

**AMENDMENT NO. 1
TO STANDARD AGREEMENT
BETWEEN COUNTY OF MONTEREY AND
SPECIALIZED UTILITY SERVICES PROGRAM, INC.**

THIS AMENDMENT NO. 1 to the Standard Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, “County”) and Specialized Utility Services Program, 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 Standard Agreement with County on January 18, 2022 (hereinafter, “Agreement”) to provide Chief Plant Operator (CPO) services for Lake San Antonio and County Service Area (CSA) 75 – Chualar water and wastewater utility systems (hereinafter, “services”) through December 31, 2022 for an amount not to exceed \$63,280; and

WHEREAS, the County has a continued need for services in order to comply with the requirements of the State Water Board; and

WHEREAS, the original scope of the Agreement in Exhibit A – Scope of Services/Payment Provisions requires an update to include services for Lake Nacimiento; and

WHEREAS, the CONTRACTOR’s original annual cost for services requires an update effective January 1, 2023; and

WHEREAS, additional time and funding are necessary to allow CONTRACTOR to continue to provide the services required by the County; and

WHEREAS, the Parties wish to amend the Agreement to extend the term for one (1) additional year to December 31, 2023, to include services for Lake Nacimiento, to update the original annual costs effective January 1, 2023, and to increase the amount by \$67,624 for a total amount not to exceed \$130,904 to allow CONTRACTOR to continue to provide services identified in the Agreement and as amended by this Amendment No. 1.

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

1. Amend Paragraph 1.0, “General Description”, to read as follows:

The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A-1** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows: Provide Chief Plant Operator services for Lake San Antonio, Lake Nacimiento and County Service Area (CSA) 75 – Chualar water and wastewater utility systems.

2. Amend 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-1**, 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 \$130,904.

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

The term of this Agreement is from January 1, 2022 to December 31, 2023, unless sooner terminated pursuant to the terms of this Agreement.

4. Amend Paragraph 4.0, "Scope of Services and Additional Provisions" to delete "Exhibit A – Scope of Services/Payment Provisions" and to add "Exhibit A-1 – Scope of Services/Payment Provisions".

5. Amend the Business Automobile Liability Insurance paragraphs of Section 9.03 of Paragraph 9.0, "Insurance Requirements", to read as follows:

Requestor must check the appropriate Automobile Insurance Threshold:

Requestor must check the appropriate box.

Agreement Under \$100,000 Business Automobile Liability Insurance: covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$500,000 per occurrence.

Agreement Over \$100,000 Business Automobile Liability Insurance: covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

(Note: Any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

6. All other terms and conditions of the Agreement, including all Exhibits thereto, remain unchanged and in full force.
7. This Amendment No. 1 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
8. The recitals to this Amendment No. 1 are incorporated into the Agreement and this Amendment No. 1.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment No. 1 to the Agreement which shall be effective as of the last date opposite the respective signatures below.

COUNTY OF MONTEREY

DocuSigned by:
By: Debra R. Wilson
7B741937AA0D41B...
Contracts/Purchasing Officer

Date: 11/14/2022 | 9:18 AM PST

Approved as to Form
Office of the County Council
Leslie J. Girard, County Counsel

DocuSigned by:
By: Michael J. Whilden
0F98C5BE9B6F476...
Michael J. Whilden
Deputy County Counsel

Date: 10/21/2022 | 11:19 AM PDT

Approved as to Fiscal Provisions

DocuSigned by:
By: Jennifer Forsyth
4E7E657875454AE...
Auditor/Controller

Date: 10/21/2022 | 12:35 PM PDT

Approved as to Indemnity and Insurance Provisions
Office of the County Council
Leslie J. Girard, County Counsel

By: _____
Danielle P. Mancuso
Risk Manager

Date: _____

CONTRACTOR*

Specialized Utility Services Program, Inc.
Contractor's Business Name

DocuSigned by:
By: Dan DeMoss
FED0ED987251449...
(Signature of Chair, President or Vice President)

Its: Dan DeMoss, President
(Print Name and Title)

Date: 10/20/2022 | 2:33 PM PDT

DocuSigned by:
By: [Signature]
020890CDBF8549F...
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)

Its: Dustin Hardwick, Secretary
(Print Name and Title)

Date: 10/20/2022 | 3:08 PM PDT

*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) managers. 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.

EXHIBIT A-1 - SCOPE OF SERVICES/PAYMENT PROVISIONS

**To Agreement by and between
County of Monterey, hereinafter referred to as “County”
and
Specialized Utility Services Program, Inc., hereinafter referred to as “CONTRACTOR”**

A. SCOPE OF SERVICES

A.1 CONTRACTOR shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

CONTRACTOR shall provide Chief Plant Operator (CPO) services for Lake San Antonio, Lake Nacimiento and County Service Area (CSA) 75 – Chualar water and wastewater utility systems, including but not limited to necessary site inspection, operations and testing review, reporting, staff training, emergency response, and State Water Resources Control Board (SWRCB) coordination services as further listed below:

1. Site visits once every two (2) weeks.
2. Facilitate as CPO with a Grade 2 wastewater certified operator or higher.
3. While onsite, CONTRACTOR staff shall review and assist in daily operations and routine testing and sampling along with facility process control adjustments and review operations with County staff as needed.
4. Complete and submit all necessary reporting.
5. Provide all necessary training to County staff and reporting of the existing operator(s).
6. Provide twenty-four (24) hour emergency response and phone availability for the systems operator and the utility itself.
7. CONTRACTOR will be available for all scheduled inspections and meetings with the SWRCB staff regarding the operation of the treatment facility.

A.2 A copy of all written reports submitted to regulatory agency(ies) under this Agreement shall be delivered electronically to the following individuals:

For Lake San Antonio and Lake Nacimiento:

Nathan Merkle, Administrative Operations Manager
County of Monterey, Department of Public Works, Facilities and Parks
Email: merklen@co.monterey.ca.us
Phone: (831) 755-5462

For CSA 75 - Chualar:

Tom Moss, Senior Water Resources Hydrologist
County of Monterey, Department of Public Works, Facilities and Parks
Email: mosst@co.monterey.ca.us
Phone: (831) 755-5847

EXHIBIT A-1 - SCOPE OF SERVICES/PAYMENT PROVISIONS**B. PAYMENT PROVISIONS****B.1 COMPENSATION/PAYMENT**

County shall pay an increased amount not to exceed **\$67,624 (total Agreement amount not to exceed \$130,904)**, for the performance of all things necessary for or incidental to the performance of work as set forth in this Scope of Services. CONTRACTOR's compensation for services rendered shall be based on the following rates or in accordance with the following terms:

General and Direct Services:

CONTRACTOR shall provide general and direct services as outlined under the Scope of Services. CONTRACTOR shall provide operations supervision (one (1) day every two (2) weeks), pricing includes County staff oversight and all reporting. Labor includes hours traveled, hours onsite, and hours for any administrative report, review, and submission.

CPO Services	
Labor:	\$85/hour
Additional/Emergency Services:	\$110/hour

Original Agreement:		
Location	2022 Monthly Cost	Annual Cost
Lake San Antonio	\$2,100 (includes \$520 for travel)	\$25,200
CSA 75 - Chualar	\$2,340 (includes \$520 for travel)	\$28,080
Total for 2022:		\$53,280

Increase for Amendment No. 1 to Agreement:		
Added Location	2022 Monthly Cost	November and December Cost
Lake Nacimiento	\$800 (no additional travel)	\$1,600
Total for 2022 Added Location:		\$1,600

Location	2023 Monthly Cost	Annual Cost
Lake San Antonio	\$2,205 (includes \$546 for travel)	\$26,460
Lake Nacimiento	\$840 (no additional travel)	\$10,080
CSA 75 - Chualar	\$2,457 (includes \$546 for travel)	\$29,484
Total for 2023:		\$66,024

Total Increase for Amendment No. 1 to Agreement: \$67,624

Additional/Emergency Services:

On an as needed basis, CONTRACTOR shall provide any additional hours or emergency services, requested, or required by County, at a rate of \$110.00 per hour per person, plus travel costs at Federal per diem rates. CONTRACTOR shall provide a written cost

EXHIBIT A-1 - SCOPE OF SERVICES/PAYMENT PROVISIONS

estimate to County for identified additional/emergency services to be performed by CONTRACTOR. Additional/emergency services shall not be provided unless authorized in writing by County's Administrative Operations Manager (for Lake San Antonio and Lake Nacimiento) or Senior Water Resources Hydrologist (for CSA 75 - Chualar) prior to initiating services.

Costs for Additional/Emergency Services have an allocated budget amount not to exceed \$10,000 for the term of this Agreement.

The total amount of this Agreement, including increase of \$67,624 under Amendment No. 1, shall not exceed \$130,904.

CONTRACTOR warrants that the cost charged for services under the terms of this Agreement are not in excess of those charged to any other client for the same services performed by the same individuals.

B.2 CONTRACTOR'S BILLING PROCEDURES

Invoices under this Agreement shall be submitted monthly and promptly, and in accordance with Section 6.0, "Payment Conditions", of the Agreement. All invoices shall reference the Multi-Year Agreement (MYA) number (*MYA #3200*6210*), Project name and services, and associated Delivery Order (DO) number, and an original hardcopy shall be sent to the following address or via email to PWFP-Finance-AP@co.monterey.ca.us:

County of Monterey
Department of Public Works, Facilities and Parks (PWFP) – Finance Division,
1441 Schilling Place, South 2nd Floor
Salinas, California 93901-4527

Any questions pertaining to invoices under this Agreement shall be directed to the PWFP Finance Division at (831) 755-4800 or via email to: PWFP-Finance-AP@co.monterey.ca.us.

County may, in its sole discretion, terminate the Agreement or withhold payments claimed by CONTRACTOR for services rendered if CONTRACTOR fails to satisfactorily comply with any term or condition of this Agreement.

No payments in advance or in anticipation of services or supplies to be provided under this Agreement shall be made by County.

County shall not pay any claims for payment for services submitted more than twelve (12) months after the calendar month in which the services were completed.

DISALLOWED COSTS: CONTRACTOR is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its subcontractors.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/4/2022

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 Apex Insurance Agency, LLC 201 Concourse Blvd, Suite 260 Glen Allen VA 23059	CONTACT NAME: Louis Franceschini	
	PHONE (A/C, No, Ext): (804)418-7190	FAX (A/C, No): (215)443-3502
	E-MAIL ADDRESS: franceschini@apexinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : National Union Fire Ins Co Pittsburgh PA	19445
INSURED California Rural Water Association (CRWA) & Specialized Utility Services Program (SUSP) 1234 North Market Boulevard Sacramento CA 95834	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

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			GPNU-PF-0015735-01	7/1/22	7/1/23	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> POL-Management Liability	X					MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
A.	AUTOMOBILE LIABILITY			GPNU-PF-0015735-01	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A.	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR			GPNU-PF-0015735-01	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X					AGGREGATE \$ 3,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Re: Agreement between Named Insured and County of Monterey

Policy includes Blanket Additional Insured coverage, as such County of Monterey, its officers, agents, and employees are named as an Additional Insureds.

Coverage is on a Primary and non-contributory basis.

CERTIFICATE HOLDER

County of Monterey
Department of Public Works, Facilities, & Parks
1441 Schilling Place, South 2nd Floor
Salinas, CA 93901-4527

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

Louis A. Franceschini



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
10/7/2022

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 UTILITY RESOURCE INSURANCE SERVICES 1234 NORTH MARKET BOULEVARD SACRAMENTO CA 95834	CONTACT NAME: DUSTIN HARDWICK PHONE A/C, No, Ext): 916.283.8550 FAX A/C, No): 916.553.4904 E-MAIL ADDRESS: dhardwick@urisinsurance.com														
INSURED California Rural Water Association -SUSP 1234 North Market Blvd Sacramento CA 95834	<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: INSURANCE COMPANY OF THE WEST</td> <td>19593</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> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: INSURANCE COMPANY OF THE WEST	19593	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: INSURANCE COMPANY OF THE WEST	19593														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: URIS0004 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"/> PROJ-ECT <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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WSA 5065340 00	05/01/2022	05/01/2023	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Agreement between The County of Monterey, its Agents, Officers/Employees and Specialized Utility Services Program (Named Insured)

In accordance with California Labor Code section 3700 and this certificate demonstrates the employer's liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

Coverage is issued on a Primary, non-contributory basis.

The above policy includes a 30 days prior notice of cancellation.

CERTIFICATE HOLDER
CANCELLATION

The County of Monterey, Agents, Officers & employees Dept of Public Works, Facilities & Parks 1441 Schilling Place, 2nd Flr. Monterey CA 93901	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE Dustin Hardwick</p>
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National Union Fire Insurance Company of Pittsburgh, Pa.

(a capital stock company)

Administrative Office: 175 Water Street | New York, NY 10038 | 212.458.5000

Administered by:

Glatfelter Insurance Services, Inc. | 183 Leader Heights Road | York, PA 17402
800.233.1957 | glatfelterpublicpractice.com



COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

CALIFORNIA RURAL WATER ASSOCIATION
1234 NORTH MARKET STREET
SACRAMENTO, CA 95834-0000

Policy Number:

GPNU-PF-0015735-02/000

Policy Period: From 07-01-2022

To 07-01-2023

12:01 AM Standard Time at your mailing address shown above.

Type of Entity: ASSOCIATION

Business Description: WATER UTILITY

This policy consists of the following coverage parts:

	Premium
Property	\$\$\$
Crime	\$\$\$
Inland Marine	\$\$\$
Auto	\$\$\$
General Liability	\$\$\$
Public Officials and Management Liability	\$\$\$
Educators Legal Liability	\$\$\$
Excess Liability	\$\$\$
Taxes, Fees, Surcharges:	\$
Estimated Total Premium:	\$\$\$

The policy premium is payable on the dates and in the amounts shown below:

See Installment Schedule

Policy Number

GPNU-PF-0015735-02/000

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured CALIFORNIA RURAL WATER ASSOCIATION

Effective Date: 07-01-22

12:01 A.M., Standard Time

Agency Name Glatfelter Insurance Services, Inc.

6000 J STREET, BOOKSTORE BUILDING, SUITE 3400
SACRAMENTO, CA 958196111
DESCRIPTION AGREEMENT

Additional Insured - Designated Person or Organization

SUTTER COUNTY
GUADALUPE RIVERA, PE
1130 CIVIC CENTER BLVD.
YUBA CITY, CA 95993
LOAN NO 20-117

DESCRIPTION WASTEWATER OP SRVC FOR THE RIO RAMAZA WASTEWATER

Additional Insured - Designated Person or Organization

SUTTER COUNTY
GUADALUPE RIVERA, PE
1130 CIVIC CENTER BLVD.
YUBA CITY, CA 95993

DESCRIPTION ROBBINS WATER AND WASTEWATER SYSTEM

Additional Insured - Designated Person or Organization

WEST VALLEY COUNTY WATER DISTRICT
25315 WEST IDEAL AVE.
LANCASTER, CA 93556

DESCRIPTION AGREEMENT TO PROVIDE OVERSIGHT OF WVCWD WATER SYSTEM

Additional Insured - Designated Person or Organization

MOJAVE WATER AGENCY
13846 CONFERENCE CENTER DRIVE
APPLE VALLEY, CA 92307

DESCRIPTION PROFESSIONAL SERVICES AGREEMENT

Additional Insured - Designated Person or Organization

COUNTY OF MONTEREY, ITS OFFICERS, AGENTS, AND EMPLOYEES
1441 SCHILLING PLACE, SOUTH 2ND FLOOR
SALINAS, 93901

DESCRIPTION AGREEMENT - PRIMARY NON-CONTRIBUTORY BASIS

Policy Number
GPNU-PF-0015735-02/000

SCHEDULE OF NAMED INSURED(S)

Named Insured CALIFORNIA RURAL WATER ASSOCIATION Effective Date: 07-01-22
Agency Name Glatfelter Insurance Services, Inc. 12:01 A.M., Standard Time

SPECIALIZED UTILITIES SERVICES PROGRAM

4131 NORTHGATE BLVD.
SACRAMENTO, CA 95834

ACR PUBLICATIONS
1298 ELM STREET, SW
ALBANY, OR 97321

Policy Number

GPNU-PF-0015735-01/005

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):
WESTERN MUNICIPAL WATER DISTRICT
CITY OF YUBA CITY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
CALAVERAS COUNTY WATER DISTRICT, ITS DIRECTORS, OFFICERS EMPLOYEES & AUTHORIZED VOLUNTEERS
DESCANSO COMMUNITY WATER DISTRICT
COUNTY OF HUMBOLDT ATTN: RISK MANAGEMENT
SHASTA COUNTY DEPARTMENT OF PUBLIC WORKS
18TH DISTRICT AGRICULTURAL ASSOCIATION, THEIR OFFICERS, AGENTS, SERVENTS AND EMPLOYEES
CITY OF OAKDALE GENE BIANCHI COMMUNITY CENTER
CITY OF SANTA ROSA ITS OFFICER, AGENTS, EMPLOYEES AND VOLUNTEERS
CITY OF GONZALEZ ATTN: CITY MANAGER
CITY OF LODI
ETHAN CONRAD AND ETHAN CONRAD PROPERTIES, INC.
CITY OF MCFARLAND
CITY OF LODI
CITY OF BRAWLEY
PUBLIC WORKS DEPARTMENT CITY OF BEVERLY HILLS
STATE WATER RESOURCES CONTROL BOARD
THE SONOMA COMMUNITY CENTER ATTN: STEVE HAGSTROM
PROVOST & PRITCHARD ENGINEERING GROUP, INC. DBA PROVOST & PRITCHARD CONSULTING GROUP
LIMONEIRA COMPANY
WESTERN OILFIELDS SUPPLY CO. DBA: RAIN FOR RENT
ALAMEDA COUNTY FAIRGROUNDS ADMINISTRATIVE OFFICES
LOS RIOS COMMUNITY COLLEGE DISTRICT
CITY OF ORANGE COVE
POWAY UNIFIED SCHOOL DISTRICT ATTN: RISK MANAGEMENT
CITY OF VICTORVILLE
UNIVERSITY ENTERPRISES, INC. SACRAMENTO STATE
SUTTER COUNTY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SUTTER COUNTY
WEST VALLEY COUNTY WATER DISTRICT
MOJAVE WATER AGENCY
COUNTY OF MONTEREY, ITS OFFICERS, AGENTS, AND EMPLOYEES

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

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

1. In the performance of your ongoing or completed operations; or
2. In connection with premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

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

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- a. The additional insured is a Named Insured under such other insurance; and
- b. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

Policy Number
GPNU-PF-0015735-01/007

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 07-01-2021
PLEASE READ IT CAREFULLY. To 07-01-2022

COMMON POLICY CHANGE ENDORSEMENT

Named Insured CALIFORNIA RURAL WATER ASSOCIATION

Effective Date: 10-26-21

12:01 A.M., Standard Time

Agency Name Glatfelter Insurance Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING FORM(S) HAS BEEN AMENDED:
AU2015 **01-20** ADDITIONAL INSURED - DESIGNATED PERSON
 AU 20 33 01-20 PRIMARY AND NONCONTRIBUTORY - OTHER INS
 CA 04 44 10-13 WVR OF TRNSFR OF RGHTS OF RCVRY AGNST

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input checked="" type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return
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Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/ or NY Fire Fee may be included.

Additional	Return
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Countersigned By:

John A. Koleni

 AUTHORIZED AGENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

SCHEDULE

Name of Person or Organization (Additional Insured) and their mailing address:

COUNTY OF MONTEREY, ITS AGENTS, OFFICERS AND EMPLOYEES
1441 SCHILLING PLACE, 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 – COVERED AUTOS LIABILITY COVERAGE) is amended to include as an “insured” the person(s) or organization(s) shown in the above Schedule with whom you have agreed in an “insured contract” that such person or organization be added as an additional “insured” in your policy. Such person or organization is an “insured” under this Coverage Form but only with respect to their tort liability assumed by you under such “insured contract”. Any person’s or organization’s status as an additional “insured” under this endorsement ends when this policy terminates or the “insured contract” terminates, whichever occurs first.

If we cancel this policy, we will give written notice to the additional “insured” shown in the above Schedule at least 30 days before the date of cancellation. If we elect not to renew this policy we will give written notice to the additional “insured” shown in the above Schedule at least 30 days before the expiration of this policy.