

**AMENDMENT NO. 4  
TO PROFESSIONAL SERVICES AGREEMENT  
BETWEEN COUNTY OF MONTEREY AND  
TRUEPOINT SOLUTIONS, LLC**

**THIS AMENDMENT NO. 4** to the Professional Services Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and TruePoint Solutions, LLC (hereinafter, "CONTRACTOR") is hereby entered into between the County and the CONTRACTOR (collectively, the "Parties") as of the last date opposite the respective signatures below.

**WHEREAS**, CONTRACTOR entered into a Professional Services Agreement with County on April 17, 2012, (hereinafter, "Agreement") to provide service and support in programming and report customization of the Accela Automation application for the County of Monterey Resource Management Agency – Building Services and Planning; and

**WHEREAS**, Agreement was amended by the Parties on September 26, 2012 (hereinafter, "Amendment No. 1", including Exhibit A-1 – Scope of Services/Payment Provisions), October 29, 2013 (hereinafter, "Amendment No. 2"), and August 19, 2014 (hereinafter, "Amendment No. 3", including Exhibit A-2 – Scope of Services/Payment Provisions) and incorporated into the Agreement by this reference; and

**WHEREAS**, all tasks (Tasks 1 – 9) outlined in Exhibits A and A-1, Scope of Services/Payment Provisions, of this Agreement have been completed; and

**WHEREAS**, additional time is necessary to allow the CONTRACTOR to complete remaining tasks (Tasks 10 – 18) outlined in Exhibit A-2, Scope of Services/Payment Provisions, of this Agreement associated with service and support in programming and report customization of the Accela Automation application; 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 tasks identified in Exhibit A-2 of this Agreement.

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

1. Amend the first sentence of Paragraph 3, "Term of Agreement.", to read as follows:

The term of this Agreement is from April 15, 2012 to June 30, 2016, unless sooner terminated pursuant to the terms of this Agreement.

2. All other terms and conditions of the Agreement remain unchanged and in full force.

3. This Amendment No. 4 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
4. The recitals to this Amendment No. 4 are incorporated into the Agreement and this Amendment No. 4.

IN WITNESS WHEREOF the Parties hereto have executed this Amendment No. 4 to the Agreement as of the last date opposite the respective signatures below:

COUNTY OF MONTEREY

CONTRACTOR\*

By: \_\_\_\_\_

*[Signature]*  
Contracts/Purchasing Officer

Date: \_\_\_\_\_

*5/14/15*

TruePoint Solutions, LLC  
Contractor's Business Name

By: \_\_\_\_\_

*[Signature]*  
Member/Manager

Its: \_\_\_\_\_

*KENT JOHNSON*  
(Print Name)

Date: \_\_\_\_\_

*4-29-15*

By: \_\_\_\_\_

*[Signature]*  
Member/Manager

Its: \_\_\_\_\_

*Dan Hunsinger*  
(Print Name)

Date: \_\_\_\_\_

*4/29/15*

Approved as to Form and Legality  
Office of the County Counsel

By: \_\_\_\_\_

*[Signature]*  
Deputy County Counsel

Date: \_\_\_\_\_

*5.13.15*

Approved as to Fiscal Provisions

By: \_\_\_\_\_

*[Signature]*  
Auditor/Controller

Date: \_\_\_\_\_

*5/13/15*

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.



TRUEPOI-01

SJORDIN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/6/2015

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 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> Vitas Insurance Agency 231 Cherry Ave. Auburn, CA 95603	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (530) 823-3733	<b>FAX (A/C, No):</b> (530) 823-3640
<b>INSURED</b>  TruePoint Solutions LLC 3262 Penryn Rd, Ste. 100-B Loomis, CA 95650	<b>E-MAIL ADDRESS:</b> info@vitasinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Hartford Casualty Insurance Company	<b>NAIC #</b> 29424
	<b>INSURER B:</b> Hartford Accident and Indemnity Company	<b>22357</b>
	<b>INSURER C:</b> Houston Casualty	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		57SBAA4262	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER:						\$	
A	AUTOMOBILE LIABILITY			57SBAA4262	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$ 1,000,000
						\$		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		57SBAA4262	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$ 2,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	57WECRL0324	04/01/2015	04/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
C	Employment Practices			H713906204	07/19/2014	07/19/2015	Per Claim 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The County of Monterey, its agents, officers and employees as additional insured with respect to liability arising out of TruePoint Solutions LLC work per the attached IH12001185 endorsement, including ongoing and completed operations per the attached SS41710611 endorsement, and shall further provide that such insurance is primary insurance (per the attached SS00080405 endorsement) to any insurance or self-insurance maintained by the County and that the insurance of the additional insureds shall not be called upon to contribute to a loss covered by the TruePoint Solutions LLC insurance.

## CERTIFICATE HOLDER

## CANCELLATION

County of Monterey  
Contracts/Purchasing Department  
168 West Alisal Street 3rd Floor  
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

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POLICY NUMBER: 57 SBA AX4262

CHANGE NUMBER: 007



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

## **ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

### **BUSINESS LIABILITY COVERAGE FORM**

#### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

**Location And Description Of Completed Operations:**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section C. – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

POLICY NUMBER: 57 SBA AX4262



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

ADDITIONAL INSURED - OWNER, LESSEES OR CONTRACTOR

CITY OF ALAMEDA  
2263 SANTA CLARA AVE. #190  
ALAMEDA, CA 94501

CITY OF GRAND RAPIDS  
CITY HALL 300 MONROE NW  
GRAND RAPIDS, MI 49503  
RE: LOC: 002 & BLDG: 001

COUNTY OF MONTEREY  
CONTRACTS/PURCHASING DEPARTMENT  
168 WEST ALISAL STREET 3RD FLOOR  
SALINAS, CA 93901

THE COUNTY OF MONTEREY, ITS AGENTS, OFFICERS AND EMPLOYEES AS  
ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING OUT OF THE  
CONTRACTOR'S WORK, INCLUDING ONGOING AND COMPLETED OPERATIONS, AND  
SHALL FURTHER PROVIDE THAT SUCH INSURANCE IS PRIMARY INSURANCE TO  
ANY INSURANCE OR SELF-INSURANCE MAINTAINED BY THE COUNTY AND THAT  
THE INSURANCE OF THE ADDITIONAL INSURED SHALL NOT BE CALLED UPON TO  
CONTRIBUTE TO A LOSS COVERED BY THE CONTRACTOR'S INSURANCE



# COUNTY OF MONTEREY

## PURCHASE ORDER

ORDER DATE 06-02-2015

DO 3000 0000007238

### IMPORTANT

THE ABOVE NUMBER AND SHIP TO DEPARTMENT MUST  
APPEAR ON ALL SHIPPING LABELS, PACKING SLIPS,  
TRANSPORT DOCUMENTS, INVOICES AND CORRESPONDENCE.

<b>VENDOR</b> TruePoint Solutions, LLC 3262 Penryn Road 100-B Loomis CA 95650	<b>SHIPTO</b> PLANNING & BLDG/ INSPECTION INSPECTION 168 W. ALISAL ST., 2ND FLOOR SALINAS CA 93901	<b>BLT</b> PLANNING & BLDG/ ALISAL 168 W. ALISAL ST 2ND FLOOR SALINAS CA 93901
<b>VENDOR NUMBER:</b> VS0000002502		<b>F.O.B.:</b>
<b>DELIVERY DATE:</b>		

ITEM	QUANTITY	UNIT	COMMODITY CODE	ITEM DESCRIPTION	UNIT PRICE	SALES TAX	EXTENDED PRICE
				PURCH DESC: THIS PURCHASE ORDER IS ISSUED TO INCREASE AND EXTEND THE TERM OF THIS AGREEMENT PER AMENDMENT NO. 4. THIS IS TO PROVIDE SERVICE AND SUPPORT IN PROGRAMMING AND REPORT CUSTOMIZATION OF THE ACCELA AUTOMATION APPLICATION FOR THE COUNTY OF MONTEREY RESOURCE MANAGEMENT AGENCY BUILDING SERVICES AND PLANNING DEPARTMENTS (MYA*359)			
				THE TERM OF THE AGREEMENT IS FROM 04/15/12 - 06/30/16 AND SHALL NOT EXCEED \$46,500.00			
				THIS PURCHASE ORDER IS VALID FROM 07/01/14 - 06/30/15 AND SHALL NOT EXCEED \$23,400 (REPLACES PRIOR YEAR DO*5117)			
1	0.0		92045		.00	.00	23,400.00
				COMM LINE DESC: Software Maint/Supp			
				EXTENDED DESC: Service and Support for Accela			
				MSDS: Not Required			
				001 - 3000 - 8170 - RMA011 - 6613 -	-	-	10590.00
				001 - 3000 - 8172 - RMA001 - 6613 -	-	-	12810.00

THE SHADED ROWS ARE FOR MONTEREY COUNTY DEPARTMENT USE ONLY

ORDER TOTAL 23,400.00

THE SHADERS ARE REQUIRED TO REVIEW THE MONTEREY COUNTY GENERAL TERMS AND CONDITIONS WHICH APPLY TO ALL CONTRACTS, PURCHASE ORDERS, AND OTHER ELECTRONIC PROCUREMENTS MADE WITH THE COUNTY UNLESS OTHERWISE NOTED. SAID TERMS AND CONDITIONS CAN BE FOUND ON THE COUNTY WEBSITE AT [http://www.co.monterey.ca.us/admin/terms\\_conditions.htm](http://www.co.monterey.ca.us/admin/terms_conditions.htm)

<b>TAX EXEMPTION INFORMATION:</b> FEDERAL EXCISE TAX EXEMPTION NUMBER 94-6000524	<b>COUNTY BUYER INFORMATION</b> TELEPHONE: EMAIL:
<b>AUTHORIZED BY COUNTY OF MONTEREY DEPUTIZED PURCHASING AGENT</b> 	
<b>PRINT DATE:</b> 08/19/15	<b>PAGE NUMBER:</b> 1 OF 1

CONTRACTS/PURCHASING DIVISION  
168 W. Alisal St. 3rd Floor, Salinas, CA 93901