unaffected by this Contract Amendment.

CITY OF RICHMOND CONTRACT AMENDMENT

Department: Community Development		Project Manager: Charice Duckworth				
Project Manager E-mail:		Project Manager Phone No:				
charice_duckworth@ci.richmond.ca.us			412-2052			
P.R. No: Vendor No	: 1057	P.O./Contract No:	/5430			
Description of Services: Perform remediation of four (4) vacant brownfine Richmond.	eld sites located	at the corner of Fred Jackso	n Way and Duboce Avenue in No			
Amendment No4_ modifies the: @ Term, Payment Limit and Service Term and Service Plan		ent amendments attach An Payment Limit an Service Plan				
The parties to this Contract Amend	ment do mutu	ally agree and promise	as follows:			
1. <u>Parties</u> . The parties	to this Contra	act Amendment are the	City of Richmond,			
California, a municipal corporation	, -,	<u>-</u>	ractor:			
	North Richm	nond				
Company Name:						
Street Address: 1525-A F	Fred Jackson	ı Way				
City, State, Zip Code: Ricl	nmond, CA 9	4801				
Contact Person: Joanna G	riffith, Directo	or of Real Estate Dev	elopment			
Telephone: (510) 412-929	0	Email: jgriffith@comn	nunityhcd.org			
Business License No: 4000	-8986 /	Expiration Date:				
A California corporation limited partnership, individual dba as [specifor other [specify:]	vidual, 🗸 nor	ability corporation gon-profit corporation,	eneral partnership,			
2. <u>Purpose</u> . This Cont	ract Amendme	ent is being entered into	to amend the Contract			
between City and Contractor which	was approve	d by the City Council of	the City of Richmond or			
executed by the City Manager on	May 21, 2	2019 , which orig	inal term commenced			
on June 1, 2019 and t	terminates	December 20, 2020	with an original			
contract payment limit of \$269,792.	.00	. Said contract shall	hereinafter be referred			
to as the "Original Contract" and is	incorporated l	nerein by reference.				
3. <u>Original Contract Pro</u>	ovisions. The	parties hereto agree to	continue to abide by			
those terms and conditions of the C	Original Contra	act, and any amendmen	its thereto, which are			

- 4. <u>Amendment Provisions</u>. This Contract Amendment is subject to the Amendment Provisions attached hereto, which are incorporated herein by reference, and which control over any conflicting provisions of the Original Contract, or any amendment thereto.
- City of Richmond Business License Active Status Maintained. Pursuant to
 Municipal Code Section 7.04.030, the Contractor must maintain its City of Richmond business
 license for this Contract Amendment to be deemed to be in effect.
- 6. <u>Insurance Coverage Updated and Maintained.</u> Pursuant to the Original Contract, the Contractor shall provide the City with updated insurance certificates, and the Contractor shall maintain insurance coverage, for this Contract Amendment to be deemed to be in effect.
 - 7. <u>Signatures</u>. These signatures attest the parties' agreement hereto:

CITY OF RICHMOND, CALIFORNIA a municipal corporation



Title: Deputy City Manager

I hereby certify that the Original Contract and this Amendment have been approved by the City Council or executed by the City Manager.



Approved as to form:

By Slaunon Moore
City Attornes 2880A5A394BD...

List of Attachments:

- 1. Amendment Provisions
- 2. Updated Insurance Certificates

CONTRACTOR:
CHDC of North Richmond

(*The Corporation Chairperson of the Board, President or Vice-President รัฐกินใช้บริเรท on the line below.)

By Juny Hicks

C79ACE4023C54F3...

Board, President

Title:

(*The Corporation Chief Financial Officer, Secretary or Assistant Secretary should sign on the line below.)

	DocuSigned by:
Ву:	CHARLES FOUNDES
Title:	CF0

(NOTE: Pursuant to California Corporations Code Section 313, if Contractor is a corporation or nonprofit organization, this Contract (1) should be signed by the Chairperson of the Board, President or Vice-President and the Chief Financial Officer, Secretary or Assistant Secretary; (2) should have both signatures conform to designated representative groups pursuant to Corporations Code Section 313.

Contract Amendment/EJ/TE 09-26-07

Amendment No.

P.O./Contract No.

4

/5430

AMENDMENT PROVISIONS (TERM AND SERVICE PLAN)

- Paragraph 2 (Term) of the Original Contract is hereby amended to extend the Contract term. Paragraph 2 of the Original Contract is amended to read as follows:
 - "2. Term. The effective date of this Contract is

June 1, 2019

(Insert original contract commencement date)

and it terminates

December 31, 2024

(Insert new contract termination date)

unless sooner terminated as provided herein."

2. The Service Plan (Exhibit A) of the Original Contract is hereby amended to include the following tasks and/or services:

Contractor shall continue to provide the tasks and services set forth in the original contract - Community Housing Development Corporation of North Richmond (CHDCNR) will follow the guidelines of the Removal Action Workplan (RAW) approved by the Department of Toxic Substances Control (DTSC) for the brownfields site(s) located at 1329 Fred Jackson Way & Duboce Avenue. A total of four (4) vacant potentially contaminated sites will undergo remediation activities to determine if the activities are protective of human health and the environment. The soil removal action will be performed by an approved subcontractor (Adante Inc.) and supervised by the appointed staff of the DTSC.

The DTSC-approved Soil Removal Action Plan to be performed by Adante, Inc. will be attached to this contract as the primary source of work to be performed at the site(s).

The remediation work performed will be funded by the Richmond Brownfields EPA Revolving Loan Fund in the form of a grant to CHDCNR. The vacant parcels are receiving abatement in preparation for the construction of 43 permanently affordable multifamily units to be known as Legacy Court.

A contract amendment for an extension of "time only" is needed to secure additional grant funding to support the remediation of the site(s).

Contract Amendment between the City of Richmond and CHDC of North Richmond

Amendment No.

P.O./Contract No.

4

/5430

AMENDMENT PROVISIONS (AMENDMENT HISTORY)

The exe follo	e first Contract Amendment was approved by City Cour ecuted by the City Manager on 12/01/2020 f owing provisions (check those that apply):	ncil of the City of Richmond or or one or more of the
	Increased contract payment limit by \$exceed \$ 269,792.00	for a payment limit not to
✓	Term Amendment (insert new termination date): 12/31/ Service Plan	2021
Ric	e second Contract Amendment was approved by City Chmond or executed by the City Manager on 11/29/2021 he following provisions (check those that apply):	
	Increased contract payment limit by \$	for a payment limit not to
✓	exceed \$ 269,792.00 Term Amendment (insert new termination date): 12/31/ Service Plan	2022
exe	e third Contract Amendment was approved by City Cou ecuted by the City Manager on <u>1/6/2023</u> f owing provisions (check those that apply):	ncil of the City of Richmond or or one or more of the
	Increased contract payment limit by \$	
✓	exceed \$ 269,792.00 Term Amendment (insert new termination date): 12/31 Service Plan	/2023
or e	e fourth Contract Amendment was approved by City Co executed by the City Manager on owing provisions (check those that apply):	
	Increased contract payment limit by \$	
✓	exceed \$ 269,792.00 Term Amendment (insert new termination date): 12/31/2 Service Plan	2024
The exe follo	e fifth Contract Amendment was approved by City Cour ecuted by the City Manager onf owing provisions (check those that apply):	ncil of the City of Richmond or or one or more of the
	Increased contract payment limit by \$ exceed \$ 269,792.00 Term Amendment (insert new termination date): Service Plan	for a payment limit not to

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/11/2024

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 If SUBROGATION IS WAIVED, subject	t to t	he te	rms and conditions of th	ne polic	cy, certain p	olicies may	NAL INSURED provision require an endorsement	s or be t. A sta	endorsed. Itement on
this certificate does not confer rights	uch en	dorsement(s).						
PRODUCER Arthur J. Gallagher Risk Management Services, LLC.					CONTACT Amber Hatfield PHONE FOR ACTOR FAX				
595 Market Street, Suite 2100	. 3611	/ICCS	LLO.	PHONE (A/C, No	o, Ext): 410-00	6-4078	(A/C, No):		
San Francisco CA 94105				E-MAIL ADDRE	ss: amber_h	atfield@ajg.c	om		
				INSURER(S) AFFORDING COVERAGE NAIC #				NAIC#	
			License#: 0D69293					18058	
INSURED				<u> </u>	Rв: Houston				42374
Community Housing Development Co	rpora	ation	of North	INSURE		Cacaan, Co	ппралу		12071
1535 Fred Jackson Way Ste A					iiw				
Richmond, CA 94801				INSURE					
				INSURE					
				INSURE	RF:				
			NUMBER: 776348189				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO	CT TO V	VHICH THIS
INSR LTR TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A X COMMERCIAL GENERAL LIABILITY			PHPK2672452		4/1/2024	4/1/2025	EACH OCCURRENCE	\$ 1,000,	000
CLAIMS-MADE X OCCUR	1						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	00
	1						MED EXP (Any one person)	\$ 5,000	
	1						PERSONAL & ADV INJURY	\$1,000,	000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,	
X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$2,000,	
X OTHER: GL Ded: \$0							TROBUSTO SUMITOR ACC	\$	-
A AUTOMOBILE LIABILITY	-		PHPK2672452		4/1/2024	4/1/2025	COMBINED SINGLE LIMIT	\$1,000,	000
X ANY AUTO			71111(2072-102		47 172024	1772020	(Ea accident) BODILY INJURY (Per person)	\$	
								\$	
AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE		
X HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
								\$	
A X UMBRELLA LIAB X OCCUR			PHUB906462		4/1/2024	4/1/2025	EACH OCCURRENCE	\$ 10,000	0,000
EXCESS LIAB CLAIMS-MADI	E						AGGREGATE	\$ 10,000	0,000
DED X RETENTION \$ 10,000								\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N	l I						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
(Mandatory in NH) If yes, describe under	1								
DÉSCRIPTION OF OPERATIONS below	+	-	DUDI/2072450		4/4/0004	A /4 /000E	E.L. DISEASE - POLICY LIMIT Limit	\$ \$500,0	100
A Employee Theft/Dishonesty A Excess Employee Theft/Dishonesty Cyber			PHPK2672452 PHSD1824644 H24NGP240341-00		4/1/2024 10/26/2023 5/22/2024	4/1/2025 10/26/2025 4/1/2025	Limit Limit Limit	\$1,000 \$1,000	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: P.O./Contract No: 21300625/2259City of Richmond, its officers, officials, employees, agents and volunteers									
CERTIFICATE HOLDER				CANO	CELLATION				
City of Richmond, its office employees, agents and v	olunt	eers		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
450 Civic Center Plaza, C	ity Ma	anag	er's office	AUTHO	RIZED REPRESE	NTATIVE			
Richmond CA 94804-0046 USA				Menudreme Kalakaiis					

	4C	Ol	RD. CERTIFIC	CATE OF LIABIL	ITY INS	URANCE			DATE (MM/DD/YYYY) 6/10/2024
PRO	DUCER	(510) 235-0353	FAX	THIS CERTI	FICATE IS ISSUEI	D AS A MATTER OF	INFO	
	M A Hays Insurance ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR								END OR
			e #0094750		ALTER THE	COVERAGE AFF	ORDED BY THE POI	ICIE	S BELOW.
	Br.		lway CA 94	804	INSURERS AFFORDING COVERAGE NAIC #				C#
INSU	RED						alty & Surety	10211	
Con	mun	ity	Housing Dev. Corp	Of North Richmond	INSURER B: Sequoia Ins. Co. 22985				
153	5A	Fre	d Jackson Way		INSURER C:				
			_		INSURER D:				
Ric	hmo	nd	CA 94	801	INSURER E:				
CO	ERA	GES							
THE AG	IUIRE INSU GREG	MEN RAN	T, TERM OR CONDITION OF ANY	HAVE BEEN ISSUED TO THE INSURED CONTRACT OR OTHER DOCUMENT WIS DESCRIBED HEREIN IS SUBJECT TO A REDUCED BY PAID CLAIMS.	TH RESPECT TO \ ALL THE TERMS, E	MHICH THIS CERTIF XCLUSIONS AND CO	ICATE MAY BE ISSUED	OR M	MAY PERTAIN,
INSR LTR	ADD'L INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS	S
		GEN	IERAL LIABILITY				EACH OCCURRENCE		\$
			COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
			CLAIMS MADE OCCUR				MED EXP (Any one person		\$
							PERSONAL & ADV INJUR	r	S
							GENERAL AGGREGATE		\$
		GEN	L'LAGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP A	GG	3
			POLICY PRO- JECT LOC						
		AUT	OMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)		\$
			ALL OWNED AUTOS				BODILY INJURY		
			SCHEDULED AUTOS				(Per person)		\$
			HIRED AUTOS				BODILY INJURY		
			NON-OWNED AUTOS				(Per accident)		\$
							PROPERTY DAMAGE (Per accident)	8	\$
		GAF	RAGE LIABILITY				AUTO ONLY - EA ACCIDEN	NT	\$
			ANYAUTO				OTHER THAN EA.	ACC	\$
\vdash		EVO	ESS/UMBRELLA LIABILITY						\$
		EXC					EACH OCCURRENCE	-	\$
			OCCUR CLAIMS MADE				AGGREGATE		\$
			DEDUCTIBLE						\$
		_	RETENTION \$						\$ \$
В	WOR	ERS	COMPENSATION AND	QWC1339207	02/19/2024	02/19/2025	x WC STATU- TORY LIMITS X	OTH-	2
-	EMPL	OYER	RIS' LIABILITY RIETOR/PARTNER/EXECUTIVE				E,L, EACH ACCIDENT	FK	\$ 1,000,000
			EMBER EXCLUDED?				E,L, DISEASE - EA EMPLO	VEE	s 1,000,000
			ibe under SPECIAL IS below				E.L. DISEASE - POLICY LI		s 1,000,000
A			irectors and	105618912	5/24/2024	5/24/2025	D&O		\$1,000,000
		0	fficers	-			EPLI		\$1,000,000
DESC	RIPTIC	N OF	OPERATIONS/LOCATIONS/VEHICLES	 EXCLUSIONS ADDED BY ENDORSEMENT/SPE	CIAL PROVISIONS				
					TO THE PROPERTY				
CERTIFICATE HOLDER CANCELLATION									
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE							LIED BEFORE THE		
1	СТ	ТY	OF RICHMOND						
1			Manager's Office		1 00		ISSUING INSURER WI		
1		_	CIVIC CENTER PLAZA				E CERTIFICATE HOLDER N		
	RI	CHN	MOND, CA 94804-0046	5	FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE				
1						INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
					M				
ACC	RD 2	5 (20	01/08)			111	@ACO	RDC	ORPORATION 1988

ACORD 25 (2001/08) INS025 (0108).05

ELECTRONIC LASER FORMS, INC. - (500)327-0545

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/11/2024

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).

this certificate does not confer rights to th	e certificate noider in lieu of such	endorsement(s).	
PRODUCER		CONTACT Erin McCullough	
Acrisure of California, LLC., dba		PHONE (A/C, No, Ext): (408) 739-8300 FAX (A/C, No): (866) 826-67	781
All Spectrum Insurance Brokers		E-MAIL emccullough@acrisure.com	
3155 Olsen Drive #400		INSURER(S) AFFORDING COVERAGE	NAIC#
San Jose	CA 95117	INSURER A: Benchmark Specialty Insurance Company	17180
INSURED		INSURER B: United Financial Casualty Co.	11770
Adanta, Inc		INSURER C: Travelers Property Casualty Company of America 2	25674
1040 Main Street Ste 110-A		INSURER D:	
		INSURER E:	
Napa	CA 94559	INSURER F:	
COVERACES	CL 2452920586	BEVISION NUMBER:	

COVERAGES

CERTIFICATE NUMBER: CL2492920366

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUICED BY PAID CLAIMS

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR			ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 3,000,000 \$ 50,000
		CLAIMS-MADE X OCCUR			0			PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 10,000
Α			Υ	Υ	MNGRP2001016	02/06/2024	02/06/2025	PERSONAL & ADV INJURY	\$ 3,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:						Hired/Non-owned	\$ 1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
В		OWNED SCHEDULED AUTOS			974894361	11/10/2023	11/10/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB COCCUR						EACH OCCURRENCE	\$ 1,000,000
Α	A EXCESS LIAB CLAIMS-MADE MNGR-X-2000571 02/22/2024 02/06/2025 AGGREGATE		AGGREGATE	\$ 1,000,000					
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						➤ PER STATUTE OTH-	
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y Y Y Y Y Y Y Y Y Y	ER/EXECUTIVE TV		E.L. EACH ACCIDENT	\$ 1,000,000			
	(Mar	datory in NH)		TA 1 GB GRESTION				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Pro	ofessional Liability						Each Claim	\$3,000,000
Α		ntractors Pollution Liability			MNGRP2001016	02/06/2024	02/06/2025	Each Pollution Claim	\$3,000,000
DEC	DESCRIPTION OF OPERATIONS A OCCATIONS (A/CHICLES ACCORD 404 Additional Demarks Schedule, was the obtained if more pages in required)								

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

If required by a written contract/agreement per the attached endorsements MG-UN-0018 07 2022 (ongoing) and MG-UN-0005 07 2022 (product/completed operations), The City of Richmond, its officers, officials, employees, agents and

volunteers is listed as an additional insured with respects to General Liability coverages. Such insurance shall be primary and non-contributory to any other insurance with respects to General Liability coverages per form MG-UN-0006 07 2022. Waiver of Subrogation applies with respects to General Liability coverages per form MG-UN-0004 07 2022 and with respects to Workers' Compensation coverages per form WC 99 03 76 (A).

CERTIFICATE HOLDER		CANCELLATION
City of Richmond 450 Civic Center F	Daza	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
400 ONIO CONTON	1424	AUTHORIZED REPRESENTATIVE
Richmond I	CA 94804	Dinila?

ADDITIONAL INSURED ENDORSEMENT - OWNERS, LESSEES OR CONTRACTORS

Effective Date:

02/06/2024

Policy Number:

MNGR-P-2001016

Insured Name:

Adanta, Inc.

Writing Company:

Benchmark Specialty Insurance Company

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM CONTRACTORS POLLUTION LIABILITY POLICY

SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S):

Any person(s) or organization(s) whom the **Named Insured** (Named Insured) agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.

The following condition is added to the policy and supersedes anything to the contrary:

- A. SECTION II WHO IS AN INSURED is amended to include the person(s) or organization shown in the SCHEDULE as an additional insured, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

This insurance does not apply to **bodily injury** ("bodily injury") or **property damage** ("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 site of the covered operations has been completed; or
- (2) That portion of **your work** ("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.

All other terms and conditions remain the same.

ADDITIONAL INSURED ENDORSEMENT - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

Effective Date:

02/06/2024

Policy Number:

MNGR-P-2001016

Insured Name:

Adanta, Inc.

Writing Company:

Benchmark Specialty Insurance Company

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM CONTRACTORS POLLUTION LIABILITY POLICY

SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S):

Any person(s) or organization(s) whom the **Named Insured** (Named Insured) agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.

LOCATION AND DESCRIPTION OF COMPLETED OPERATIONS:

Project locations in which this endorsement is required by contract.

The following condition is added to the policy and supersedes anything to the contrary:

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

All other terms and conditions remain the same.

PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

Effective Date:

02/06/2024

Policy Number:

MNGR-P-2001016

Insured Name:

Adanta, Inc.

Writing Company:

Benchmark Specialty Insurance Company

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CONTRACTORS POLLUTION LIABILITY POLICY

PROFESSIONAL LIABILITY POLICY

SITE POLLUTION LIABILITY POLICY

SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S):

Any person(s) or organization(s) whom the **Named Insured** (Named Insured) agrees, in a written contract, to provide Primary and/or Non-Contributory status of this insurance. However, this status exists only for the project specified in that contract.

LOCATION AND DESCRIPTION OF COMPLETED OPERATIONS:

Project locations in which this endorsement is required by contract.

The following condition is added to the policy and supersedes anything to the contrary:

This policy shall be considered primary to any similar insurance held by third parties in respect to work performed by an insured under any written contractual agreement with such third party. It is further agreed that any other insurance which the person(s) or organization(s) named in the schedule may have is excess and noncontributory to this insurance.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

Effective Date:

02/06/2024

Policy Number:

MNGR-P-2001016

Insured Name:

Adanta, Inc.

Writing Company:

Benchmark Specialty Insurance Company

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CONTRACTORS POLLUTION LIABILITY POLICY

FOLLOW FORM EXCESS LIABILITY POLICY

PROFESSIONAL LIABILITY POLICY

SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S):

Any person(s) or organization(s) where required by written contract, executed prior to the start of Operations.

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

The following condition is added to the policy and supersedes anything to the contrary:

We waive any right of recovery we may have against the person(s) or organization(s) shown in the SCHEDULE above because of payments we make for injury or damage arising out of your ongoing operations or **your work** ("your work") done under a contract with that person(s) or organization(s) and included in the **products-completed operations hazard** (products-completed operations hazard/"products completed operations hazard"). This waiver applies only to the person(s) or organization(s) shown in the SCHEDULE of this endorsement.

POLICY NUMBER: MNGR-P-2001016

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Construction Projects:

All projects occurring away from premises owned or rented by you. We will pay no more than \$5,000,000 for all claims or "suits" under this policy that are subject to the General Aggregate

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under COVERAGE A (SECTION I), and for all medical expenses caused by accidents under COVERAGE C (SECTION I), which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
 - A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
 - 2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under COVERAGE A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under COVERAGE C regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - **c.** Persons or organizations making claims or bringing "suits".
 - 3. Any payments made under COVERAGE A for damages or under COVERAGE C for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.

- 4. The limits shown in the Declarations for Each Occurrence, Fire Damage and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.
- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under COVERAGE A (SECTION I), and for all medical expenses caused by accidents under COVERAGE C (SECTION I), which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
 - Any payments made under COVERAGE A for damages or under COVERAGE C for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and
 - Such payments shall not reduce any Designated Construction Project General Aggregate Limit.
- C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 03 13 (00) - 001

POLICY NUMBER: UB-6K284737-24-42-G

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

DESIGNATED ORGANIZATION:

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS WAIVER.

DATE OF ISSUE: 04-16-24 ST ASSIGN: PAGE 1 OF1