



## Monterey County Board of Supervisors

### Board Order

168 West Alisal Street,  
1st Floor  
Salinas, CA 93901  
831.755.5066  
[www.co.monterey.ca.us](http://www.co.monterey.ca.us)

A motion was made by Supervisor Luis A. Alejo, seconded by Supervisor John M. Phillips to:

|                               |                                          |
|-------------------------------|------------------------------------------|
| <b>Agreement No.: A-16099</b> | <b>ACCO Engineered Systems, Inc.</b>     |
| <b>Agreement No.: A-16100</b> | <b>George Wilson's Plumbing, Inc.</b>    |
| <b>Agreement No.: A-16101</b> | <b>Val's Plumbing &amp; Heating, Inc</b> |

- a. Approve Standard Agreements with the following three (3) contractors: ACCO Engineered Systems, Inc. dba Geo H. Wilson Mechanical Contractors, George Wilson's Plumbing, Inc., and Val's Plumbing & Heating, Inc. to provide on-call plumbing repair and maintenance services for County facilities, awarded under RFP #10870, amounts not to exceed \$150,000 each, for a term of three (3) years beginning October 25, 2022 to October 24, 2025, with the option to extend each Agreement for up to two (2) additional years; and
- b. Authorize the Contracts/Purchasing Officer or Contracts/Purchasing Supervisor to execute the Standard Agreements and future amendments to each Agreement where the amendments do not increase the approved amount of each Agreement more than ten percent (10%) of the original Agreement amount, subject to the review and approval as to form of any future amendments by the Office of the County Counsel.

PASSED AND ADOPTED on this 22<sup>nd</sup> day of November 2022, by roll call vote:

AYES: Supervisors Alejo, Phillips, Lopez, Askew, and Adams

NOES: None

ABSENT: None

(Government Code 54953)

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting November 22, 2022.

Dated: November 23, 2022

File ID: A 22-583

Agenda Item No.: 43

Valerie Ralph, Clerk of the Board of Supervisors  
County of Monterey, State of California

*Emmanuel H. Santos*

Emmanuel H. Santos, Deputy

## COUNTY OF MONTEREY STANDARD AGREEMENT

This **Agreement** is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter "County") and:

ACCO Engineered Systems, Inc. dba Geo H. Wilson Mechanical Contractors

(hereinafter "CONTRACTOR").

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

### 1.0 GENERAL DESCRIPTION:

The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows:

**Provide:** On-call plumbing repair and maintenance services for County facilities, awarded under RFP #10870.

### 2.0 PAYMENT PROVISIONS:

County shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, subject to the limitations set forth in this Agreement. The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of: \$ **150,000**

### 3.0 TERM OF AGREEMENT:

**3.01** The term of this Agreement is from October 25, 2022 to October 24, 2025, unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and County and with County signing last, and **CONTRACTOR may not commence work before County signs this Agreement.**

**3.02** The County reserves the right to cancel this Agreement, or any extension of this Agreement, without cause, with a thirty day (30) written notice, or with cause immediately.

### 4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS:

The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

**Exhibit A Scope of Services/Payment Provisions**

**Exhibit B Other:** N/A

## 5.0 PERFORMANCE STANDARDS:

- 5.01 CONTRACTOR warrants that CONTRACTOR and CONTRACTOR's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of the County, or immediate family of an employee of the County.
- 5.02 CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.03 CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use County premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

## 6.0 PAYMENT CONDITIONS:

- 6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in this paragraph. The County does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement.
- 6.02 Negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County and the CONTRACTOR.
- 6.03 Invoice amounts shall be billed directly to the ordering department.
- 6.04 CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. The County shall certify the invoice, either in the requested amount or in such other amount as the County approves in conformity with this Agreement and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

## 7.0 TERMINATION:

- 7.01 During the term of this Agreement, the County may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.

- 7.02 The County may cancel and terminate this Agreement for good cause effective immediately upon written notice to CONTRACTOR. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If County terminates this Agreement for good cause, the County may be relieved of the payment of any consideration to CONTRACTOR, and the County may proceed with the work in any manner, which County deems proper. The cost to the County shall be deducted from any sum due the CONTRACTOR under this Agreement.
- 7.03 The County's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for the County's purchase of the indicated quantity of services, then the County may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

## 8.0 INDEMNIFICATION:

CONTRACTOR shall indemnify, defend, and hold harmless the County, its officers, agents, and employees, from and against any and all claims, liabilities, and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.

## 9.0 INSURANCE REQUIREMENTS:

- 9.01 **Evidence of Coverage:** Prior to commencement of this Agreement, the Contractor shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the Contractor upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to the County's Contracts/Purchasing Department, unless otherwise directed. The Contractor shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and the County has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

- 9.02 **Qualifying Insurers:** All coverage's, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- VII, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Purchasing Manager.

- 9.03 **Insurance Coverage Requirements:** Without limiting CONTRACTOR's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

**Commercial General Liability Insurance:** including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

*(Note: any proposed modifications to these general liability insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

**Requestor must check the appropriate Automobile Insurance Threshold:**

Requestor must check the appropriate box.

☐ **Agreement Under \$100,000 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 \$500,000 per occurrence.

☒ **Agreement Over \$100,000 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 or Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

*(Note: any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

**Workers' Compensation Insurance:** if CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

*(Note: any proposed modifications to these workers' compensation insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

**Professional Liability Insurance:** if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail

coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

*(Note: any proposed modifications to these insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

#### **9.04 Other Requirements:**

All insurance required by this Agreement shall be with a company acceptable to the County and issued and executed by an admitted insurer authorized to transact Insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that the County shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for Contractor and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

**Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional Insureds** 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 Insureds shall not be called upon to contribute to a loss covered by the CONTRACTOR'S insurance.** The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement form for Automobile Additional Insured endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by the County, CONTRACTOR shall file certificates of insurance with the County's contract administrator and County's Contracts/Purchasing Division, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect. CONTRACTOR shall always during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by County, annual certificates to County's Contract Administrator and County's Contracts/Purchasing Division. If the certificate is not received by the expiration date, County shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of

ACCO Engineered Systems, Inc. dba Geo H.  
Wilson Mechanical Contractors  
On-Call Plumbing Repair and Maintenance  
Public Works, Facilities and Parks

this Agreement, which entitles County, at its sole discretion, to terminate this Agreement immediately.

## **10.0 RECORDS AND CONFIDENTIALITY:**

- 10.1 **Confidentiality:** CONTRACTOR and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from the County or prepared in connection with the performance of this Agreement, unless County specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to County any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out CONTRACTOR's obligations under this Agreement.
- 10.2 **County Records:** When this Agreement expires or terminates, CONTRACTOR shall return to County any County records which CONTRACTOR used or received from County to perform services under this Agreement.
- 10.3 **Maintenance of Records:** CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal, state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three-year period, then CONTRACTOR shall retain said records until such action is resolved.
- 10.4 **Access to and Audit of Records:** The County shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of the County or as part of any audit of the County, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 10.5 **Royalties and Inventions:** County shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of County.

## **11.0 NON-DISCRIMINATION:**

- 11.1 During the performance of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), sexual orientation, or any other characteristic set forth in California Government code § 12940(a), either in CONTRACTOR's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and

treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, fully comply with all federal, state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

#### 12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS:

If this Agreement has been or will be funded with monies received by the County pursuant to a contract with the state or federal government in which the County is the grantee, CONTRACTOR will comply with all the provisions of said contract, to the extent applicable to CONTRACTOR as a subgrantee under said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, County will deliver a copy of said contract to CONTRACTOR, at no cost to CONTRACTOR.

#### 13.0 COMPLIANCE WITH APPLICABLE LAWS:

13.1 CONTRACTOR shall keep itself informed of and in compliance with all federal, state, and local laws, ordinances, regulations, and orders, including but not limited to all state and federal tax laws that may affect in any manner the Project or the performance of the Services or those engaged to perform Services under this AGREEMENT as well as any privacy laws including, if applicable, HIPAA. CONTRACTOR shall procure all permits and licenses, pay all charges and fees, and give all notices require by law in the performance of the Services.

13.2 CONTRACTOR shall report immediately to County's Contracts/Purchasing Officer, in writing, any discrepancy or inconsistency it discovers in the laws, ordinances, regulations, orders, and/or guidelines in relation to the Project of the performance of the Services.

13.3 All documentation prepared by CONTRACTOR shall provide for a completed project that conforms to all applicable codes, rules, regulations, and guidelines that are in force at the time such documentation is prepared.

#### 14.0 INDEPENDENT CONTRACTOR:

In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is always acting and performing as an independent contractor and not as an employee of the County. No offer or obligation of permanent employment with the County or County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from County any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of CONTRACTOR's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold County harmless from any and all liability which County may incur because of CONTRACTOR's failure to pay such taxes.

## 15.0 NOTICES:

Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to the County and CONTRACTOR'S contract administrators at the addresses listed below:

| FOR COUNTY:                                                             | FOR CONTRACTOR:                                |
|-------------------------------------------------------------------------|------------------------------------------------|
| John Snively<br>Management Analyst III                                  | Jack Irwin<br>Project Manager                  |
| Name and Title                                                          | Name and Title                                 |
| 1441 Schilling Place, South 2nd Floor<br>Salinas, California 93901-4527 | 250 Harvey West Blvd.,<br>Santa Cruz, CA 95060 |
| Address                                                                 | Address                                        |
| 831-759-6617<br>snivelyjm@co.monterey.ca.us                             | 408-642-0603<br>jirwin@geohwilson.com          |
| Phone:                                                                  | Phone:                                         |

## 16.0 MISCELLANEOUS PROVISIONS.

- 16.01 **Conflict of Interest:** CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the services required to be rendered under this Agreement.
- 16.02 **Amendment:** This Agreement may be amended or modified only by an instrument in writing signed by the County and the CONTRACTOR.
- 16.03 **Waiver:** Any waiver of any terms and conditions of this Agreement must be in writing and signed by the County and the CONTRACTOR. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 16.04 **Contractor:** The term "CONTRACTOR" as used in this Agreement includes CONTRACTOR's officers, agents, and employees acting on CONTRACTOR's behalf in the performance of this Agreement.
- 16.05 **Disputes:** CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 16.06 **Assignment and Subcontracting:** The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of the County. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.

- 16.07 **Successors and Assigns:** This Agreement and the rights, privileges, duties, and obligations of the County and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 16.08 **Headings:** The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 16.09 **Time is of the Essence:** Time is of the essence in each and all of the provisions of this Agreement.
- 16.10 **Governing Law:** This Agreement shall be governed by and interpreted under the laws of the State of California; venue shall be Monterey County.
- 16.11 **Non-exclusive Agreement:** This Agreement is non-exclusive and both County and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.
- 16.12 **Construction of Agreement:** The County and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 16.13 **Counterparts:** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 16.14 **Authority:** Any individual executing this Agreement on behalf of the County or the CONTRACTOR represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the party to the terms and conditions of this Agreement.
- 16.15 **Integration:** This Agreement, including the exhibits, represent the entire Agreement between the County and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between the County and the CONTRACTOR as of the effective date of this Agreement, which is the date that the County signs the Agreement.
- 16.16 **Interpretation of Conflicting Provisions:** In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

## 17.0 **CONSENT TO USE OF ELECTRONIC SIGNATURES.**

- 17.1 The parties to this Agreement consent to the use of electronic signatures via DocuSign to execute this Agreement. The parties understand and agree that the legality of electronic signatures is governed by state and federal law, 15 U.S.C. Section 7001 et seq.; California Government Code Section 16.5; and, California Civil Code Section 1633.1 et. seq. Pursuant to said state and federal law as may be amended from time to time, the parties to this Agreement hereby authenticate and execute this Agreement, and any and all Exhibits to this

Agreement, with their respective electronic signatures, including any and all scanned signatures in portable document format (PDF).

#### **17.2 Counterparts.**

The parties to this Agreement understand and agree that this Agreement can be executed in two (2) or more counterparts and transmitted electronically via facsimile transmission or by delivery of a scanned counterpart in portable document format (PDF) via email transmittal.

#### **17.3 Form: Delivery by E-Mail or Facsimile.**

Executed counterparts of this Agreement may be delivered by facsimile transmission or by delivery of a scanned counterpart in portable document format (PDF) by e-mail transmittal, in either case with delivery confirmed. On such confirmed delivery, the signatures in the facsimile or PDF data file shall be deemed to have the same force and effect as if the manually signed counterpart or counterparts had been delivered to the other party in person.

\*\*\*\*\* THIS SECTION INTENTIONALLY LEFT BLANK \*\*\*\*\*

**18.0 SIGNATURE PAGE.**

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Agreement as of the day and year written below.

**COUNTY OF MONTEREY**

By:

DocuSigned by:

*Angelica Ruelas*Contracts/Purchasing Officer  
11/30/2022 | 10:21 AM PST

Date:

By:

Department Head (if applicable)

Date:

Approved as to Form  
Office of the County Counsel  
Leslie J. Girard, County Counsel

By:

DocuSigned by:

*Mary Grace Perry, Deputy*

County Counsel

Date:

10/31/2022 | 2:22 PM PDT

Approved as to Fiscal Provisions

By:

DocuSigned by:

*Jennifer Forsyth*

Auditor/Controller

Date:

11/1/2022 | 12:09 PM PDT

Approved as to Liability Provisions  
Office of the County Counsel-Risk Manager  
Leslie J. Girard, County Counsel-Risk Manager

By:

Risk Management

Date:

**CONTRACTOR**

ACCO Engineered Systems, Inc. dba Geo H. Wilson Mechanical Contractors

Contractor/Business Name \*

By:

DocuSigned by:

*Tareq Barakzoy*

(Signature of Chair, President, or Vice-President)

Tareq Barakzoy, Vice President

Date:

Name and Title  
10/31/2022 | 12:55 PM PDT

By:

DocuSigned by:

*Hugh Palmer*

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

Hugh Palmer, Assistant Secretary

Date:

Name and Title  
10/31/2022 | 1:44 PM PDT

County Board of Supervisors' Agreement No. \_\_\_\_\_ approved on \_\_\_\_\_

\*INSTRUCTIONS: If CONTRACTOR is a corporation, including non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two (2) specified officers per California Corporations Code Section 313. If CONTRACTOR is a Limited Liability Corporation (LLC), the full legal name of the LLC shall be set forth above together with the signatures of two (2) managers. If CONTRACTOR is a partnership, the full legal 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 or Amendment to said Agreement.

<sup>1</sup>Approval by County Counsel is required

<sup>2</sup>Approval by Auditor-Controller is required

<sup>3</sup>Approval by Risk Management is necessary only if changes are made in paragraphs 8 or 9

ACCO Engineered Systems, Inc. dba Geo H.  
Wilson Mechanical Contractors  
Agreement ID: On-Call Plumbing Repair and Maintenance  
Public Works, Facilities and Parks

## **EXHIBIT-A**

**To Agreement by and between  
County of Monterey, hereinafter referred to as "County"  
AND**

**ACCO Engineered Systems, Inc. dba Geo H. Wilson Mechanical Contractors  
, hereinafter referred to as "CONTRACTOR"**

### **Scope of Services / Payment Provisions**

#### **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:

A.1.1 Contractor Minimum Work Performance Percentage: CONTRACTOR shall perform with its own organization contract work amounting to not less than Fifty Percent (50%) of the original total contract price, except that any designated 'Specialty Items' may be performed by subcontract and the amount of any such 'Specialty Items' so performed may be deducted from the original total AGREEMENT price before computing the amount of work required to be performed by CONTRACTOR with its organization.

A.1.2 Limitations on Scope of Work to Non-Works of Public Improvement. This Scope of Work is limited to regular, reoccurring repair and maintenance work which falls under the category of routine repair and maintenance as set forth below.

A.1.2.1 Per California Code of Regulations section 16000, which implements California Labor Code sections 1720 and 1771 related to the payment of prevailing wages upon public works, maintenance includes:

A.1.3 Routine, recurring and usual work for the preservation, protection and keeping of any publicly owned or publicly operated facility (plant, building, structure, ground facility, utility system or any real property) for its intended purposes in a safe and continually usable condition for which it has been designed, improved, constructed, altered or repaired.

A.1.4 Carpentry, electrical, plumbing, glazing, [touchup painting,] and other craft work designed to preserve the publicly owned or publicly operated facility in a safe, efficient and continuously usable condition for which it was intended, including repairs, cleaning and other operations on

machinery and other equipment permanently attached to the building or realty as fixtures.

A.1.4.1 Any work determined by the County to be a Work of Public Improvement, requiring informal or formal bidding procedures shall not be performed under this AGREEMENT.

A.1.5 CONTRACTOR shall hold a valid California State Contractors License in the appropriate category or categories of plumbing and/or engineering.

A.1.6 CONTRACTOR shall ensure that assigned workers are qualified, at an appropriate level of trade experience commensurate to assigned jobs, and have knowledge of proper methods, related tools, and materials.

A.1.7 CONTRACTOR shall conduct assessments of necessary repairs, including alternatives, e.g., repair or replacement.

A.1.8 CONTRACTOR shall prepare a work plan for requested job, subject to approval of the County Building Maintenance Supervisor or designee.

A.1.9 CONTRACTOR shall coordinate scheduling of work with assigned County personnel.

A.1.10 CONTRACTOR shall adhere to all appropriate safety precautions and requirements needed to do the assigned job.

A.1.11 CONTRACTOR shall perform repair and maintenance work, generally described as follows:

A.1.11.1 Repair or replace pipes, fittings, couplers, valves, fixtures, and other components related to transfer and control of water, gas, waste, or air.

A.1.11.2 Diagnosis, repair or mitigation of flow issues such as blockage, restriction, excessive pressure, collapsed drains.

A.1.11.3 Pressure testing controlled systems to determine presence of leakage and to ensure that appropriate levels are maintained.

A.1.11.4 Assemble, install and repair pipes, fittings and fixtures of water, gas and waste disposal systems according to specifications and plumbing codes.

A.1.11.5 Work with piping systems that transport liquid, gas or semisolid material.

- A.1.11.6 Install sinks, tubs and connections.
  - A.1.11.7 Maintain existing plumbing systems.
  - A.1.11.8 Follow blueprints if required.
  - A.1.11.9 Trace troubles in current plumbing systems, open clogged drains and pipes, thaw frozen pipes, and replace worn parts.
  - A.1.11.10 Connect water and drainage systems to fixtures.
- A.1.12 CONTRACTOR's employees will be required to be properly identified by plumbing attire preferably with name of company on the uniforms which must be worn at all times.
- A.1.13 CONTRACTOR's employees are required to pass a County background clearance check in order to work within both restricted and high security areas.
  - A.1.13.1 The Monterey County Sheriff's Office ("MCSO" or "Sheriff") will perform the clearance check at the County's cost.
- A.1.14 CONTRACTOR's workmanship must meet all applicable building and sanitation codes, and the best standard practices of the trade.
- A.1.15 CONTRACTOR, in the course of any work assignment, shall not impede County business, create a nuisance, or endanger County employees and/or the public.
  - A.1.15.1 CONTRACTOR shall ensure that work areas are appropriately contained and kept in an orderly condition.
  - A.1.15.2 Contractor shall ensure conformance with applicable Cal-OSHA codes while working in occupied or unoccupied facilities.
- A.1.16 Any damage caused by CONTRACTOR must be repaired by CONTRACTOR in an appropriate and timely manner at CONTRACTOR's expense.
- A.1.17 CONTRACTOR is expected to work hours that may vary due to the location of the work assignment. Specified work time(s) may be required.
- A.1.18 CONTRACTOR is required to ensure that all services, costs, and materials must, at minimum, meet the specifications for State of California, Contractors State License Board and CAL/OSHA regulations, as applicable.

- A.1.19 CONTRACTOR is to ensure that the insurance and required licenses and permits as applicable under both state and local jurisdictions are current during the full term of the AGREEMENT.
- A.1.20 CONTRACTOR offers the County a general expectation of the following response times:
- A.1.20.1 2-hour technician response time during standard business hours (7:00AM through 4:00PM, Monday through Friday, except holidays)
- A.1.20.2 4-hour response time for non-standard business hours, when service calls are placed via dispatch.
- A.1.20.3 Dispatch Contact: 800-598-2226, [ncdispatch@accoservice.com](mailto:ncdispatch@accoservice.com)
- A.1.21 CONTRACTOR shall provide a ninety-day (90-day) warranty for repairs and service work.

## B. PAYMENT PROVISIONS

### B.1. COMPENSATION/ PAYMENT

County shall pay an amount not to exceed \$150,000 for the performance of all things necessary for or incidental to the performance of work as set forth in the Scope of Work. CONTRACTOR'S compensation for services rendered shall be based on the following rates or in accordance with the following terms:

- B.1.1. All recommended repairs identified by CONTRACTOR and/or County during regular maintenance service or scheduled job walk are to be firm price in lieu of Time and Materials (T&M).
- B.1.2. Large projects may be quoted at a lump-sum price. T&M charges shall be based on the following rates:

| <b>Table B.1 – Labor Rates</b>                     |                              |                              |                              |                              |
|----------------------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Labor Rate<sup>+</sup></b>                      | <b>7/1/22 to<br/>6/30/23</b> | <b>7/1/23 to<br/>6/30/24</b> | <b>7/1/24 to<br/>6/30/25</b> | <b>7/1/25 to<br/>6/30/26</b> |
| HVAC/Plumbing Service Technician (Standard Time)*  | 197.00/hr                    | 206.00/hr                    | 215.00/hr                    | 224.00/hr                    |
| HVAC/Plumbing Service Technician (Overtime)**      | 265.95/hr                    | 278.10/hr                    | 290.25/hr                    | 302.40/hr                    |
| HVAC/Plumbing Service Technician (Premium Time)*** | 334.90/hr                    | 350.20/hr                    | 365.50/hr                    | 380.80/hr                    |
| <b>T&amp;M Service Call Charges</b>                |                              |                              |                              |                              |
| Technical Truck Charge                             | 75.00/Visit                  | 75.00/Visit                  | 75.00/Visit                  | 75.00/Visit                  |
|                                                    |                              |                              |                              |                              |

\* Standard Business Hours are 7:00AM to 4:00PM, M-F, except holidays

\*\* Overtime labor rates apply for non-standard business hours, except for Holidays and Sundays

\*\*\* Premium Time labor rates apply for Sunday and holidays

<sup>+</sup> All service calls have a minimum: one (1) truck charge fee, one (1) hour portal-to-portal travel to job site, minimum one (1) hour charge once on job site.

B.1.3. County and CONTRACTOR agree that CONTRACTOR shall be reimbursed for travel expenses during this Agreement. CONTRACTOR shall receive compensation for travel expenses as per the "County Travel Policy". A copy of the policy is available online at [www.co.monterey.ca.us/auditor/policies.htm](http://www.co.monterey.ca.us/auditor/policies.htm) To receive reimbursement, CONTRACTOR must provide a detailed breakdown of authorized expenses, identifying what was expended and when.

B.1.4. CONTRACTOR warrants that the cost charged for services under the terms of this contract are not in excess of those charged any other client for the same services performed by the same individuals.

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

NOTE: Payment may be based upon satisfactory acceptance of each deliverable, payment after completion of each major part of the Agreement, payment at conclusion of the Agreement, etc.

County may, in its sole discretion, terminate the contract 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.

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)  
09/30/2022

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 have ADDITIONAL INSURED provisions or 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><br>Aon Risk Insurance Services West, Inc.<br>Los Angeles CA Office<br>707 Wilshire Boulevard<br>Suite 2600<br>Los Angeles CA 90017-0460 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105<br><b>E-MAIL ADDRESS:</b><br><br><table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Liberty Mutual Fire Ins Co</td> <td>23035</td> </tr> <tr> <td>INSURER B: American Fire &amp; Casualty Co</td> <td>24066</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Liberty Mutual Fire Ins Co | 23035 | INSURER B: American Fire & Casualty Co | 24066 | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|---------------------------------------|-------|----------------------------------------|-------|------------|--|------------|--|------------|--|------------|--|
| INSURER(S) AFFORDING COVERAGE                                                                                                                               | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                                       |       |                                        |       |            |  |            |  |            |  |            |  |
| INSURER A: Liberty Mutual Fire Ins Co                                                                                                                       | 23035                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                       |       |                                        |       |            |  |            |  |            |  |            |  |
| INSURER B: American Fire & Casualty Co                                                                                                                      | 24066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                       |       |                                        |       |            |  |            |  |            |  |            |  |
| INSURER C:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                       |       |                                        |       |            |  |            |  |            |  |            |  |
| INSURER D:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                       |       |                                        |       |            |  |            |  |            |  |            |  |
| INSURER E:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                       |       |                                        |       |            |  |            |  |            |  |            |  |
| INSURER F:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                       |       |                                        |       |            |  |            |  |            |  |            |  |
| <b>INSURED</b><br>ACCO Engineered Systems, Inc. dba<br>Geo H. Wilson Mechanical Contractors<br>888 East Walnut Street<br>Pasadena CA 91101 USA              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                       |       |                                        |       |            |  |            |  |            |  |            |  |

**COVERAGES** **CERTIFICATE NUMBER:** 570095758602 **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.

| INSR LTR                                  | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                     | ADDL INSD | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | Limits shown as requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|--------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|-------------|----------------------------|-------------|-------------------------------------------|-------------|--------------------------------|---------|-----------------------|-------------|-------------------|-------------|------------------------|-------------|
| A                                         | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Deductible \$500,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y         |          | TB2661067353031    | 10/01/2021              | 10/01/2022              | <table border="1"> <thead> <tr> <th colspan="2">LIMITS</th> </tr> </thead> <tbody> <tr> <td>EACH OCCURRENCE</td> <td>\$2,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td>\$1,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$5,000</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td>\$2,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$4,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$4,000,000</td> </tr> </tbody> </table> |  | LIMITS                              |             | EACH OCCURRENCE            | \$2,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 | MED EXP (Any one person)       | \$5,000 | PERSONAL & ADV INJURY | \$2,000,000 | GENERAL AGGREGATE | \$4,000,000 | PRODUCTS - COMP/OP AGG | \$4,000,000 |
| LIMITS                                    |                                                                                                                                                                                                                                                                                                                                                                                       |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| EACH OCCURRENCE                           | \$2,000,000                                                                                                                                                                                                                                                                                                                                                                           |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000                                                                                                                                                                                                                                                                                                                                                                           |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| MED EXP (Any one person)                  | \$5,000                                                                                                                                                                                                                                                                                                                                                                               |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| PERSONAL & ADV INJURY                     | \$2,000,000                                                                                                                                                                                                                                                                                                                                                                           |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| GENERAL AGGREGATE                         | \$4,000,000                                                                                                                                                                                                                                                                                                                                                                           |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| PRODUCTS - COMP/OP AGG                    | \$4,000,000                                                                                                                                                                                                                                                                                                                                                                           |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| A                                         | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> Deductible \$150,000                                                              | Y         |          | AS2-661-067353-021 | 10/01/2021              | 10/01/2022              | <table border="1"> <tbody> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td>\$5,000,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td></td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td></td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                   |  | COMBINED SINGLE LIMIT (Ea accident) | \$5,000,000 | BODILY INJURY (Per person) |             | BODILY INJURY (Per accident)              |             | PROPERTY DAMAGE (Per accident) |         |                       |             |                   |             |                        |             |
| COMBINED SINGLE LIMIT (Ea accident)       | \$5,000,000                                                                                                                                                                                                                                                                                                                                                                           |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| BODILY INJURY (Per person)                |                                                                                                                                                                                                                                                                                                                                                                                       |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| BODILY INJURY (Per accident)              |                                                                                                                                                                                                                                                                                                                                                                                       |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| PROPERTY DAMAGE (Per accident)            |                                                                                                                                                                                                                                                                                                                                                                                       |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| B                                         | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION                                                                                                                                           |           |          | EUA2263708502      | 10/01/2021              | 10/01/2022              | <table border="1"> <tbody> <tr> <td>EACH OCCURRENCE</td> <td>\$9,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td>\$9,000,000</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                     |  | EACH OCCURRENCE                     | \$9,000,000 | AGGREGATE                  | \$9,000,000 |                                           |             |                                |         |                       |             |                   |             |                        |             |
| EACH OCCURRENCE                           | \$9,000,000                                                                                                                                                                                                                                                                                                                                                                           |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| AGGREGATE                                 | \$9,000,000                                                                                                                                                                                                                                                                                                                                                                           |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
|                                           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                               | Y/N       | N/A      |                    |                         |                         | <table border="1"> <tbody> <tr> <td>PER STATUTE</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td></td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                  |  | PER STATUTE                         | OTHER       | E.L. EACH ACCIDENT         |             | E.L. DISEASE-EA EMPLOYEE                  |             | E.L. DISEASE-POLICY LIMIT      |         |                       |             |                   |             |                        |             |
| PER STATUTE                               | OTHER                                                                                                                                                                                                                                                                                                                                                                                 |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| E.L. EACH ACCIDENT                        |                                                                                                                                                                                                                                                                                                                                                                                       |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| E.L. DISEASE-EA EMPLOYEE                  |                                                                                                                                                                                                                                                                                                                                                                                       |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |
| E.L. DISEASE-POLICY LIMIT                 |                                                                                                                                                                                                                                                                                                                                                                                       |           |          |                    |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |             |                            |             |                                           |             |                                |         |                       |             |                   |             |                        |             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 [RE: RFP No. 10870, County of Monterey Contracts & Purchasing Division, 1488 Schilling Place, Salinas, CA 93901.]  
 [AI: County of Monterey Contracts & Purchasing Division] is included as Additional Insured with respect to the General Liability and Automobile Liability Policies; and General Liability and Automobile Liability Policies evidenced herein are Primary and Non-Contributory to other insurance available as required by written contract but limited to the operations of the insured under the said contract.

**CERTIFICATE HOLDER**
**CANCELLATION**

|                                                                                                                          |                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Monterey Contracts & Purchasing Division<br>Attn: John Svively<br>1488 Schilling Place<br>Salinas CA 93901 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Holder Identifier : ALMW

570095758602

Certificate No :

POLICY NUMBER: TB2-661-067353-031

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

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 the person(s) or organization(s) shown in the Schedule, but 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(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. 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
2. 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:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; 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.

**SCHEDULE**

| <b>Name Of Additional Insured Person(s)<br/>Or Organization(s)</b>                                                                                                       | <b>Location(s) Of Covered Operations</b>                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| All persons or organizations with whom you have entered into a written contract or agreement, prior to an "occurrence" or offense, to provide additional insured status. | All locations as required by a written contract or agreement entered into prior to an "occurrence" or offense. |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations.                                                                   |                                                                                                                |

**POLICY NUMBER: AS2-661-067353-021**

**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.

### **SCHEDULE**

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

Any person or organization whom you have agreed in writing to add as an additional insured, but only to coverage and minimum limits of insurance required by the written agreement, and in no event to exceed either the scope of coverage or the limits of insurance provided in this policy

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.

**POLICY NUMBER: TB2-661-067353-031**

**COMMERCIAL GENERAL LIABILITY  
CG 20 01 04 13**

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

Policy #: AS2-661-067353-021

COMMERCIAL AUTO  
CA 04 49 11 16

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

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 the endorsement.

- A.** The following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and the **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

- B.** The following is added to the **Other Insurance** Condition in the Auto Dealers Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".