AMENDMENT NO. 2 TO AGREEMENT BETWEEN COUNTY OF MONTEREY AND CALIFORNIA CODE CHECK, INC.

THIS AMENDMENT NO. 2 to the Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and California Code Check, 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 an Agreement with County on June 28, 2012, (hereinafter, "Agreement") to provide plan review services; and

WHEREAS, Agreement was amended by the Parties on September 4, 2014 (hereinafter, "Amendment No. 1", including Attachment B – Scope of Services/Payment Provisions for Construction Building Inspection Services) and incorporated into the Agreement by this reference; and

WHEREAS, the County has a continued need for on-call plan review and construction building inspection services; and

WHEREAS, the Parties wish to further amend the Agreement to extend the term to June 30, 2016 with no associated dollar amount increase to allow CONTRACTOR to continue to provide services identified in the Agreement and Amendment No. 1, and as amended by this Amendment No. 2.

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

- 1. Amend Paragraph 3.1 under Section 3.0, "Term of Agreement", to read as follows:
 - 3.1 The term of the AGREEMENT shall begin effective June 28, 2012 through and including June 30, 2016 with the option to extend for one (1) additional one (1) year period.
- 2. Amend Paragraph 5.1 under Section 5.0, "Invoices and Purchase Orders", to read as follows:
 - 5.1 Invoices for all services rendered per this AGREEMENT shall be billed directly to the County of Monterey Resource Management Agency at the following address:

County of Monterey
Resource Management Agency – Building Services
ATTN: Sylvia Sanchez
168 West Alisal Street, 2nd Floor, Salinas, CA 93901

Page 1 of 2

Amendment No. 2 to Agreement
California Code Check, Inc.
Plan Review and Construction Building Inspection Services (RFQ #10336)
RMA – Building Services
Term: June 28, 2012 - June 30, 2016
Not to Exceed Annual Aggregate: \$615,000

- 3. All other terms and conditions of the Agreement remain unchanged and in full force.
- 4. This Amendment No. 2 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 date opposite the respective signatures below.

COUNTY OF MONTEREY	CONTRACTOR*					
By: Contracts/Purchasing Officer		California Code Check, Inc. Contractor's Business Name				
Date: 6/3/15	Ву:	(Signature of Chair, President or Vice President)				
	Its:	Ton Harris President (Print Name and Title)				
	Date:	5-26-15				
Approved as to Form and Legality Office of the County Counsel	Ву:	(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)				
By: Cynthea L. Olson Deputy County Counsel	Its:	Katherine Hook Secretare (Print Name and Title)				
Date: 5-29-15	Date:	5-26-15				
Approved as to Fiscal Provisions						
By: Auditor Controller						
Date:						
Approved as to Indemnity and Insurance Provisions						
By: Risk Management						

*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.

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CERTIFICATE OF LIABILITY INSURANCE

10/22/2014

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168 W. Alisal St, 2nd Fl.

Salinas, CA 93901

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IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ron Rauschenberger, State Farm Agent

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2014

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).

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I NAMI			NAME:	CONTACT Shanna Hogan						
Hogan Insurance			PHONE (A/C, No, Ext): (805) 379-2203 FAX (A/C, No): (805) 379-5299							
License #0C54750			E-MAIL ADDRESS: shanna@hoganins.com							
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2014

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 Marie Swaney Dealey, Renton & Associates PHONE (A/C, No, Ext): 626-844-3070 E-MAIL ADDRESS: mswaney@insdra.com FAX (A/C, No): 199 S Los Robles #540 Pasadena, CA 91101 LIC #0020739 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: U.S. Specialty Insurance Company INSURED CALIFCODE INSURER B California Code Check INSURER C 250 N. Westlake Blvd., Ste. #150 INSURER D Westlake Village, CA 91362 800-803-3622 INSURER E INSURER F : CERTIFICATE NUMBER: 1566943743 COVERAGES 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR \$ MED EXP (Any one person) PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ POLICY PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ UMBRELLALIAB \$ OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ 5 WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$2,000,000 Professional Liability USS1425153 9/4/2014 9/4/2015 Per Claim Claims Made form Annual Aggr DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION 30 Day NOC/10 Day for NonPay of Prem CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. County of Monterey Salinas Permit Center 168 W Alisal St, 2nd Fl **AUTHORIZED REPRESENTATIVE** Salinas CA 93901

GENERAL LIABILITY/AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT

FOR THE COUNTY OF MONTEREY, CALIFORNIA

PERMIT/PO/SA/SPECIFICATION/CONTRACT NUMBER
This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY INSURANCE COVERAGE PART
AUTOMOBILE LIABILITY INSURANCE COVERAGE PART
In consideration of the premium charged and notwithstanding any inconsistent statement in the later policy to which this endorsement is attached or in any endorsement which now or later attaches to the policy, the Company agrees as follows:
ADDITIONAL INSURED: The County of Monterey, its officers, agents and employees are included as additional insureds, with respect to liability and defense of claims and suits arising out of the operations and uses performed by or on behalf of the named insured.
CONTRIBUTION WAIVED: The insurance is primary. The County of Monterey's insurance program shall be excess of this insurance. The Company shall not seek contribution from the County and its insurers.
SEPARATION OF INSURED: This insurance applies separately to each insured against whom claim is made or suit is brought, except that the naming of multiple insureds shall not increase the Company's limits of liability. The inclusion of any person, organization, firm or entity as an insured under the policy shall not affect any right which such person, organization, firm or entity would have as a claimant if not so included.
CANCELLATION NOTICE: If the Company elects to cancel or terminate this insurance before the stated expiration date, or declines to renew a continuous policy, or reduces the stated limits other than by impairment of an aggregate limit, the Company shall mail written notice to the County at least 30 days in advance of such election. For non-payment of premium, the Company shall give the County at least 10 days advance written notice of cancellation or termination.
Except as stated above, all other endorsements, provisions, conditions, limits and exclusions of this insurance shall remain unchanged.
COMMERCIAL GENERAL MABILITY POLICY NUMBER: AUTOMOBILE MABILITY POLICY NUMBER: 92-92-4335-7
By my signature on this endorsement, I warrant that I have authority to bind the

insurance company and do so bind the company to this endorsement:

AUTHORIZED REPRESENTATIVE'S SIGNATURE:

DATE SIGNED 10-22-14

PAGE 33/51 PAGE 24/25

GENERAL LIABILITY/AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT

FOR THE COUNTY OF MONTEREY, CALIFORNIA

PERMIT/PO/SA/SPECIFICATION/CONTRACT NUMBER
This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY INSURANCE COVERAGE PART
AUTOMOBILE LIABILITY INSURANCE COVERAGE PART
In consideration of the promium charged and notwithstanding any inconsistent statement in the later policy to which this endorsement is attached or in any endorsement which now or later attaches to the policy, the Company agrees as follows:
ADDITIONAL INSURED: The County of Monterey, its officers, agents and employees are included as additional insureds, with respect to liability and defense of claims and suits arising out of the operations and uses performed by or on behalf of the named insured.
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Except as stated above, all other endorsements, provisions, conditions, limits and exclusions of this insurance shall remain unchanged.
COMMERCIAL GENERAL MABILITY POLICY NUMBER: AUTOMOBILE MABILITY POLICY NUMBER:
135730513 НН#0913877992
By my signature on this endorsement, I warrant that I have authority to bind the insurance company and do so bind the company to this endorsement:
AUTHORIZED REFRESENTATIVE'S SIGNATURE: 10(15)(14)