AMENDMENT NO. 3 TO AGREEMENT BETWEEN COUNTY OF MONTEREY AND CALIFORNIA CODE CHECK, INC.

THIS AMENDMENT NO. 3 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, three (3) Contractors were initially selected to provide plan review services (hereinafter, "services") under Request for Qualifications (RFQ) number 10336; and

WHEREAS, CONTRACTOR entered into an Agreement with County on June 28, 2012, (hereinafter, "Agreement") to provide services through and including June 30, 2015 for an annual aggregate amount not to exceed \$615,000; 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) to include on-call construction building inspection services to the services with no increase in the Agreement's not to exceed annual aggregate amount; and

WHEREAS, two (2) of the three (3) Contractors selected initially were identified by the County to continue to perform services; and

WHEREAS, Agreement was amended by the Parties on June 3, 2015 (hereinafter, "Amendment No. 2") to extend the term for one (1) additional year through June 30, 2016 with no increase in the Agreement's not to exceed annual aggregate amount; and

WHEREAS, the County has a continued need for services; and

WHEREAS, the Parties wish to further amend the Agreement to extend the term for an additional one (1) year to June 30, 2017 with no associated dollar amount increase to the annual aggregate amount to allow CONTRACTOR to continue to provide services identified in the Agreement and as amended by this Amendment No. 3.

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:

The term of the AGREEMENT shall begin effective June 28, 2012 through and including June 30, 2017.

2. Amend Paragraph 5.1 under Section 5.0, "Invoices and Purchase Orders", to read as follows:

Invoices for all services rendered per this AGREEMENT shall be submitted monthly and promptly, and in accordance with Section 4.0, Compensation and Payments, and Section 5.0, Invoices and Purchase Orders, of the AGREEMENT. All invoices shall reference Request for Qualifications (RFQ) number 10336, Multi-Year Agreement (MYA) number 3000*431, the Project name and associated Delivery Order number, and an original hardcopy shall be sent to the following:

County of Monterey
Resource Management Agency (RMA) – Finance Division
168 West Alisal Street, 2nd Floor
Salinas, California 93901

Any questions pertaining to invoices under this Agreement shall be directed to the RMA - Finance Division at (831) 755-4800.

- 3. Delete the first sentence of Paragraph 5.2 under Section 5.0, "Invoices and Purchase Orders".
- 4. All other terms and conditions of the Agreement remain unchanged and in full force.
- 5. This Amendment No. 3 and all previous amendments shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
- 6. The recitals to this Amendment No. 3 are incorporated into the Agreement and this Amendment No. 3.

IN WITNESS WHEREOF the Parties hereto have executed this Amendment No. 3 to the Agreement which shall be effective as of the date opposite the respective signatures below.

COUNTY OF MONTEREY	CONT	TRACTOR*
By:		California Code Check, Inc.
Contracts/Purchasing Officer Lewelling, MBA		Contractor's Business Name
Deputy Purchasing Agent County of Monterey Date:	Ву:	(Signature of Chair, President or Vice President)
	Its:	Tom Harris President (Print Name and Title)
	Date:	4/21/16
Approved as to Form and Legality Office of the County Counsel	Ву:	(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)
By: Cynthia L. Hasson Deputy County Counsel	Its:	Jeff Foster Secretary (Print Name and Title)
Date: 4-25/6	Date:	4/21/16
Approved as to Fiscal Provisions		
By: Auditor/Controller		
Date: 4-25/6		
Approved as to Indemnity and Insurance Provisions		
By: Risk Management		
D.		

*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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2015

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 EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

t	he terms and conditions of the polic ertificate holder in lieu of such endo	y, certa	ain p	olicies may require an e	ndorse	ement. A sta	tement on th	is certificate does not c	onfer	rights to the
	DDUCER	Joine	111(3)	<u> </u>	CONTA	CT Shanna	Hogan			
Ho	gan Insurance				PHONE	/00E1	379-2203	FAX	(DDE) 2	70 5000
Li	cense #0C54750				E-MAIL	ss: shanna		FAX (A/C, No):	(805) 3	79-5299
P.	O. Box 7419				ADDRE					T
Th	ousand Oaks CA 91	.359			moun			RDING COVERAGE		NAIC#
INS	URED						red Empi	yers Insurance		10900
Ca	lifornia Code Check, Inc.				INSURE					
1	0 N Westlake Blvd Ste 150				INSURE	***				
					INSUR					-
We	stlake Village CA 91	362			INSURE					
CC	VERAGES CE	RTIFIC	ATE	NUMBER:WC 2016	INSURE	IN F.		REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RESTRICTED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLIC	EMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS	DOCUMENT WITH RESPECT	OT TO	WHICH THIS
LTR	TYPE OF INSURANCE	INSD V	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	***************************************
	COMMERCIAL GENERAL LIABILITY				40 (0)			EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
<u> </u>	OTHER:	+					-		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
_	UMPREMANUE	++							\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$	
	CLAIIVIS-IVIADE	1						AGGREGATE	\$	
-	DED RETENTION \$ WORKERS COMPENSATION	-	-					DEB OTU	\$	
	AND EMPLOYERS' LIABILITY							X PER STATUTE ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TWD: 145154 5					\$	1,000,000
	If ves, describe under			WKN 145174-5		1/1/2016	1/1/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below	+	-				-	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
-										
CEI	PTIEICATE HOLDED									
CE	RTIFICATE HOLDER				CANC	ELLATION				
County of Monterey Salinas Permit Center 168 W. Alisal St, 2nd Fl. Salinas, CA 93901			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							
					20			01.00	. ,,	
					Rober	t Hogan/S	SH	Bout E	1	Carolina De

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD. CERTIFICATE OF LIABILITY INSURANCE						DATE(MM/DD/YYYY) 10/19/2015		
PRODUCE	iR .		THIS CER	TIFICATE IS ISSU	JED AS A MATTER OF	INFORMATION		
2814	MAN INSURANCE AGENCY Camino Dos Rios #		ONLY AN HOLDER.	D CONFERS NO THIS CERTIFICA	D RIGHTS UPON THE TE DOES NOT AMENI FFORDED BY THE PO	CERTIFICATE		
	oury Park, CA 91320 375 5768 FAX 805 3		INSURERS A	INSURERS AFFORDING COVERAGE				
INSURED	CALIFORNIA CODE	CHECK, INC	INSURER A: F.	ARMERS INS	URANCE GROUP			
	250 N. WESTLAKE	BLVD. STE 150	INSURER B:			- 		
	WESTLAKE VILLAGE	. CA 91362	INSURER C:					
		,						
	*		INSURER D:					
			INSURER E:					
COVER								
MAY P POLICE	OLICIES OF INSURANCE LISTED BELC EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDER ES. AGGREGATE LIMITS SHOWN MAY	OF ANY CONTRACT OR OTHE BY THE POLICIES DESCRIBED	ER DOCUMENT WITH I DHEREIN IS SUBJECT ' CLAIMS.	RESPECT TO WHICE TO ALL THE TERMS	H THIS CERTIFICATE MAY EXCLUSIONS AND CONDI	DE IDOLIES OD		
INSE ADD'L LTR INSEC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	Ś		
	GÉNERAL LIABILITY				EACH ÖĞĞÜRRENCE	3		
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (E± occurence)	\$		
	CLAIMSMADE OCCUR				MED EXP (Any one person)	\$		
					FERSONAL & ADV INJURY	\$		
					GENERAL AGGREGATE	ş		
	GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMPJOP AGG	\$		
	POLICY PRO-							
	AVYAUTO				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	X ALL OWNED AUTOS SCHEDULED AUTOS				(Per pacson) SODILY INJURY	S		
A	HIRED AUTOS NON-OWNED AUTOS	135738513 HH#0913877992	10/19/15	11/11/16	BÖDILY INJURY (Paraccident)	ż		
					PROPERTY DAMAGE (Peraccident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EAACCIDENT	\$		
	ANYAUTO		8		FAADO	5		
	X				OTHERTHAN AUTOONLY: AGG	\$		
	EXCESS/UMBRELLA LIABILITY	***			EACH OCCURRENCE	\$ 2,000,000		
	X OCCUR CLAIMSMADE	600595413		11/11/16	AGGREGATE			
			10/19/15		ADGREGATE	\$		
A	Description of	000230415	10/13/13			\$		
~	DEDUCTIBLE					\$		
_	RETENTION \$				1 THE WORLD	\$		
WOR	KKERS COMPENSATION AND LOYERS' LIABILITY				WCSTATU- OTH- TORYLIMITS ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	8		
OFFIC	CERUMEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	5		
SPEC	, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$		
ОТН	ER							
	1			i i		11		
1								
DESCRIPTI	ON OF OPERATIONS/LOCATIONS/VEHICL	ES / EXCLUSIONS ADDED BY ENDORS	SEMENT / SPECIAL PROVIS	IONS	Win			
	*					**		
ADDITIONAL INSURED AND CERTIFICATE HOLDER:								
CERTIFICATE HOLDER CANCELLATION								
	COUNTY OF MONTERS	EY	SHOULD ANY OF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
	SALINAS PERMIT CE		DATE THEREOF	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MARO DAYS WRITTEN				
	168 WEST ALISAL S		NOTICE TO THE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
	SALINAS, CA 93901		i managanan ang at ing					
	SWITHWAS, CW 32301	•	the same control of the same of	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
				AUTHORIZED REPRESENTATIVE /				
	1			May John				
ACORD2	5 (2001/08)			11		RPORATION 1988		



ACORD	CERT	IFICATE OF	LIABILITY	Y INSUR	ANCE	09/30/2015		
RON RAUS		,	ONLY AN HOLDER.	D CONFERS N THIS CERTIFIC	SUED AS A MATTER IO RIGHTS UPON T ATE DOES NOT AME FFORDED BY THE PO	OF INFORMATION THE CERTIFICATE END. EXTEND OR		
	GE, CA 91326		INSURERS A	AFFORDING COV	/ERAGE	NAIC#		
CALLEODALA CODE	SUECK INC		INSURER A: Stat	te Farm Mutual Autom	obile Insurance Company 25	178 25143		
CALIFORNIA CODE (250 N WESTLAKE BL			INSURER B:		damento de la companya del companya de la companya del companya de la companya de			
WESTLAKE VLG CA			INSURER C:					
			INSURER D:					
COVERAGES			INSURER E:					
MAY PERTAIN, THE INSU	RANCE AFFORDED B	HAVE BEEN ISSUED TO TH ANY CONTRACT OR OTHE Y THE POLICIES DESCRIBE AVE BEEN REDUCED BY P,	R DOCUMENT WITH R D HEREIN IS SUBJECT AID CLAIMS.	ESPECT TO WHICH	H THIS CERTIFICATE MAY MS, EXCLUSIONS AND CO	DE 1001 IEE 0-		
LTR INSRD TYPE OF IN		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMI	гѕ		
	SENERAL LIABILITY	92-92-4335-7	11/03/2015	11/03/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$		
CLAIMS M	ADE X OCCUR				MED EXP (Any one person)	\$ 5,000		
			02 Y		PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE	LIMIT APPLIES PER:		14.0		GENERAL AGGREGATE	\$ 2,000,000		
X POLICY	PRO- JECT LOC		111		PRODUCTS - COMP/OP AGG	\$ 2,000,000		
AUTOMOBILE LIABIL ANY AUTO	JITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
ALL OWNED AU SCHEDULED AL				To constitute the second	BODILY INJURY (Per person)	\$		
HIRED AUTOS NON-OWNED AU	JTOS				BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	s		
GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$		
ANY AUTO				2	OTHER THAN EA ACC AUTO ONLY: AGG	\$		
EXCESS / UMBRELLA	LIABILITY	7			EACH OCCURRENCE	\$		
OCCUR	CLAIMS MADE				AGGREGATE	\$		
				- 1		\$		
DEDUCTIBLE					2	\$		
WORKERS COMPENSATION	\$ AND				WC STATU- OTH-	\$		
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER	VEXECUTIVE Y / N				TORY LIMITS ER			
(Mandatory in NH)	≣D?			T	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under SPECIAL PROVISIONS below	v				E.L. DISEASE - POLICY LIMIT	\$		
OTHER								
DESCRIPTION OF OPERATIONS / L	OCATIONS (VEHICLES)	EVOLUCIONO ABBER						
COUNTY OF MONTE				IONS				
		Marie San Control						
CERTIFICATE HOLDER			CANCELLATIO					
County of Monterey			SHOULD ANY OF	THE ABOVE DESCRIBE	D POLICIES BE CANCELLED B	EFORE THE EXPIRATION		
Salinas Permit Cente			and the second s	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN				
Salinas, CA 93901				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES				
			AUTHORIZED REPR		52			

ACORD 25 (2009/01)

© 1988-2009 ACORD CORPORATION. All rights reserved.

Ron Rauschenberger, State Farm Agent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/17/2015

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 TPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

EPRESENTATIVE 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 CONTACT NAME: Marie Swaney Dealey, Renton & Associates PHONE FAX (A/C, No) (A/C, No, Ext): 626-844-3070 199 S Los Robles #540 E-MAIL ADDRESS: mswaney@insdra.com Pasadena, CA 91101 LIC #0020739 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: U.S. Specialty Insurance Company 29599 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 COVERAGES CERTIFICATE NUMBER: 381234816 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 ADDLISUBR TYPE OF INSURANCE INSD WVD POLICY NUMBER 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 \$ PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$ OTHER \$ AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE HIRED AUTOS \$ (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Professional Liability USS1526025 9/4/2015 9/4/2016 \$2,000,000 Per Claim Claims Made form Annual Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION 30 Day NOC/10 Day for NonPay of Prem SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN County of Monterey ACCORDANCE WITH THE POLICY PROVISIONS. Salinas Permit Center 168 W Alisal St, 2nd Fl AUTHORIZED REPRESENTATIVE Salinas CA 93901

© 1988-2014 ACORD CORPORATION. All rights reserved.

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 LIABILITY POLICY NUMBER: AUTOMOBILE LIABILITY 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:

10-20-15

WILLMS VROMN VON KRO

PAGE 41/46

10/22/2014 11:24 8054994489

GA CODE CHECK

PAGE 24/25

GENERAL LIABILITY/AUTOMOBILE LIABILITY

FOR THE COUNTY OF MONTER				
PERMIT/PO/SA/SPECIFICATION/CON	TRACT NUMBER			
This endorsement modifies insurance prov	ided under the following:			
COMMERCIAL GENERAL LIABILITY INSU	JRANCE COVERAGE PART			
AUTOMOBILE LIABILITY INSURANCE CO	OVERAGE PART			
In consideration of the premium charged and notwiths the later policy to which this endorsement is attached later attaches to the policy, the Company agrees as follow	or in any endorsement which now or			
ADDITIONAL INSURED: The County of Monterey, included as additional insureds, with respect to liability are of the operations and uses performed by or on behalf of the	its officers, agents and employees are not defense of claims and suits arising out a named insured.			
CONTRIBUTION WAIVED: The insurance is primate program shall be excess of this insurance. The Compan County and its insurers,	ry. The County of Monterey's insurance by shall not seek contribution from the			
SEPARATION OF INSURED: This insurance applies sclaim is made or suit is brought, except that the naming of Company's limits of liability. The inclusion of any person, ander the policy shall not affect any right which such penave as a claimant if not so included.	organization, firm or entity as an insured			
CANCELLATION NOTICE: If the Company elects to comb stated expiration date, or declines to renew a continuous than by impairment of an aggregate limit, the Company at least 30 days in advance of such election. For shall give the County at least 10 days advance written notice.	nous policy, or reduces the stated limits impany shall mail written notice to the non-payment of premium, the Company			
Except as stated above, all other endorsements, provisi of this insurance shall remain unchanged.	ons, conditions, limits and exclusions			
	OBILE LIABILITY POLICY NUMBER:			
1357	38513 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 REPRESENTATIVE'S SIGNATURE:	10 (19 (15			
1. Vronn	10(19.(15			