# RENEWAL AND AMENDMENT #1 TO AGREEMENT BY AND BETWEEN COUNTY OF MONTEREY & METROPOLITAN LIFE INSURANCE COMPANY (METLIFE)

WHEREAS, METROPOLITAN LIFE INSURANCE COMPANY (METLIFE), hereinafter "CONTRACTOR," AND THE COUNTY OF MONTEREY, a political subdivision of the State of California, hereinafter referred to as "COUNTY," previously entered into an agreement dated September 18, 2014, for the provision of EMPLOYEE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR THE COUNTY OF MONTEREY; and

WHEREAS, the AGREEMENT expired pursuant to its terms on December 31, 2016; and

WHEREAS, the COUNTY and CONTRACTOR wish to renew the AGREEMENT, retroactive to January 1, 2017; and

WHEREAS, COUNTY and CONTRACTOR wish to amend the AGREEMENT to reflect COUNTY's exercise of the option to extend for one (1) of two (2) additional one- (1) year periods.

**NOW THEREFORE,** COUNTY and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

# 1.0 "TERM OF AGREEMENT" shall be amended by removing

"The initial term shall commence January 1, 2014 through and including December 31, 2016, with the option to extend the AGREEMENT for two (2) additional one- (1) year periods. County is not required to state a reason if it elects not to renew this AGREEMENT." and replacing it with, "The initial term shall commence January 1, 2014 through and including December 31, 2017, with the option to extend the AGREEMENT for one (1) additional one- (1) year period. County is not required to state a reason if it elects not to renew this AGREEMENT."

- 2.0 Except as provided herein, all remaining terms, conditions, and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
- 3.0 A copy of this AMENDMENT shall be attached to the original AGREEMENT, dated September 18, 2014.

This space left intentionally blank

IN WITNESS WHEREOF, the parties have executed this AMENDMENT on the day and year written below.

MONTEREY COUNTY	CONTRACTOR ///
Contracts/Purchasing Officer	By: UUR JMDU Signature of Chair, President, or Vice-President
Dated:	TERESA THURSON, AVP
Approved as to Fiscal Provisions:	Dated 3.7.17
Deputy Auditor/Controller  Dated: 2/24/17	By (W) (Signature of Secretary, Asst. Secretary, CFO, Trussurer or Asst. Treasurer)*
Approved as to Liability Provisions:	LAUREN CORRIGAN, CLIENT SERVICE Printed Name and Title  CONSULTANT
Risk Management	Dated: 3-7-17
Dated:	
Approved as to Form: Deputy County Counsel	

\*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.

Marl-23 2017

Dated:



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/29/2016

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(les) 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).

certificate holder in lieu of such endo	rsem	ent(s	).	· · · · · · · · · · · · · · · · · · ·							
PRODUCER Marsh USA, inc.			CONTACT NAME:								
1166 Avenue of the Americas		PHONE FAX (A/C, No, Ext): (A/C, No);									
New York, NY 10036 Attn: NewYork.certs@marsh.com 512-342-4418				E-MAIL ADDRE							
This Town of Hook to Control of the 147 to				INSURER(S) AFFORDING COVERAGE			NAIC#				
31675 -617-18						blic Insurance Cor	npany	24147			
insured MetLife, Inc. and its Subsidiaries 27-01 Queens Plaza North, Area 4C Long Island City, NY 11101		INSURER B : N/A				N/A					
		INSURER C : National Union Fire Ins. Co. of Pittsburgh, PA				19445					
		INSURER D : Illinois National Insurance Company				23817					
			INSURER E: New Hampshire Insurance Co.				23841				
				INSURER F:							
			ENUMBER:		-008015862-09		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 CLAYS.											
INSR TYPE OF INSURANCE		-ISOBE	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS				
A X COMMERCIAL GENERAL LIABILITY			MWZY 309049		01/01/2017	01/01/2018	EACH OCCURRENCE \$	1,000,000			
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
X CONTRACTUAL LIABILITY		1			<b>!</b>		MED EXP (Any one person) \$	5,000			
	-		<u> </u> 		ļ	•	PERSONAL & ADV INJURY \$	1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000			
X POLICY PC LOC							PRODUCTS - COMP/OP AGG \$	1,000,000			
OTHER:			Latter accord				\$				
A AUTOMOBILE LIABILITY  X ANY AUTO			MWTB 309048		01/01/2017	01/01/2018	COMBINED SINGLE LIMIT \$	1,000,000			
ANY AUTO ALL OWNED SCHEDULED						1	BODILY INJURY (Per person) \$	· · · · · · · · · · · · · · · · · · ·			
AUTOS AUTOS		1					BODILY INJURY (Per accident) \$				
HIRED AUTOS AUTOS							PROPERTY DAMAGE \$	·			
UMBRELLA LIAB OCCUR	+	<del> </del>					\$	····			
EXCESS LIAB OCCUR CLAIMS-MADI	_	ŀ					EACH OCCURRENCE \$				
DED RETENTIONS	7						AGGREGATE \$				
E WORKERS COMPENSATION	İ	İ	WC 014849678 (AOS)	<del>ra ···························</del>	01/01/2017	101/01/2018	X PER OTH- STATUTE ER				
C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE TYPE	n)		WC 014649676 (CA)		01/01/2017	01/01/2018		4 000 000			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	1	WC 014649677 (OR)		01/01/2017	01/01/2018	E.L. EACH ACCIDENT \$	1,000,000 1,000,000			
E If yes, describe under DESCRIPTION OF OPERATIONS below			WC 014649681 (ME)		01/01/2017	01/01/2018	E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
E WC & EL CONTD			WC 014649679 (WI, Stop Gap)		01/01/2017	01/01/2018	E.L. DISEASE - POLICY LIMIT   \$	SEE ABOVE			
D		)	WC 014649680 (FL)					SEE ABOVE			
			VIO 014049000 (FL)		01/01/2017	01/01/2018					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Re: All operations of the insured in connection with the Ag With respect to the Commercial General Liability and Auto per contract. With respect to the Commercial General Liab shall not be called upon to contribute to a loss covered by	reeme mobile dility an	it betwe Liability d Auton	een Metropolitan Life Insurance Cor y, the County of Monterey, its officer nobile Llability, this insurance is prin	npany and rs, agents nary to an	the County of M , and employees y insurance or se	fonterey for Life & . are Additional Insu	ADD - Group Policy No. 101251-G	MetLife's work as County's insurance			
CERTIFICATE HOLDER				CANO	ELLATION		***************************************	<del>,</del>			
County of Monterey, Contracts/Purchasing Attn: Mike Derr, Contracts/Purchasing Officer 168 W. Allsal Street, 3rd Floor. Satinas, CA 93901-2439		<del></del>		SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	THE ABOVE DE N DATE THE ITH THE POLIC	ESCRIBED POLICIES BE CANCEL REOF, NOTICE WILL BE DI Y PROVISIONS.	LED BEFORE ELIVERED IN			
			AUTHORIZED REPRESENTATIVE of Marsh USA Inc.								
1				i noma:	s J. Edridge	7	nomas a. Edriet	rge.			

AGENCY CUSTOMER ID: 31675

LOC #: New York



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

		COLIEDOEE	 	_ 0.	
AGENCY Marsh USA, Inc. POLICY NUMBER		NAMED INSURED  MetLife, Inc. and its Subsidiaries 27-01 Queens Plaza North, Area 4C Long Island City, NY 11101	•		
CARRIER	NAIC CODE				
ADDITIONAL DEMANCE		EFFECTIVE DATE:			

#### ADDITIONAL REMARKS

#### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY - CONTINUATION

Policy Number: XWC 6583132 (RI)

Carrier:National Union Fire Insurance Company of Pittsburgh, PA

Effective Dates: 01/01/2017 - 01/01/2018

Limit: See Page One

Policy Number: XWC 6583131 (MA)

Carrier: National Union Fire Insurance Company

Effective Dates: 01/01/2017 - 01/01/2018

Llmit: See Page One

# IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART/FORM

### The following is added to SECTION II - WHO IS AN INSURED:

- 4. Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:
  - a. The coverage and/or limits of this policy; or
  - **b.** The coverage and/or limits required by said contract or agreement.

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