

**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

\_\_\_\_\_  
Contracts/Purchasing Officer

Dated: \_\_\_\_\_

*Approved as to Fiscal Provisions:*

  
\_\_\_\_\_  
Deputy Auditor/Controller


Dated: 3/24/17

*Approved as to Liability Provisions:*

\_\_\_\_\_  
Risk Management

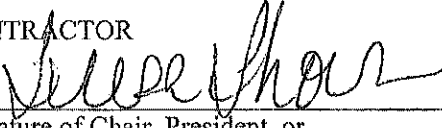
Dated: \_\_\_\_\_

*Approved as to Form:*

  
\_\_\_\_\_  
Deputy County Counsel

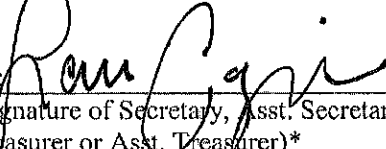
Dated: MAR 23 2017

CONTRACTOR

By:   
\_\_\_\_\_  
Signature of Chair, President, or  
Vice-President

TERESA THURSTON, AVP  
\_\_\_\_\_  
Printed Name and Title

Dated: 3-7-17

By:   
\_\_\_\_\_  
(Signature of Secretary, Asst. Secretary, CFO,  
Treasurer or Asst. Treasurer)\*

LAUREN CORRIGAN, CLIENT SERVICE  
CONSULTANT  
\_\_\_\_\_  
Printed Name and Title

Dated: 3-7-17

\*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.



AGENCY CUSTOMER ID: 31675

LOC #: New York



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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

**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  
Limit: 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.