

**AMENDMENT NO. 1  
TO STANDARD AGREEMENT  
BETWEEN COUNTY OF MONTEREY AND  
FRANK J. OR LAUREL R. CONTE DBA CONTE'S GENERATOR SERVICE**

**THIS AMENDMENT NO. 1** to the Standard Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and Frank J. or Laurel R. Conte dba Conte's Generator Service (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 Standard Agreement with County on October 5, 2015 (hereinafter, "Agreement") to provide generator maintenance and repair for various County Service Areas (CSAs) and County Sanitation Districts (CSDs) (hereinafter, "services") through October 2, 2018 for an amount not to exceed \$39,650; and

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

**WHEREAS**, additional funding is necessary for the remaining two (2) years of the Agreement's initial three (3) year term at an annual amount of \$39,650 for a total increase of \$79,300; and

**WHEREAS**, the Parties wish to amend the Agreement to increase the amount by \$79,300 for a total amount not to exceed \$118,950 to allow CONTRACTOR to continue to provide services identified in the Agreement and as amended by this Amendment No. 1.

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

1. Amend the second sentence of Paragraph 2.01 of Section 2.0, "Payment Provisions", to read as follows:

The total amount payable by County to CONTRACTOR under this Agreement is not to exceed the sum of \$118,950.

2. Amend Paragraph 4.01 of Section 4.0, "Scope of Services and Additional Provisions", to delete "Exhibit A, Scope of Services/Payment Provisions" and to add "Exhibit A-1, Scope of Services/Payment Provisions".
3. In all places within the Agreement, any reference to "Exhibit A, Scope of Services/Payment Provisions" is hereby replaced with "Exhibit A-1, Scope of Services/Payment Provisions".
4. Amend the third paragraph of Paragraph 9.03, Insurance Coverage Requirements, of Section 9.0, "Insurance Requirements", to read as follows:

**Business Automobile Liability Insurance**, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a

combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

5. Amend the County's address under Paragraph 14.01 of Section 14.0, "Notices", to read as follows:

County of Monterey  
Resource Management Agency  
1441 Schilling Place – South, 2<sup>nd</sup> Floor, Salinas, California 93901-4527

6. All other terms and conditions of the Agreement remain unchanged and in full force.
7. This Amendment No. 1 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
8. The recitals to this Amendment No. 1 are incorporated into the Agreement and this Amendment No. 1.

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**

**CONTRACTOR\***

By:

  
\_\_\_\_\_  
Deborah Lewelling, MBA  
Contracts Purchasing Officer  
Deputy Purchasing Agent  
County of Monterey

Date:

7.7.17

Frank J. or Laurel R. Conte  
dba Conte's Generator Service

\_\_\_\_\_  
Contractor's Business Name

By:

  
\_\_\_\_\_  
(Signature of Chair, President or Vice President)

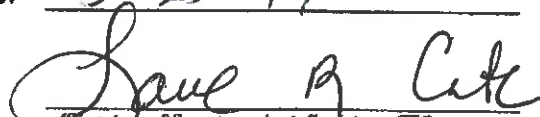
Its:

Frank J. Conte, Owner/Sole Proprietor  
\_\_\_\_\_  
(Print Name and Title)

Date:

5-25-17

By:

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

Its:

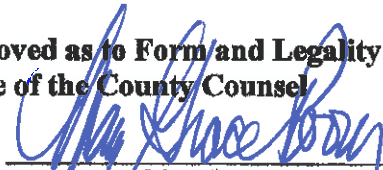
Laurel R. Conte, Owner/Sole Proprietor  
\_\_\_\_\_  
(Print Name and Title)

Date:

5-25-17

**Approved as to Form and Legality  
Office of the County Counsel**

By:

  
\_\_\_\_\_  
Mary Grace Perry  
Deputy County Counsel

Date:

May 31, 2017

**Approved as to Fiscal Provisions**

By:

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

Date:

6-1-17

**Approved as to Indemnity and 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.

## EXHIBIT A-1 - SCOPE OF SERVICES/PAYMENT PROVISIONS

To Agreement by and between  
County of Monterey, hereinafter referred to as "County"  
and  
Frank J. or Laurel R. Conte dba Conte's Generator Service,  
hereinafter referred to as "CONTRACTOR"

### A. SCOPE OF SERVICES

A.1 CONTRACTOR shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

**Maintenance and repair of generators for various County Service Areas (CSAs) and County Sanitation Districts (CSDs) for the County of Monterey, Resource Management Agency (RMA).**

The equipment listed below shall be inspected and serviced annually during normal business hours as specified herein for the duration of this Agreement. This inspection and services will include:

1. Oil and fuel analysis.
2. Change engine oil and filters.
3. Drain fuel sediment bowl.
4. Check cooling system level.
5. Check air filter element(s). Clean or replace as needed.
6. Check belt tension.
7. Change fuel filters.
8. Clean crankcase breather.
9. Lubricate fan hub and idler pulley bearings.
10. Check valve clearance.
11. Clean and lubricate linkages.
12. Test safety controls.
13. Lubricate fan hub and idler pulley bearings.
14. Check engine mounting and alignment.
15. Check thermostat operation.
16. Check compression.
17. Change spark plugs as needed.
18. Adjust and check timing.
19. Inspect distributor cap and rotor.
20. Set frequency.
21. Inspect and Clean Field windings and armature.
22. Check exhaust backpressure.
23. Inspect, clean and test switchgear and service controller, contacts and relays.
24. Service and clean batteries and all grounds and connections.

## EXHIBIT A-1 - SCOPE OF SERVICES/PAYMENT PROVISIONS

Servicing shall include provision of parts.

After completion of each inspection a report of this inspection will be submitted to the County describing the service performed. Customer approved additional parts and labor, if any, will be included in the report. Parts required, but not specifically mentioned above and labor will be charged to customer at regular rates.

Sales tax rate on parts as per current California State Board of Equalization City and County Sales Tax rates.

CONTRACTOR shall be available with service and parts for this equipment on a 24-hour emergency basis.

Work shall be performed at the sites and upon the equipment shown below.

<u>Generator Site</u>	<u>Generator KW</u>
<u>CSDs and CSAs</u>	
Boronda CSD Portable	20KW Generac
Boronda Oaks Pump Station	60KW Olympian
Las Lomas Pump Station	85 KW Kohler
Pajaro Pump Station	85 KW Kohler
San Jerardo Water Sites	50 KW Kohler
Chualar Pump Station	85 KW Kohler
Susan Street Levy Pump Station	85 KW Kohler
San Jerardo Fire Pump	
<u>County Facilities</u>	
Monterey Courthouse	60 KW Cummins
Monterey Courthouse	12 KW Lister
Mount Toro Upper Site	35 KW Onan
Mount Toro Lower Site	20 KW
Huckleberry	10 KW
Fleet Management, Lister County Yard	K99X157901
522 N 2 <sup>nd</sup>	30 KW
CID Building, 1 <sup>st</sup> Avenue, Marina	25 KW
Salinas Courthouse	450 KW

### B. PAYMENT PROVISIONS

#### B.1 COMPENSATION/ PAYMENT

County shall pay an annual amount not to exceed \$39,650, for a total amount not to exceed \$118,950 for the performance of all things necessary for or incidental to

**EXHIBIT A-1 - SCOPE OF SERVICES/PAYMENT PROVISIONS**

the performance of work as set forth in the Scope of Services. CONTRACTOR'S compensation for services rendered shall be based on the following rates or in accordance with the following terms:

**EQUIPMENT LIST**

**Generator Maintenance and Repair Rate Schedule**

**PUBLIC WORKS**

	<b>Generator Site</b>	<b>Generator KW</b>	<b>Annual Service Cost</b>	<b>Load Bank Service Cost</b>	<b>Total Service Cost</b>
1	Boronda Portable Yard	20 KW Generac	\$750	\$350	\$1,100
2	Boronda Oaks	60 KW Olympian	\$1,400	\$350	\$1,750
3	Las Lomas Pump Station	85 KW Kohler	\$1,400	\$350	\$1,750
4	Pajaro Pump Station	85 KW Kohler	\$1,400	\$350	\$1,750
5	Chualar Pump Station	85 KW Kohler	\$1,400	\$350	\$1,750
6	Susan Street Levy Pump Station	200 KW Kohler	\$1,400	\$350	\$1,750
7	San Jerardo Back Up Power Generator	60 KW Caterpillar	\$1,400	\$350	\$1,750
8	San Jerardo Fire Pump Engine	Cummins	\$850	\$350	\$1,200
9	Miscellaneous Projected Repairs		--	--	\$6,000
	<b>SUB-TOTAL COST:</b>				<b>\$18,800</b>

**FACILITIES**

	<b>Generator Site</b>	<b>Generator KW</b>	<b>Annual Service Cost</b>	<b>Load Bank Service Cost</b>	<b>Total Service Cost</b>
1	Monterey Courthouse	60 KW Cummins	\$1,600	\$350	\$1,950
2	Monterey Courthouse	12 KW Lister	\$750	\$350	\$1,100
3	Mt. Toro Upper Site	35 KW Onan	\$1,300	\$350	\$1,650
4	Mt. Toro Lower	20 KW	\$1,300	\$350	\$1,650
5	Huckleberry	10 KW	\$650	\$300	\$950
6	Fleet Management, Lister Co. Yard	K99X157901	\$1,200	\$350	\$1,550
7	522 N 2 <sup>nd</sup>	30 KW	\$1,500	\$350	\$1,850
8	CID Building, 1 <sup>st</sup> Avenue, Marina	25 KW	\$1,200	\$350	\$1,550
9	Salinas Courthouse	450 KW	\$2,250	\$350	\$2,600
10	<u>Miscellaneous Projected Repairs</u>				\$6,000
	<b>SUB-TOTAL COST:</b>				<b>\$20,850</b>

## **EXHIBIT A-1 - SCOPE OF SERVICES/PAYMENT PROVISIONS**

Services provided under this Agreement shall not exceed the annual sum of **\$39,650** for the initial three (3) year term of the Agreement, for a total amount not to exceed \$118,950.

There shall be no travel reimbursement allowed during this Agreement.

For any project in excess of \$1,000, CONTRACTOR and all subcontractors performing work under this Agreement shall pay wages to their workers employed on such work at not less than the general prevailing rate of per diem wages for such work, as required by California Labor Code Sec. 1771. CONTRACTOR shall comply with provisions of the California Labor Code (Section 1720, et seq.) governing public works, including payment of prevailing wages, payroll records and employment of apprentices. Copies of the determination of the general prevailing rate of per diem wages are available at: <http://www.dir.ca.gov/dlsr/DPreWageDetermination.htm>. Failure to pay such prevailing wages shall subject the employer to the penalties set forth in California Labor Code Sec. 1775.

CONTRACTOR warrants that the cost charged for services under the terms of this Agreement are not in excess of those charged any other client for the same services performed by the same individuals.

### **B.2 CONTRACTORS BILLING PROCEDURES**

Payment shall be based upon satisfactory acceptance of services provided.

Invoices under this Agreement shall be submitted monthly and promptly, and in accordance with Section 6.0, Payment Conditions, of the Agreement. All invoices shall reference the Multi-Year Agreement (MYA) number (#MYA 3000\*1913), Project name and associated Purchase Order (PO) number, and an original hardcopy shall be sent to the following:

County of Monterey  
Resource Management Agency – Finance Division  
1441 Schilling Place - South, 2<sup>nd</sup> Floor  
Salinas, California 93901-4527

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

County may, in its sole discretion, terminate the Agreement or withhold payments claimed by CONTRACTOR for services rendered if CONTRACTOR fails to satisfactorily comply with any term or condition of this Agreement.

No payments in advance or in anticipation of services or supplies to be provided under this Agreement shall be made by County.

**EXHIBIT A-1 - SCOPE OF SERVICES/PAYMENT PROVISIONS**

County shall not pay any claims for payment for services submitted more than twelve (12) months after the calendar month in which the services were completed.

**DISALLOWED COSTS:** CONTRACTOR is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its subcontractors.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/5/2017

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).

<b>PRODUCER</b> G.L. Anderson Ins Svcs Inc an affiliate of Professional Ins Assoc 101 Parkshore Dr, Ste 215 Folsom CA 95630	<b>CONTACT NAME:</b> PHONE (A/C No, Ext): 916-353-5130      FAX (A/C No): E-MAIL ADDRESS: certificates@glandersonins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> CONTE01  Conte's Generator Service P.O. Box 1469 Monterey CA 93942	<b>INSURER A:</b> Atain Specialty Insurance Co.	
	<b>INSURER B:</b> Evanston Ins. Co.      35378	
	<b>INSURER C:</b> Wesco Insurance Company      25011	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 1858996607      **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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:	Y		CIP302484	9/28/2016	9/28/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/POP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XOBW6789116	9/28/2016	9/28/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WWC3228898	10/1/2016	10/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 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)

Job Description: Various Sites Monterey County. County of Monterey, Officers and employees are shown as Additional Insured for General Liability per attached form. Insurance is Primary & Non-Contributory. Monterey County Public Works.

\*10 Day Notice of Cancellation Applies for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b>  County of Monterey Department of Public Works 168 W. Alisal 2nd Floor Salinas CA 93901	<b>CANCELLATION</b>  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 

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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 writing 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
2. 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:

1. Only applies to the extent permitted by law, and
2. 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.

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

This insurance does not apply to:

1. "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
  - b. 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 or 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.

**2. "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 arises 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 III - Limits Of Insurance:**

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

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

**ENDORSEMENT**

**This Endorsement Changes the Policy - Please Read It Carefully**

**PRIMARY AND NON-CONTRIBUTING INSURANCE  
(Third-Party's Sole Negligence)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
PRODUCTS/ COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD LIABILITY COVERAGE PART  
BUSINESSOWNERS LIABILITY COVERAGE FORM

The following is added to Section IV - Commercial General Liability Conditions, Paragraph 4:

**Section IV: Commercial General Liability Conditions**

**4. Other Insurance:**

- d. Notwithstanding the provisions of sub-paragraphs a, b, and c of this paragraph 4, with respect to the Third Party shown below, it is understood and agreed that in the event of a claim or "suit" arising out of the Named Insured's sole negligence, this insurance shall be primary and any other insurance maintained by the additional insured named as the Third Party below shall be excess and non-contributory.

The Third Party to whom this endorsement applies is:

ANY PERSON OR ORGANIZATION WITH WHOM THE INSURED HAS AGREED BY WRITTEN CONTRACT TO PERFORM SERVICES AND PRIOR TO ANY LOSS THAT ARE WITHIN THE TERMS AND CONDITIONS OF THIS POLICY TO WHICH THIS FORM IS ATTACHED

Absence of a specifically named Third Party above means that the provisions of this endorsement apply "as required by written contractual agreement with any Third Party for whom you are performing work."

All other terms and conditions of this policy remain unchanged.

This endorsement is effective on the inception date of the policy unless otherwise stated herein. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Policy Number: CIP302464

Named Insured: CONTE'S GENERATOR SERVICE

Endorsement Effective Date: 09/28/2016

# CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

<b>Certificate Holder:</b> THE COUNTY OF MONTEREY ITS OFFICERS AGENTS AND EMPLOYEES 168 W ALISAL STREET 2ND FLOOR SALINAS, CA 93901	<b>Named Insured:</b> FRANK CONTE PO BOX 1469 MONTEREY CA 93942-1469
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Automobile Liability			
<b>Insurer Name:</b> Allstate Insurance Company			
<b>Policy Number:</b> 648533407			
<input checked="" type="checkbox"/> 1 – Any Auto	<input type="checkbox"/> 2 – Owned Autos Only	<input type="checkbox"/> 3 – Owned Priv. Pass. Autos Only	
<input type="checkbox"/> 4 – Owned Autos Other Than Priv. Pass. Autos Only	<input type="checkbox"/> 5 – Owned Autos Subject to No Fault	<input type="checkbox"/> 6 – Owned Autos Subject to a Compulsory UM Law	
<input checked="" type="checkbox"/> 7 – Specifically Described Autos	<input checked="" type="checkbox"/> 8 – Hired Autos Only	<input checked="" type="checkbox"/> 9 – Non-owned Autos Only	
<b>Policy Effective Date:</b> 12-04-2016		<b>Policy Expiration Date:</b> 12-04-2017	
<b>Limits Of Insurance:</b> \$ 1,000,000	<b>Combined Single Limit (each accident)</b>		
BI Per Person	BI Per Accident	PD Per Accident	
<b>Description of Operations/Locations/Vehicles/Endorsements/Special Provisions</b>			

<b>Interested Party Type:</b> ADDITIONAL INSURED - OTHER
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.

<b>Producer:</b> CLAUDIA DEMARANVILLE	
<b>Authorized Representative:</b> 	
<b>Date:</b> 04-18-17	

Includes copyrighted material of Insurance Services Office, Inc., with its permission

Policy Number  
648533407

ENDORSEMENT

**Allstate Insurance Company**

Named Insured FRANK CONTE

Effective Date: 12-04-16  
12:01 A.M., Standard Time

Agent Name CLAUDIA DEMARANVILLE

Agent No. 92915

**ADDITIONAL INSURED COUNTY OF MONTEREY**

THE INSURANCE PROVIDED UNDER THIS POLICY IS PRIMARY. IT IS UNDERSTOOD AND AGREED THAT IN THE EVENT OF A CLAIM OR SUIT ARISING OUT OF THE NAMED INSUREDS SOLE NEGLIGENCE, THIS INSURANCE SHALL BE PRIMARY AND ANY OTHER INSURANCE MAINTAINED BY THE ADDITIONAL INSURED NAMED AS THE THIRD PARTY ABOVE SHALL BE EXCESS AND NON CONTRIBUTORY.

POLICY NUMBER: 648533407

COMMERCIAL AUTO  
CA 20 48 10 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

**AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER 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" for Covered Autos Liability Coverage 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.

<b>Named Insured:</b> FRANK CONTE
<b>Endorsement Effective Date:</b> 12-04-2016

### **SCHEDULE**

<b>Name Of Person(s) Or Organization(s):</b> THE COUNTY OF MONTEREY ITS OFFICERS AGENTS AND EMPLOYEES 168 W ALISAL STREET 2ND FLOOR SALINAS, CA USA 93901
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.