CITY OF RICHMOND CONTRACT AMENDMENT

Department:	Project Manager:						
Project Manager E-mail:	Project Manager Phone No:						
P.R. No: Vendor No:	P.O./Contract No:						
Description of Services:							
Amendment No modifies the: (2 nd or subsequ ☐ Term, Payment Limit and Service Plan ☐ Term and Service Plan							
The parties to this Contract Amendment do mutu	ually 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 (City), and the	e following named Contractor:						
Company Name:							
Street Address:							
City, State, Zip Code:							
Contact Person:							
Telephone:	Email:						
Business License No: /	Expiration Date:						
2. <u>Purpose</u> . This Contract Amendm	ent is being entered into to amend the Contract						
between City and Contractor which was approved by the City Council of the City of Richmond or							
executed by the City Manager on, which original term commenced							
on and terminates	with an original						
contract payment limit of \$ Said contract shall hereinafter be referred							
to as the "Original Contract" and is incorporated herein by reference.							
3. <u>Original Contract Provisions</u> . The	e parties hereto agree to continue to abide by						
those terms and conditions of the Original Contract, and any amendments thereto, which are							
unaffected by this Contract Amendment.							

- 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:

7. <u>Signatures</u> . These signatures alles	tifie parties agreement hereto.				
CITY OF RICHMOND, CALIFORNIA a municipal corporation	CONTRACTOR:				
Ву	(*The Corporation Chairperson of the Board, President or Vice-President should sign on the line below.)				
Title:	Ву				
I hereby certify that the Original Contract and this Amendment have been approved	Title:				
by the City Council or executed by the City Manager.	(*The Corporation Chief Financial Officer, Secretary or Assistant Secretary should sign on the line below.)				
By City Clerk	By:				
Approved as to form:	(NOTE: Pursuant to California Corporat Code Section 313, if Contractor is a corporation or nonprofit organization, thi				
By	Contract (1) should be signed by the Chairperson of the Board, President or				
City Attorney	Vice-President <u>and</u> the Chief Financial Officer, Secretary or Assistant Secretary; (2)				
List of Attachments: 1. Amendment Provisions 2. Updated Insurance Certificates	should have both signatures conform to designated representative groups pursuant to Corporations Code Section 313.				

Contract Amendment/EJ/TE 09-26-07

Contract Amendment between	the City of Richmond and
Amendment No.	P.O./Contract No.

AMENDMENT PROVISIONS (TERM, PAYMENT LIMIT AND SERVICE PLAN)

1.	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. <u>Term</u> . The effective date of this Contract is							
	(Insert original contract commencement date)							
	and it terminates							
	(Insert new contract termination date)							
	unless sooner terminated as provided herein."							
2.	Paragraph 3 (Payment Limit) of the Original Contract is hereby amended to increase the payment limit by \$\frac{8085.00}{}. Paragraph 3 of the Original Contract is amended to read as follows:							
	"3. Payment Limit. City's total payments to Contractor under this Contract shall not exceed \$ including expenses."							
	"The City of Richmond shall not pay for services that exceed the Contract Payment Limit without the prior written approval of the City Manager if the total Contract amount does not exceed \$10,000 or without the prior approval of the City Council if the total Contract amount is over \$10,000."							
3.	The Service Plan (Exhibit A) of the Original Contract is hereby amended to include the following tasks and/or services:							

(Contract Amendment betwee	n the City of Richmond and
-	Amendment No.	P.O./Contract No.

AMENDMENT PROVISIONS (SERVICE PLAN) (CONTRACTOR'S OBLIGATION'S)

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

Amendment No.

P.O./Contract No.

AMENDMENT PROVISIONS (AMENDMENT HISTORY)

exe	e first Contract Amendment was approved by City 0 ecuted by the City Manager onlowing provisions (check those that apply):	
	Increased contract payment limit by \$ exceed \$ Term Amendment (insert new termination date): Service Plan	for a payment limit not to
Ric	e second Contract Amendment was approved by Cohmond or executed by the City Manager onthe following provisions (check those that apply):	•
	Increased contract payment limit by \$	for a payment limit not to
	exceed \$ Term Amendment (insert new termination date): Service Plan	
	e third Contract Amendment was approved by City ecuted by the City Manager onlowing provisions (check those that apply):	
	Increased contract payment limit by \$ exceed \$ Term Amendment (insert new termination date): Service Plan	
or	e fourth Contract Amendment was approved by Cit executed by the City Manager on lowing provisions (check those that apply):	
	Increased contract payment limit by \$ exceed \$ Term Amendment (insert new termination date): Service Plan	
	e fifth Contract Amendment was approved by City (ecuted by the City Manager on_lowing provisions (check those that apply):	
	Increased contract payment limit by \$ exceed \$ Term Amendment (insert new termination date): Service Plan	for a payment limit not to

P.O./Contract No.

or e	e sixth Contract Amendment was approved by City Coulexecuted by the City Manager onlowing provisions (check those that apply):	
1011	owing provisions (check those that apply).	
	Increased contract payment limit by \$ exceed \$	for a payment limit not to
	Term Amendment (insert new termination date): Service Plan	
Ric	e seventh Contract Amendment was approved by City Cohmond or executed by the City Manager on	
of t	the following provisions (check those that apply):	
	Increased contract payment limit by \$	for a payment limit not to
	exceed \$ Term Amendment (insert new termination date): Service Plan	
or e	e eighth Contract Amendment was approved by City Co executed by the City Manager onlowing provisions (check those that apply):	
	Increased contract payment limit by \$exceed \$	for a payment limit not to
	Term Amendment (insert new termination date):Service Plan	
or e	e ninth Contract Amendment was approved by City Cou executed by the City Manager on lowing provisions (check those that apply):	ncil of the City of Richmond for one or more of the
	Increased contract payment limit by \$exceed \$	for a payment limit not to
	Term Amendment (insert new termination date):	
or e	e tenth Contract Amendment was approved by City Cou executed by the City Manager onlowing provisions (check those that apply):	ncil of the City of Richmond for one or more of the
	Increased contract payment limit by \$ exceed \$ Term Amendment (insert new termination date):	for a payment limit not to

Amendment No.

□ Service Plan



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/15/2022

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).

this certificate	does not comer rights to the certificate	nolaer in lieu ol St	ich endorsement(s).	
PRODUCER			CONTACT Jill Cash	
State Farm	Jill Cash		PHONE (A/C, No, Ext): 925-892-8000 FAX (A/C, No):	
	2340 Santa Rita Road Suite 2		E-MAIL ADDRESS:	
●● ®			INSURER(S) AFFORDING COVERAGE	NAIC#
	Pleasanton	CA 94566	INSURER A: State Farm General Insurance Company	25151
INSURED			INSURER B:	
TH	E GLEN PRICE GROUP		INSURER C:	
719	EL CERRITO PLZ		INSURER D:	
			INSURER E:	
EL	CERRITO	CA 94530-4022	INSURER F:	ı .
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:	
THIS IS TO CEE	TIEY THAT THE POLICIES OF INSURANCE	LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO	LICY PERIOD

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α					97-S0-5149-2	02/15/2022	02/15/2023	PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)	N / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

CERTIFICATE HOLD	ER	·	CANCELLATION		
	tichmond c Center Plaza		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 CIVI	C Ceriler Flaza		AUTHORIZED REPRESENTATIVE		
Diahma	Richmond	CA 94804	This form was system-generated on February 15, 2022 .		
Richmol		CA 94804	To obtain a signed form, please contact your Agent.		

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L8LZ Policy No.: 97-S0-5149-2 FE-6609

SECTION II ADDITIONAL INSURED ENDORSEMENT



Policy No.: 97-S0-5149-2

Named Insured: THE GLEN PRICE GROUP

Additional Insured (include address):

CITY OF RICHMOND 450 Civic Center Plaza RICHMOND CA 94804

WHO IS AN INSURED, under SECTION II DESIGNATION OF INSURED, is amended to include as an insured the Additional Insured shown above, but only to the extent that liability is imposed on that Additional Insured solely because of **your work** performed for that Additional Insured shown above.

Any insurance provided to the Additional Insured shall only apply with respect to a claim made or a **suit** brought for damages for which you are provided coverage.

The Primary Insurance coverage below applies only when there is an "X" in the box.

Primary Insurance. The insurance provided to the Additional Insured shown above shall be primary insurance. Any insurance carried by the Additional Insured shall be noncontributory with respect to coverage provided to you.

All other policy provisions apply.

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