8998	FAX (A/C. No.): 913-491-6379
E-MAIL ADDRESS: Certificates@TrussAdvantage.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Casualty & Surety Co		19038
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 338778112** **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
	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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			105314904	7/12/2017	7/12/2018	Each Occurrence/Ded 2,000,000/50,000 General Aggregate/Ded 2,000,000/150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Retroactive Date: N/A - Knowledge Date: July 12, 2003

CERTIFICATE HOLDER County of Monterey Contracts/Purchasing Department 168 W. Aisal St, 3rd Floor Salinas CA 93901	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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ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):
 County of Monterey its agents, officers or employees Contracts/Purchasing Dept 168 W. Allsal St., 3 rd Floor Salinas, CA 93901
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

All other provisions of this policy remain the same.

This endorsement becomes effective May 1, 2017 to be attached to and hereby made a part of Policy No. AP 038413998-01 issued to COFFMAN ASSOCIATES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Endorsement No. 17

Date of Issue May 19, 2017 AM

By 
(Authorized Representative)

CGL191 (3/05)

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PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

This policy is amended as follows:

Only to the extent as stated within a written contract between the Named Insured and party(ies) as stated in the Schedule, coverage hereunder is primary and non-contributory with any insurance, co-insurance, or self insurance maintained by those party(ies):

SCHEDULE

County of Monterey Its agents, officers or employees
Contracts/Purchasing Dept
168 W. Alisal St., 3rd Floor
Salinas, CA 93901

All other provisions of this policy remain the same.

This endorsement becomes effective May 1, 2017 to be attached to and hereby made a part of
Policy No. AP 038413998-01 issued to COFFMAN ASSOCIATES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Endorsement No. 16

Date of issue May 19, 2017 AM

CGL1033 (12/08)

By 
(Authorized Representative)

POLICY NUMBER: 37 UEC TX9861



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

ADDITIONAL INSURED

AMEND TO ADD 30-DAY NOTICE OF CANCELATION, PER ATTACHED IH0301.

**COUNTY OF MONTEREY
CONTRACTS/PURCHASING DEPT
168 W. AISAL ST., 3RD FLOOR
SALINAS, CA 93901
(SEE SPECIAL WORDING)**

POLICY NUMBER: 37 UEC TX9861



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

ADDITIONAL INSURED

COMMERCIAL AUTO COVERAGE PART

SPECIAL WORDING FOR THE COUNTY OF MONTEREY:

THE COUNTY OF MONTEREY, ITS AGENTS, OFFICERS 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 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 CONTRACTORS INSURANCE.