AMENDMENT NO. 1 TO PROFESSIONAL SERVICES AGREEMENT BETWEEN COUNTY OF MONTEREY AND AMEC ENVIRONMENT & INFRASTRUCTURE, INC.

THIS AMENDMENT NO. 1 to the Professional Services Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and AMEC Environment & Infrastructure, 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 July 31, 2014 (hereinafter, "Agreement"); and

WHEREAS, Carmel Canine Sports Center, LLC (hereinafter, "Project Applicant") has applied to the County for approval of various development permits for the Carmel Canine Sports Center (hereinafter, "Project") requiring an Environmental Impact Report (hereinafter, "EIR"); and

WHEREAS, the completed Final EIR has not been certified; and

WHEREAS, additional time is needed to allow for the completion of the EIR and for the discretionary hearing process for the Project; and

WHEREAS, the Parties wish to amend the Agreement to extend the term to October 28, 2015 with no associated dollar amount increase to allow for the completion of the EIR and for the discretionary hearing process for the Project.

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 <u>August 4, 2014</u> to <u>October 28, 2015</u>, unless sooner terminated pursuant to the terms of this Agreement.
- 2. The "Proposed Schedule" referenced in Agreement, Exhibit A Scope of Services/Payment Provisions, is hereby amended to extend through October 28, 2015 to allow for completion of the discretionary hearing process for the EIR for the Project to conform to the amended term of the Agreement.
- 3. All other terms and conditions of the Agreement remain unchanged and in full force.
- 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.

Amendment No. 1 to Professional Services Agreement
AMEC Environment & Infrastructure, Inc.
Carmel Canine Sports Center EIR
RMA – Planning
Term: August 4, 2014 – October 28, 2015
Not to Exceed: \$177,469.60

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	CONT	TRACTOR*
By: Director of Planning	_AME	C Environment & Infrastructure, Inc.
Director of Planning		Contractor's Business Name
Date: 5/27/17	By:	(Signature of Chair, President or Vice President)
	Its:	
	115.	KENDAW N. SHERRIW VP FINANCE (Printed Name and Title)
	Date:	MAY 15, 2015
	Ву:	OUX BRE
Approved as to Form and Legality Office of the County Counsel		(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)
By: May Kac 1977 Deputy County Counsel	Its:	(Printed Name and Title)
Date: May 87, 20/5	Date:	May 15, 2015
Approved as to Fiscal Provisions		•
By: Audito//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.

Amendment No. 1 to Professional Services Agreement AMEC Environment & Infrastructure, Inc. Carmel Canine Sports Center EIR RMA – Planning Term: August 4, 2014 – October 28, 2015

Not to Exceed: \$177,469.60

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/20/2015

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).

Transcribe include in the distributions	ciricit(3).		
PRODUCER	1-908-566-1010	CONTACT	
Construction Risk Partners, LLC		NAME: PHONE	FAV
		(A/C, No, Ext):	(A/C, No):
Campus View Plaza		E-MAIL ADDRESS:	
1250 Route 28, Suite 201		INSURER(S) AFFORDING COVERAGE	NAIC#
Branchburg, NJ 08876		INSURER A: ACE AMER INS CO	22667
INSURED		INSURER B : ZURICH AMER INS CO	16535
AMEC Environment & Infrastructure, Inc.		MEDICAN SUDICULTUS CO	
		INSURER C: AMERICAN ZURICH INS CO	40142
104 West Anapamu Street, Suite 20	4A	INSURER D :	
		INSURER E :	
Santa Barbara, CA 93101		INSURER F:	
COVERAGES	TEICATE NUMBER, 43000046		

COVERAGES CERTIFICATE NUMBER: 43898946 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	SUBR		POLICY EFF	POLICY EXP	l .	
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC	INSD	WVD	POLICY NUMBER G24556347	(MM/DD/YYYY) 05/01/15	(MM/DD/YYY) 05/01/16	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ 2,000,000 \$ 100,000 \$ 10,000 \$ 2,000,000 \$ 4,000,000 \$ 4,000,000
В	OTHER: AUTOMOBILE LIABILITY X ANY AUTO X ALL OWNED AUTOS X HIRED AUTOS X Comp \$1,000 X Coll \$1,000			BAP 9483148-04	05/01/15	05/01/16	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$
C	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			WC 3504866-14 WC 3867133-08	05/01/15 05/01/15	05/01/16 05/01/16	EACH OCCURRENCE AGGREGATE X PER OTHER E.L. EACH ACCIDENT	\$ \$ \$ \$ \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Architects & Engineers Prof	N/A		IPR 1008375-00	05/01/15		E.L. DISEASE - EA EMPLOYEE	•

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

RE: Ongoing Project Start Date: Jun-04-2014, Project Number: 1455100005, Project Description: Carmel Canine Sports Center EIR, Estimated Contract Price: \$161336. The County of Monterey, its agents, officers and employees are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies as required by written contract. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions and where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
County of Monterey Attn: Shelley Dickinson	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
168 W. Alisal Street, 2nd Floor	AUTHORIZED REPRESENTATIVE
Salinas, CA 93901 USA	Willia R. Hauson

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POLICY NUMBER: HDO G24556347

COMMERCIAL GENERAL LIABILITY CG 20 33 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who is An insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in witting in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;

In the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

- Only applies to the extent permitted by law; and
- Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training of monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

- "Bodily injury" or "property damage" occurring after;
 - a. 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
 - b. That portion of "your work" out of which the injury or damage arisea 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.
- C, With respect to the insurance afforded to these additional insureds, the following is added to Section ill—Limits Of Insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement you have entered into with the additional insured; or
- 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.

POLICY NUMBER: HDO G24556347

COMMERCIAL GENERAL LIABILITY CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Where Required by Insured Contract executed prior to loss.	All work conducted by AMEC USA Holdings, Inc. except for work conducted at or from any OCIF, CCIF, or Joint Venture Project Specific Insurance Program for which the Named Insured is an enrolled Participant.

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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

 The insurance afforded to such additional insured only applies to the extent permitted by law; and 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.

POLICY NUMBER: HDO G24554818

NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSUREDS

Named Insured	oldings, Inc.	1			Endorsement Number
Policy Symbol	Policy Number	Policy Period 05/01/2015	to	05/01/2016	Effective Date of Endorsement 05/01/2015
Issued By (Nam	e of Insurance Comp	any)			
ACE America	n Insurance Co	ompany			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. COMMERCIAL GENERAL LIABILITY COVERAGE

Schedule

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Orga	ınıza	ation

Additional Insured Endorsement

(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to Section IV.4.a:



If other insurance is available to an Insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

Authorized Agent

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

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

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 05/01/15	Countersigned By:
Named Insured:	
Named Insured: AMEC USA HOLDINGS, INC.	(Authorized Representative)

SCHEDULE



Name of Person(s) or Organization(s):

ANY PERSON OR ORGANIZATION TO WHOM OR WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS OR ADDITIONAL INSURED STATUS ON A PRIMARY, NON-CONTRIBUTORY BASIS, IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who is An insured Provision contained in Section II of the Coverage Form.