## CONSULTANT AGREEMENT

THIS AGREEMENT, entered into this \_\_\_\_\_day of \_\_\_\_\_\_ 2015, by and between CITY OF ALAMEDA, a municipal corporation (hereinafter referred to as "City"), and SHAH KAWASAKI ARCHITECTS, a California corporation whose address is 1111 Broadway, Suite 1650, Oakland, CA 94607, (hereinafter referred to as "Consultant"), is made with reference to the following:

## **RECITALS**:

A. City is a municipal corporation duly organized and validly existing under the laws of the State of California with the power to carry on its business as it is now being conducted under the statutes of the State of California and the Charter of the City.

B. City requires architectural assistance with all aspects of maintenance and CIP projects. On March 27, 2015 the City issued a Request for Proposal and reached out to the Consultant's on the City's bidders list, the builder's exchanges and posted the Request for Proposal on the City's website. After a bidding period of 25 days 16 firms submitted proposals. City interviewed qualified firms, and selected the firm that best meets the City's needs.

C. Consultant is professionally, experienced and competent to perform the special services which will be required by this Agreement.

D. Consultant possesses the skill, experience, ability, background, certification and knowledge to provide the services described in this Agreement on the terms and conditions described herein.

E. City and Consultant desire to enter into an agreement for on-call architectural services upon the terms and conditions herein.

NOW, THEREFORE, it is mutually agreed by and between the undersigned parties as follows:

1. <u>TERM</u>:

The term of this Agreement shall commence on the 1st day of July 2015, and shall terminate on the 30th day of June 2016, unless terminated earlier as set forth herein.

This agreement may be mutually amended on a year-by-year basis, for up to four (4) additional years, based on satisfactory performance of all aspects of this contract. The Public Works Director may submit written notice that the contract is to be extended at the same terms and costs (plus an annual increase to the Consumer Price Index for the San Francisco Bay Area appropriate to the trades associated with the work as reported in the *Engineering News Record* (ENR), for the previous calendar year) as the existing contract, except as provided herein.

# 2. <u>SERVICES TO BE PERFORMED</u>:

Consultant shall perform each requested service set forth in the list of services detailed in Exhibit "A", as directed by the City, which is attached hereto and incorporated herein by this reference. The Consultant acknowledges that the work plan included in Exhibit "A" is tentative and does not commit the City to request Consultant to perform all tasks included therein.

# 3. <u>COMPENSATION TO CONSULTANT</u>:

Consultant shall be compensated for services performed pursuant to this Agreement in the amount set forth in Exhibit "B" which is attached hereto and incorporated herein by this reference. Payment shall be made by checks drawn on the treasury of the City, to be taken from various funds, as budgeted for the particular project or task.

Payment will be made by the City in the following manner: On the first day of each month, Consultant shall submit a written estimate of the total amount of work done the previous month. Payment will be for time and direct costs and are not to exceed budget. Pricing and accounting of charges are to be according to the fee schedule in Exhibit "B" unless mutually agreed upon in writing. Extra work must be approved in writing by City prior to performance and shall be paid on a Time and Material basis using Exhibit "B" schedule.

Total compensation for identified work scope is not to exceed \$150,000.

# 4. <u>TIME IS OF THE ESSENCE:</u>

The Consultant will perform these services with reasonable diligence and expediency consistent with sound professional practices.

# 5. <u>STANDARD OF CARE</u>:

Consultant agrees to perform all services hereunder in a manner commensurate with the prevailing standards of like professionals in the San Francisco Bay Area providing services under similar circumstances and agrees that all services shall be performed by professionally qualified and experienced personnel who are not employed by the City nor have any contractual relationship with City.

# 6. **INDEPENDENT PARTIES**:

Consultant hereby declares that it is engaged as in independent business and it agrees to perform its services as an independent contractor. The manner and means of conducting the work are under the control of Consultant, except to the extent they are limited by statute, rule or regulation and the express terms of this Agreement. No civil service status or other right of employment will be acquired by virtue of Consultant's services. None of the benefits provided by City to its employees, including but not limited to, unemployment insurance, workers' compensation plans, vacation and sick leave are available from City to Consultant, its employees or agents. Deductions shall not be made for any state or federal taxes, FICA payments, PERS payments, or other purposes normally associated with an employer-employee relationship from any fees due Consultant. Payments of the above items, if required, are the responsibility of Consultant..

## 7. IMMIGRATION REFORM AND CONTROL ACT (IRCA):

Consultant assumes any and all responsibility for verifying the identity and employment authorization of all of his/her employees performing work hereunder, pursuant to all applicable IRCA or other federal, or state rules and regulations. Consultant shall indemnify, defend, and hold city harmless from and against any loss, damage, liability, costs or expenses arising from any noncompliance of this provision by Consultant.

## 8. <u>NON-DISCRIMINATION:</u>

Consistent with City's policy that harassment and discrimination are unacceptable employer/employee conduct, Consultant agrees that harassment or discrimination directed toward a job applicant, a City employee, or a citizen by Consultant or Consultant's employee or subcontractor on the basis of race, religious creed, color, national origin, ancestry, handicap, disability, marital status, pregnancy, sex, age, or sexual orientation will not be tolerated. Consultant agrees that any and all violations of this provision shall constitute a material breach of this Agreement.

## 9. HOLD HARMLESS:

## Indemnification:

Consultant shall indemnify, defend, and hold harmless City, its City Council, boards, commissions, officials, employees, and volunteers ("Indemnitees") from and against any and all loss, damages, liability, claims, suits, costs and expenses whatsoever, including reasonable attorneys' fees ("Claims"), arising from or in any manner connected to Consultant's negligent act or omission, whether alleged or actual, regarding performance of services or work conducted or performed pursuant to this Agreement. If Claims are filed against Indemnitees which allege negligence on behalf of the Consultant, Consultant shall have no right of reimbursement against Indemnitees for the costs of defense even if negligence is not found on the part of Consultant. However, Consultant shall not be obligated to indemnify Indemnitees from Claims arising from the sole negligence or willful misconduct of Indemnitees.

## Indemnification For Claims for Professional Liability:

As to Claims for professional liability only, Consultant's obligation to defend Indemnitees (as set forth above) is limited to the extent to which its professional liability insurance policy will provide such defense costs.

## 10. INSURANCE:

On or before the commencement of the term of this Agreement, Consultant shall furnish City with certificates showing the type, amount, class of operations covered, effective dates and dates of expiration of insurance coverage in compliance with paragraphs 10A, B, C, D and E. Such certificates, which do not limit Consultant's indemnification, shall also contain substantially the following statement: "Should any of the above insurance covered by this certificate be canceled or coverage reduced before the expiration date thereof, the insurer affording coverage shall provide thirty (30) days' advance written notice to the City of Alameda by certified mail, Attention: Risk Manager." It is agreed that Consultant shall maintain in force at all times during the performance of this Agreement all appropriate coverage of insurance required by this Agreement with an insurance company that is acceptable to City and licensed to do insurance business in the State of California. Endorsements naming the City, its City Council, boards, commissions, officials, employees and volunteers as additional insured shall be submitted with the insurance certificates except as to professional liability and worker's compensation policies.

A. <u>COVERAGE</u>:

Consultant shall maintain the following insurance coverage:

(1) <u>Workers' Compensation</u>:

Statutory coverage as required by the State of California.

(2) <u>Liability</u>:

Commercial general liability coverage in the following minimum limits:

Bodily Injury: \$1,000,000 each occurrence \$2,000,000 aggregate - all other

Property Damage: \$1,000,000 each occurrence \$2,000,000 aggregate

If submitted, combined single limit policy with aggregate limits in the amounts of \$2,000,000 will be considered equivalent to the required minimum limits shown above.

(3) <u>Automotive</u>:

Comprehensive automotive liability coverage (any auto) in the following minimum limits:

Bodily Injury:	\$1,000,000 each occurrence
Property Damage:	\$1,000,000 each occurrence
or	
Combined Single Limit:	\$2,000,000 each occurrence

(4) <u>Professional Liability</u>:

Professional liability insurance which includes coverage for the professional acts, errors and omissions of Consultant in the amount of at least \$2,000,000.

# B. <u>SUBROGATION WAIVER</u>:

Consultant agrees that in the event of loss due to any of the perils for which he/she has agreed to provide comprehensive general and automotive liability insurance, Consultant shall look solely to his/her insurance for recovery. Consultant hereby grants to City, on behalf of any insurer providing comprehensive general and automotive liability insurance to either Consultant or City with respect to the services of Consultant herein, a waiver of any right to subrogation which any such insurer of said Consultant may acquire against City by virtue of the payment of any loss under such insurance.

# C. FAILURE TO SECURE:

If Consultant at any time during the term hereof should fail to secure or maintain the foregoing insurance, City shall be permitted to obtain such insurance in the Consultant's name or as an agent of the Consultant and shall be compensated by the Consultant for the costs of the insurance premiums at the maximum rate permitted by law and computed from the date written notice is received that the premiums have not been paid.

# D. <u>ADDITIONAL INSURED</u>:

City, its City Council, boards, commissions, officials, employees and volunteers shall be named as an additional insured under all insurance coverages, except any professional liability insurance and worker's compensation insurance policies, required by this Agreement. The naming of an additional insured shall not affect any recovery to which such additional insured would be entitled under this policy if not named as such additional insured. An additional insured named herein shall not be held liable for any premium, deductible portion of any loss, or expense of any nature on this policy or any extension thereof. Any other insurance held by an additional insured shall not be required to contribute anything toward any loss or expense covered by the insurance provided by this policy.

# E. <u>SUFFICIENCY OF INSURANCE</u>:

The insurance limits required by City are not represented as being sufficient to protect Consultant. Consultant is advised to confer with Consultant's insurance broker to determine adequate coverage for Consultant.

# 11. <u>CONFLICT OF INTEREST</u>:

Consultant represents that it is not a conflict of interest for Consultant to perform the services required by this Agreement. Consultant may be required to fill out a conflict of interest form if the services provided under this Agreement require Consultant to make certain governmental decisions or serve in a staff capacity as defined in Title 2, Division 6, Section 18700 of the California Code of Regulations.

# 12. <u>PROHIBITION AGAINST TRANSFERS</u>:

Neither party shall not assign, sublease, hypothecate, or transfer this Agreement, or any interest therein, directly or indirectly, by operation of law or otherwise,

without prior written consent of the other party. Any attempt to do so without said consent shall be null and void, and any assignee, sublessee, hypothecate or transferee shall acquire no right or interest by reason of such attempted assignment, hypothecation or transfer. However, claims for money by Consultant from City under this Agreement may be assigned to a bank, trust company or other financial institution without prior written consent. Written notice of such assignment shall be promptly furnished to City by Consultant.

The sale, assignment, transfer or other disposition of any of the issued and outstanding capital stock of Consultant, or of the interest of any general partner or joint venturer or syndicate member or cotenant, if Consultant is a partnership or joint venture or syndicate or cotenancy, which shall result in changing the control of Consultant, shall be construed as an assignment of this Agreement. Control means fifty percent (50%) or more of the voting power of the corporation.

## 13. SUBCONTRACTOR APPROVAL:

Unless prior written consent from City is obtained, only those people and subcontractors whose names and resumes are attached to this Agreement shall be used in the performance of this Agreement.

In the event that Consultant employs subcontractors, such subcontractors shall be required to furnish proof of workers' compensation insurance and shall also be required to carry general, automobile and professional liability insurance in reasonable conformity to the insurance carried by Consultant. In addition, any work or services subcontracted hereunder shall be subject to each provision of this Agreement.

## 14. <u>PERMITS AND LICENSES</u>:

Consultant, at his/her sole expense, shall obtain and maintain during the term of this Agreement, all appropriate permits, certificates and licenses including, but not limited to, a City Business License, that may be required in connection with the performance of services hereunder.

## 15. <u>REPORTS</u>:

A. Each and every report, draft, work product, map, record and other document, hereinafter collectively referred to as "Report", reproduced, prepared or caused to be prepared by Consultant pursuant to or in connection with this Agreement, shall be the exclusive property of City. Consultant shall not copyright any Report required by this Agreement and shall execute appropriate documents to assign to City the copyright to Reports created pursuant to this Agreement. Any Report, information and data acquired or required by this Agreement shall become the property of City, and all publication rights are reserved to City.

B. All Reports prepared by Consultant may be used by City in execution or implementation of:

- (1) The original Project for which Consultant was hired;
- (2) Completion of the original Project by others;
- (3) Subsequent additions to the original project; and/or
- (4) Other City projects as appropriate.

C. Consultant shall, at such time and in such form as City may require, furnish reports concerning the status of services required under this Agreement.

D. All Reports required to be provided by this Agreement shall be printed on recycled paper. All Reports shall be copied on both sides of the paper except for one original, which shall be single sided.

E. No Report, information or other data given to or prepared or assembled by Consultant pursuant to this Agreement shall be made available to any individual or organization by Consultant without prior approval by City.

#### 16. <u>RECORDS</u>:

Consultant shall maintain complete and accurate records with respect to sales, costs, expenses, receipts and other such information required by City that relate to the performance of services under this Agreement.

Consultant shall maintain adequate records of services provided in sufficient detail to permit an evaluation of services. All such records shall be maintained in accordance with generally accepted accounting principles and shall be clearly identified and readily accessible. Consultant shall provide free access to such books and records to the representatives of City or its designees at all proper times, and gives City the right to examine and audit same, and to make transcripts therefrom as necessary, and to allow inspection of all work, data, documents, proceedings and activities related to this Agreement. Such records, together with supporting documents, shall be kept separate from other documents and records and shall be maintained for a period of three (3) years after receipt of final payment.

If supplemental examination or audit of the records is necessary due to concerns raised by City's preliminary examination or audit of records, and the City's supplemental examination or audit of the records discloses a failure to adhere to appropriate internal financial controls, or other breach of contract or failure to act in good faith, then Consultant shall reimburse City for all reasonable costs and expenses associated with the supplemental examination or audit.

## 17. <u>NOTICES</u>:

All notices, demands, requests or approvals to be given under this Agreement shall be given in writing and conclusively shall be deemed served when delivered personally or on the second business day after the deposit thereof in the United States Mail, postage prepaid, registered or certified, addressed as hereinafter provided. All notices, demands, requests, or approvals from Consultant to City shall be addressed to City at:

City of Alameda Public Works Department 950 West Mall Square, Room 110 Alameda, CA 94501 Attention: Laurie Kozisek, Acting Senior Engineer Ph: (510) 747-7930 / Fax: (510) 769-6030 Email: Ikozisek@alamedaca.gov

All notices, demands, requests, or approvals from City to Consultant shall be addressed to Consultant at:

Shah Kawasaki Architects 1111 Broadway, suite 1650 Oakland, CA 94607 Attention: Philip Luo, Principal Ph: (510) 379-2275 / Fax: (510) 663-6093 Email: pluo@skarc.com

## 18. TERMINATION:

In the event Consultant fails or refuses to perform any of the provisions hereof at the time and in the manner required hereunder, Consultant shall be deemed in default in the performance of this Agreement. If such default is not cured within a period of two (2) business days after receipt by Consultant from City of written notice of default, specifying the nature of such default and the steps necessary to cure such default, City may terminate the Agreement forthwith by giving to the Consultant written notice thereof.

City shall have the option, at its sole discretion and without cause, of terminating this Agreement by giving seven (7) days' prior written notice to Consultant as provided herein. Upon termination of this Agreement, each party shall pay to the other party that portion of compensation specified in this Agreement that is earned and unpaid prior to the effective date of termination.

## 19. <u>PURCHASES OF MINED MATERIALS REQUIREMENT</u>:

Consultant shall ensure that all purchases of mined materials such as construction aggregate, sand and gravel, crushed stone, road base, fill materials, and any other mineral materials must originate from a surface mining operation identified on the AB3098 List per the Surface Mining and Reclamation Act of 1975 (SMARA).

Within five days of award of contract, Consultant shall submit a report to City which lists the intended suppliers for the above materials and demonstrates that the suppliers are in compliance with the SMARA requirements. The AB3098 List is maintained by the Department of Conservation's Office of Mine Reclamation (OMR) and can be viewed at: <u>www.conservation.ca.gov/OMR/ab\_3098\_list/index.htm</u>. Note that the list changes periodically and should be reviewed accordingly.

#### 20. COMPLIANCES:

Consultant shall comply with all applicable state and federal laws and all ordinances, rules and regulations enacted or issued by City.

#### 21. CONFLICT OF LAW:

This Agreement shall be interpreted under, and enforced by the laws of the State of California excepting any choice of law rules which may direct the application of laws of another jurisdiction. The Agreement and obligations of the parties are subject to all valid laws, orders, rules, and regulations of the authorities having jurisdiction over this Agreement (or the successors of those authorities.)

Any suits brought pursuant to this Agreement shall be filed with the courts of the County of Alameda, State of California.

#### 22. ADVERTISEMENT:

Consultant shall not post, exhibit, display or allow to be posted, exhibited, displayed any signs, advertising, show bills, lithographs, posters or cards of any kind pertaining to the services performed under this Agreement unless prior written approval has been secured from City to do otherwise.

#### 23. <u>WAIVER</u>:

A waiver by City of any breach of any term, covenant, or condition contained herein shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant, or condition contained herein, whether of the same or a different character.

#### 24. INTEGRATED CONTRACT:

This Agreement represents the full and complete understanding of every kind or nature whatsoever between the parties hereto, and all preliminary negotiations and agreements of whatsoever kind or nature are merged herein. No verbal agreement or implied covenant shall be held to vary the provisions hereof. Any modification of this Agreement will be effective only by written execution signed by both City and Consultant.

## 25. INSERTED PROVISIONS:

Each provision and clause required by law to be inserted into the Agreement shall be deemed to be enacted herein, and the Agreement shall be read and enforced as though each were included herein. If through mistake or otherwise, any such provision is not inserted or is not correctly inserted, the Agreement shall be amended to make such insertion on application by either party.

### 26. CAPTIONS:

The captions in this Agreement are for convenience only, are not a part of the Agreement and in no way affect, limit or amplify the terms or provisions of this Agreement.

IN WITNESS WHEREOF, the parties have caused the Agreement to be executed on the day and year first above written.

SHAH KAWASAKI A California Corporation

Alan Kawasaki President

CITY OF ALAMEDA A Municipal Corporation

Elizabeth D. Warmerdam Interim City Manager

Philip Luo Treasurer

RECOMMENDED FOR APPROVAL:

Liam Garland Acting Public Works Director

APPROVED AS TO FORM:

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Andrico Penick Assistant City Attorney

Shah Kawasaki Architects FY 2015-2016 On-Call Architectural Services

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## EXHIBIT A

## SCOPE OF SERVICES FOR ARCHITECTURAL SERVICES

The City desires to obtain the services of one or more outside organizations to assist with Architectural Services for maintenance and capital improvement projects.

The scope of work includes, but is not limited to, the following:

- 1. Provide staff and services on an on-call, as-needed basis.
- 2. Provide design services for remodeling of public buildings and parks.
- 3. Provide in-house personnel or subconsultants for civil, structural, mechanical, electrical, asbestos and lead abatement, landscaping architecture, and LEED certification.
- 4. Provide the full range of architectural and engineering services including preliminary studies, public outreach, renderings, drawings, specifications, estimates, scopes of work and other professional services.
- 5. Respond to plan check comments for building permits.
- 6. Perform construction administration, including submittal reviews, responses to RFIs, and drafts of change orders.

Typical projects may include:

- 1. Building renovations such as seismic upgrades, ADA upgrades, kitchen and bathroom remodeling, HVAC upgrades, "green" upgrades, and code compliance.
- 2. Park improvements such as play fields and courts, irrigation, pathways, buildings, and field lighting.

# Additional Information

### Willingness to comply with the Proposed Agreement Term

Shah Kawasaki Architects has previously held this contract and is prepared to, once again, comply and sign the associated agreement terms.

It is not industry standard to contract aesbestos / lead abatement services. We would like the City to consider retaining those services under a seperate contract.

#### **Billing** Rates

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## SHAH KAWASAKI ARCHITECTS

Managing Principal \$220	1
Principal\$180	
Manager \$145	
Architect 3 \$175	
Architect 2 \$145	
Architect 1 \$120	
Design Staff 3 \$145	
Design Staff 2 \$125	
Design Staff 1 \$110	
Intern 3\$100	
Intern 2\$90	
Intern 1\$80	
Administrative Staff \$110	

Reimbursable expenses are in addition to the labor rates above and are for expenses incurred on behalf of the project including printing, plotting, scanning, mail / delivery services and travel expenses when outside of the San Francisco Bay Area.



Oakland's Studio One Art Center

# Additional Information

## YEI ENGINEERING

Principal	\$207
Project/Lead Engineer	\$198
Senior Engineer	\$178
Engineer	\$164
Designer/Technician	\$140
AutoCAD/Draftsperson	\$102
Administrative Support	\$72

# OLMM

Principal\$2	00
Associate\$1	50
Senior Engineer\$1	40
Project Engineer\$1	15
Design Engineer\$	95
Revit/AutoCAD\$	80
Clerical\$	60

## BKF

Associate	\$187
Project Manager	\$177 - 183
Engineer IV	\$164
Engineer I, II, III	. \$115 - \$133 - \$151
Technician I, II, III	\$112 - \$118 - \$130
Drafter I, II, III, IV\$87	- \$96 - \$104 - \$114
Student Engineer/Surveyor	\$61
Project Assistant	\$72
Clerical/Administrative Assistant	\$61

## PETER WOLFE LANDSCAPE ARCHITECT.

Principal\$	165
Project Manager\$	145
Landscape Architect\$	125
Designer\$	
Administrative	\$95

## RGH

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| Certified Industrial Hygienist (CIH)\$ 220                          |
|---------------------------------------------------------------------|
| Sr. Project Manager \$ 175                                          |
| Professional Geologist\$ 175                                        |
| Certified Safety Professional \$ 150                                |
| Project Manager\$ 150                                               |
| Consulting Industrial Hygienist \$ 125                              |
| Senior Industrial Hygienist / Certified Asbestos Consultant \$ 100  |
| Industrial Hygienst / Certified Site Surveillance Technician\$ 80   |
| Administrative \$ 70.00                                             |
| Legal Expert Deposition\$ 400.00                                    |
| Daily Rate for Industrial Hygienist TBD                             |
| PLM Bulk (Standard Turnaround)\$20 Each                             |
| PCM Air (Standard Turnaround)                                       |
| TEM Air (Standard Turnaround)\$125 Each                             |
| Lead - Air, Paint, Wipe by Flame AA (Standard Turnaround) \$25 Each |
| PLM Point Count - 400-pt. (Standard Turnaround)\$75 Each            |

## MARCENE TAYLOR CONSULTING

| Principal              | \$175 |
|------------------------|-------|
| Senior Cost Planner    | \$160 |
| MEP Cost Planner       | \$160 |
| Cost Planner           | \$130 |
| Administrative Support | \$80  |

\*\* all consultant services will receive a mark-up of 10%

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZ<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.<br>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, sub<br>the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rig<br>certificate holder in lieu of such endorsement(s).<br>PRODUCER<br>Dealey, Renton & Associates<br>10 465-3090<br>INSURED<br>Dakiand, CA 94604-2675<br>1111 Broadway<br>Suite 1650<br>Oakland, CA 94607<br>COVERAGES<br>CERTIFICATE NUMBER:<br>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES<br>NOW APPERATION OF SUCH POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY THE POLICED DESCRIBED CHEREIN IS SUBJECT TO ALL THE<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY THE POLICE DESCRIBED CHEREIN IS UBJECT TO ALL TH<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.<br>A CEMPERAL LIABILITY<br>A COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>ARISING OUT OF<br>THE PERFORMANCE<br>OENTLAGGREGATE LIMBLEX<br>COLMERCIAL LIABILITY<br>A CLAIMS-MADE X OCCUR<br>CAIMS-MADE X OC                                                                                                                                                                                                                                                                                                             | CIES<br>IZED<br>bject to<br>ghts to the<br>452-2193<br>25674<br>31194<br>31194<br>CY PERIOD<br>HICH THIS<br>HE TERMS,<br>000,000                                                                            |
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| CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLLUBELOW, THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZ         MEPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.         IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, sub the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer figure of the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer figure of the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer figure of the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer figure of the second statement on this certificate to confer figure of the second statement on this certificate does not confer figure of the second statement on this certificate does not confer figure of the second statement on this certificate does not confer figure of the second statement on this certificate does not confer figure of the second statement on this certificate does not confer figure of the second statement on this certificate does not confer figure of the second statement on this certificate does not confer figure of the second statement on this certificate does not conference to the second statement on this certificate does not conference to the second statement on this certificate does not conference to the second statement on this certificate does not conference to the second statement the second statement on this certificate does not conference to the second statement on this certificate does not conference to the second statement of the second stateme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CIES<br>IZED<br>bject to<br>ghts to the<br>452-2193<br>25674<br>31194<br>25674<br>31194<br>25674<br>31194<br>25674<br>31194<br>25674<br>31194<br>2000<br>2000<br>2000<br>2000<br>2000<br>2000<br>2000<br>20 |
| the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rig<br>certificate holder in lieu of such endorsement(s).<br>PRODUCER<br>Dealey, Renton & Associates<br>PACHEERS: 510 465-3090<br>INSURER, S10 465-3090<br>INSURER S.<br>Travelers Property Casualty Co.<br>INSURER, S10 465-3090<br>INSURER, S10 465-3090<br>I                                                                                                                                                                                                                                                                                                 | ghts to the<br>452-2193<br>25674<br>31194<br>25674<br>31194<br>CY PERIOD<br>MICH THIS<br>HE TERMS,<br>000,000<br>000,000<br>000,000<br>000,000                                                              |
| Dealey, Renton & Associates     P. O. Box 12675     (AC, No): 510 465-3090     (AC, No): 510 465-3090       Oakland, CA 94604-2675     INSURER A: Travelers Property Casualty Co     INSURER A: Travelers Property Casualty Co       INSURER D     INSURER A: Travelers Property Casualty & Surety Co.       Insure D     Shah Kawasaki Architects     Insurer D:       1111 Broadway     Insurer D:     Insurer D:       Suite 1650     Insurer D:     Insurer D:       Oakland, CA 94607     Insurer D:     Insurer D:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DAMED ABOVE FOR THE POLICIES INSUED TO THE INSURE DAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY THAT DE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED BY THAT DE POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THAT DE POLICIES, UMITS SHOWN MAY HAVE BEEN REDUCED BY THAT DE POLICIES, UMITS       INSURER A: TYPE OF INSURANCE     INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAD CLAIMS.       INSURANCE     INSURANCE     INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAD CLAIMS.       INSURANCE     INSURANCE     INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAD CLAIMS.       INSURANCE     INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAD CLAIMS.       A COMBERCIAL LABELITY     GENERAL LIAB       A COMMERCIAL GENERAL LIABLITY     GENERAL LIAB       A UNTROBULE LIABILITY     GENERAL LIAB       A AUTOMORILE LIABILITY     GENERAL LIAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAIC #<br>25674<br>31194<br>31194<br>CY PERIOD<br>/HICH THIS<br>HE TERMS,<br>000,000<br>000,000<br>000,000<br>000,000                                                                                       |
| P. O. Box 12675     [Add, Ne. UNIVERIAL LABILITY       Oakland, CA 94604-2675     INSURER A : Travelers Property Casualty Co       INSURED     INSURER A : Travelers Property Casualty Co       INSURED     INSURER C :       1111 Broadway     INSURER C :       Suite 1650     INSURER C :       Oakland, CA 94607     INSURER C :       COVERAGES     CERTIFICATE NUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURED ADAVE OR DANED ABOVE FOR THE POLICIES INSUED TO ANY EQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCLMENT WITH RESPECT TO AUL TH       COVERAGES     CERTIFICATE MUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN REDUCED DESCRIBED HEREIN IS SUBJECT TO ALL TH       INSURER C :     INSURER C :       THIS IS TO CERTIFY THAT THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.       INCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH       EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.       UMBR     MOR MORE POLICY NUMBER       COMMERCIAL GENERAL LIABILITY     GENERAL LIAB       GENERAL LIABILITY     GENERAL LIAB       CAMMSMADE     OCCUR       A UTMORGNEL LUBLITY     BA9745M715       OS/01/2015     05/01/2016       EANT AUTOS     SCHEDULED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAIC #<br>25674<br>31194<br>31194<br>CY PERIOD<br>/HICH THIS<br>HE TERMS,<br>000,000<br>000,000<br>000,000<br>000,000                                                                                       |
| Oakland, CA 94604-2675       JADDRES:         S10 465-3090       INSURER A: Travelers Property Casualty Co.         INSURED       Insurer A: Travelers Property Casualty & Surety Co.         Insurer B:       Insurer B:         Suite 1650       Insurer B:         Oakland, CA 94607       Insurer B:         COVERAGES       CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED DAMED ABOVE FOR THE POLICIES DESCRIBED HERENT VITH RESPECT TO WINCERTIFICATE MUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES DESCRIBED HERENT VITH RESPECT TO WINCE RECIDENCE BY PADICED BY THAT COMMED ABOVE FOR THE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWIN MAY PARTAN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWIN MAY PARTAN. THE BURGANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWIN MAY PARTAN. THE BURGANCE AFFORDED BY THE POLICY BY MARKER BEEN REDUCES BY PADIC CLAIMS.         A       COMMERCIAL GENERAL LIABILITY       6809736P457       05/01/2015       05/01/2016       EACL-OCCURRENCE       \$2,00         MISE WORD       CLAIMS-MADE       X OCCUR       EXCLUDES CLAIMS       ARISING OUT OF       THE PERFORMANCE       S0001/1/2015       05/01/2016       60/001/2016       \$1,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25674<br>31194<br>31194<br>CY PERIOD<br>/HICH THIS<br>HE TERMS,<br>000,000<br>000,000<br>000,000<br>000,000                                                                                                 |
| 510 465-3090       INSURER A : Travelers Property Casualty & Co         INSURED       Shah Kawasaki Architects       INSURER B : Travelers Casualty & Surety Co.         1111 Broadway       INSURER C :       INSURER C :         Suite 1650       Oakland, CA 94607       INSURER C :         COVERAGES       CERTIFICATE NUMBER:       REVISION NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INSURED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY DATE CAULTS.         VIRR       TYPE OF INSURANCE       IMSURER (MODULES)         VIRR       TYPE OF INSURANCE       BADDISUBR         VIRR       TYPE OF INSURANCE       GENERAL LIABILITY         A       GENERAL LIABILITY       6809736P457       05/01/2015       05/01/2016       EACLUDED S CLAIMS         A       ARISING OUT OF       THE PERFORMANCE       OF PROFESSIONAL       PREMESE COMPROP 0S 5.00         GENERAL LIABILITY       BA9745M715       05/01/2015       05/01/2016       EACLUDED S CLAIMS         A       AUTOROBILE LIABILITY       BA9745M715       05/01/2015       05/01/2016       EACLUDED S CLAIMS         A       AUTOROBILE LIABILITY       BA9745M715       05/01/2015 <td>25674<br/>31194<br/>31194<br/>CY PERIOD<br/>/HICH THIS<br/>HE TERMS,<br/>000,000<br/>000,000<br/>000,000<br/>000,000</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 25674<br>31194<br>31194<br>CY PERIOD<br>/HICH THIS<br>HE TERMS,<br>000,000<br>000,000<br>000,000<br>000,000                                                                                                 |
| INSURER A INTRODUCT OCUMER A INTRODUCT COUNTY COUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 31194<br>CY PERIOD<br>HICH THIS<br>HE TERMS,<br>000,000<br>000,000<br>000,000<br>000,000                                                                                                                    |
| Shah Kawasaki Architects<br>1111 Broadway<br>Suite 1650<br>Oakland, CA 94607     INSURER C:       Oakland, CA 94607     INSURER D:       INSURER F:     INSURER F:       COVERAGES     CERTIFICATE NUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ML<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       ITR     TYPE OF INSURANCE     ADDI_SUBRY     POLICY NUMBER     POLICY FFFF,<br>POLICY EFFF,<br>MUNDDYYY)     LIMITS       A     GENERAL LIABILITY     G809736P457     05/01/2015     05/01/2015     65/01/2016     EACH OCCURRENCE     \$2,00       MED EXP (Any one person)     \$5,00       A     COMMERCIAL GENERAL LIABILITY     G809736P457     05/01/2015     05/01/2016     EACH OCCURRENCE     \$2,00       MED EXP (Any one person)     \$5,00     ARISING OUT OF     FRESONAL & AOV INJURY     \$2,00     BEEN (ELSING AUV (Per person) \$5,00       MED EXP (Any one person)     SCHEDULED<br>AUTOS     AUTOS     SCHEDULED<br>AUTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CY PERIOD<br>/HICH THIS<br>HE TERMS,<br>000,000<br>0,000<br>000,000<br>000,000<br>000,000                                                                                                                   |
| INSURER C :         INSURER C :         Suite 1650         Oakland, CA 94607         COVERAGES         CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURAD DAOVE FOR THE POLICIES INDICATED. NOTWITTSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCLMENT WITH RESPECT TO WICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED DY PAID CLAIMS.         MYR       TYPE OF INSURANCE       ADDU-SUMP       POLICY NUMBER       POLICY NUMBER       POLICY PAID CLAIMS.         MYR       TYPE OF INSURANCE       MOR WYD       BA09736P457       05/01/2015       05/01/2016       EACH OCCURRENCE       \$2,00         MYR       CLAIMS-MADE       X OCCUR       EXCLUDES CLAIMS       POLICY NUMBER       MMDDYTYD       MMDDYTYD       MMDDYTYD       MMDDYTYD       BA09745M715       05/01/2015       05/01/2016       EACH OCCURRENCE       \$2,00         GENERAL LIABILITY       GENERAL LIAB       EXCLUDES CLAIMS       PRODUCTS - COMPIOP AGG \$4,00       \$2,00         MED EXP (Any one person)       SCHEDULED       ARISING OUT OF       PRODUCTS - COMPIOP AGG \$4,00       GENERAL AGREGATE \$4,00       PRODUCTS - COMPIOP AGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HICH THIS<br>HE TERMS,<br>000,000<br>0,000<br>000,000<br>000,000<br>000,000                                                                                                                                 |
| Suite 1650<br>Oakland, CA 94607       INSURER E :<br>INSURER E :<br>INS | HICH THIS<br>HE TERMS,<br>000,000<br>0,000<br>000,000<br>000,000<br>000,000                                                                                                                                 |
| Oakland, CA 94607           INSURER F :           REVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE NON-CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           (INSR         TYPE OF INSURANCE         ADOLOGY NUMBER         (POLICY PEP)         CULY POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           (INSR         TYPE OF INSURANCE         ADOLON THE POLICY NUMBER         (POLICY PEP)         COLICY EXP         COLONCE SUBJECT TO ALL THE EXECT TO OTHE INSURANCE           (INSR         MYPE OF INSURANCE         COMMERCIAL GENERAL LIABILITY         GENERAL LIAB           COMMERCIAL GENERAL LIABILITY         GENERAL LIABILITY         GENERAL LIAB           COLOW MAY EXPENDENCIAL         SERVICES.         S           A AUTOMAGRE CLABEL         SERVICES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HICH THIS<br>HE TERMS,<br>000,000<br>0,000<br>000,000<br>000,000<br>000,000                                                                                                                                 |
| COVERAGES         CERTIFICATE NUMBER:         REVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INSURANCE. LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE OR OTHER DOCUMENT WITH RESPECT TO WITH RESPECT.           A GENERAL LIABILITY         GENERAL LIABILITY         GENERAL LIABILITY         GENERAL CLAIMS         MITO RESPECT TO AUL SERVICES.         MITO RESPECT TO AUL SERVICES.         MITO RESPECT TO AUL SERVICES.         SO(01/2015         O5/01/2016         COMPINED AUTOS         SO(000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HICH THIS<br>HE TERMS,<br>000,000<br>0,000<br>000,000<br>000,000<br>000,000                                                                                                                                 |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INSURANCIAL AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WILL CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INTR       TYPE OF INSURANCE       ADDIESUBR       POLICY NUMBER       POLICY EXP       POLICY EXP         A       GENERAL LIABILITY       GENERAL LIABILITY       GENERAL LIABILITY       GENERAL LIAB       S300         A       CLAIMS-MADE       X OCCUR       EXCLUDES CLAIMS       ARISING OUT OF       S400         GENT AGGREGATE LIMIT APPLIES PER:       OF PROFESSIONAL       OF PROFESSIONAL       PRODUCY S. COMPIOP AGG \$4,00         A AUTOMOBILE LIABILITY       SCHEDULED       SERVICES.       05/01/2015       05/01/2016       GENERAL LIABILITY         A AUTOMOBILE LIABILITY       BA9745M715       05/01/2015       05/01/2016       GENERAL AGGREGATE \$4,00         POLICY       X       PROPERTION       SERVICES.       S         A       AUTOS       SCHEDULED       AUTOS       S       S         A       AUTOS       SCHEDULED       SCHEDULED       S       S         A       AUTOS       X       AUTOS       SCHEDULED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HICH THIS<br>HE TERMS,<br>000,000<br>0,000<br>000,000<br>000,000<br>000,000                                                                                                                                 |
| CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE       ADDL3UBL       POLICY NUMBER       POLICY FP       POLICY PAP       LIMITS         A       GENERAL LIABILITY       6809736P457       05/01/2015       05/01/2016       EACH OCCURRENCE       \$2,00         A       GENERAL LIABILITY       6809736P457       05/01/2015       05/01/2016       EACH OCCURRENCE       \$2,00         A       GENERAL LIABILITY       6809736P457       05/01/2015       05/01/2016       EACH OCCURRENCE       \$2,00         A       CLAIMS-MADE       X       OCCUR       EXCLUDES CLAIMS       MED EXP (Any one person)       \$5,00         GENERAL LIABILITY       GENERAC LIABIL       EXCLUDES CLAIMS       MED EXP (Any one person)       \$5,00         GENUL AGGREGATE LIMIT APPLIES PER:       OF PROFESSIONAL       PRODUCTS - COMP/OP AGG       \$4,00         POLICY       X       JECT       Loc       SERVICES.       \$         A       AUTOMOBILE LIABILITY       BA9745M715       05/01/2016       COMBINED SINGLE LIMIT       \$1,00         ALL OWNED       AUTOS       X       MINONOWNED       AUTOS       SCHEDULED </th <th>HE TERMS,<br/>000,000<br/>0,000<br/>000,000<br/>000,000<br/>000,000</th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HE TERMS,<br>000,000<br>0,000<br>000,000<br>000,000<br>000,000                                                                                                                                              |
| A       GENERAL LIABILITY       6809736P457       05/01/2015       05/01/2016       EACH OCCURRENCE       \$2,00         X       COMMERCIAL GENERAL LIABILITY       GENERAL LIAB       GENERAL LIAB       BAMAGE 10 ARENTED       \$300         CLAIMS-MADE       X       OCCUR       GENERAL LIAB       EXCLUDES CLAIMS       MED EXP (Any one person)       \$5,00         GENT AGGREGATE LIMIT APPLIES PER:       OF PROFESSIONAL       OF PROFESSIONAL       GENERAL AGGREGATE       \$4,00         POLICY       X       JECT       Loc       SERVICES.       05/01/2015       05/01/2016       COMBINED SINGLE LIMIT (Ea accident)       \$1,00         A       AUTOMOBILE LIABILITY       ANY AUTO       ALL OWNED       SCHEDULED AUTOS       SCHEDULED AUTOS       SCHEDULED AUTOS       SCHEDULED AUTOS       \$2,00       BA9745M715       05/01/2016       COMBINED SINGLE LIMIT (Per person)       \$         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S       S         A       X       UMBRELLA LIAB       X       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0,000<br>000<br>000,000<br>000,000<br>000,000                                                                                                                                                               |
| A       GENERAL LIABILITY       6809736P457       05/01/2015       05/01/2016       EACH OCCURRENCE       \$2,00         X       COMMERCIAL GENERAL LIABILITY       GENERAL LIAB       GENERAL LIAB       BAMAGE 10 ARENTED       \$300         CLAIMS-MADE       X       OCCUR       GENERAL LIAB       EXCLUDES CLAIMS       MED EXP (Any one person)       \$5,00         GENT AGGREGATE LIMIT APPLIES PER:       OF PROFESSIONAL       OF PROFESSIONAL       GENERAL AGGREGATE       \$4,00         POLICY       X       JECT       Loc       SERVICES.       05/01/2015       05/01/2016       COMBINED SINGLE LIMIT (Ea accident)       \$1,00         A       AUTOMOBILE LIABILITY       ANY AUTO       ALL OWNED       SCHEDULED AUTOS       SCHEDULED AUTOS       SCHEDULED AUTOS       SCHEDULED AUTOS       \$2,00       BA9745M715       05/01/2016       COMBINED SINGLE LIMIT (Per person)       \$         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S       S         A       X       UMBRELLA LIAB       X       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0,000<br>000<br>000,000<br>000,000<br>000,000                                                                                                                                                               |
| CLAIMS-MADE       X       OCCUR       EXCLUDES CLAIMS<br>ARISING OUT OF<br>THE PERFORMANCE       MED EXP (Any one person)       \$5,00         GENL AGGREGATE LIMIT APPLIES PER:<br>POLICY       THE PERFORMANCE       OF PROFESSIONAL       GENERAL AGGREGATE       \$4,00         POLICY       X       JECT       Loc       OF PROFESSIONAL       SERVICES.       S         A       AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED<br>ALTOS       SCHEDULED<br>AUTOS       BA9745M715       05/01/2015       05/01/2016       COMBINED SINGLE LIMIT<br>(Ea accident)       \$         A       X       UMBRELLA LIAB       X       OCCUR<br>CLAIMS-MADE       CLUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 00<br>00,000<br>00,000<br>00,000                                                                                                                                                                            |
| ARISING OUT OF       PERSONAL & ADV INJURY       \$2,00         GENL AGGREGATE LIMIT APPLIES PER:       OF PROFESSIONAL       GENERAL AGGREGATE       \$4,00         POLICY       X       PRO-<br>JECT       Loc       SERVICES.       S         A       AUTOMOBILE LIABILITY       BA9745M715       05/01/2015       05/01/2016       COMBINED SINGLE LIMIT<br>(Ea accident)       \$         ANY AUTO       ALLOWNED       AUTOS       AUTOS       AUTOS       SCHEDULED<br>AUTOS       SCHEDULED<br>A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 00,000<br>00,000<br>00,000                                                                                                                                                                                  |
| Image: Construction of the point of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 00,000                                                                                                                                                                                                      |
| GENL AGGREGATE LIMIT APPLIES PER:       OF PROFESSIONAL       PRODUCTS - COMP/OP AGG       \$4,00         POLICY       X       PRO-<br>JECT       Loc       SERVICES.       S         A       AUTOMOBILE LIABILITY       BA9745M715       05/01/2015       05/01/2016       COMBINED SINGLE LIMIT<br>(Ea accident)       \$1,00         ANY AUTO<br>AUTOS       SCHEDULED<br>AUTOS       SCHEDULED<br>AUTOS       BA9745M715       05/01/2015       05/01/2016       BODILY INJURY (Per porson)       \$         A       X       UMBRELLA LIAB       X       OCCUR       CUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,00         A       X       UMBRELLA LIAB       X       OCCUR       CUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 00,000                                                                                                                                                                                                      |
| POLICY       X       PRO-<br>JECT       LOC       SERVICES.       \$         A       AUTOMOBILE LIABILITY       BA9745M715       05/01/2015       05/01/2016       COMBINED SINGLE LIMIT<br>(Ea accident)       \$         ANY AUTO<br>ALL OWNED<br>AUTOS       SCHEDULED<br>AUTOS       AUTOS<br>AUTOS       SCHEDULED<br>AUTOS       BA9745M715       05/01/2015       05/01/2016       BODILY INJURY (Per person)       \$         X       HIRED AUTOS       X       AUTOS       AUTOS       NON-OWNED<br>AUTOS       S         A       X       UMBRELLA LIAB       X       OCCUR       CUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,000         A       X       UMBRELLA LIAB       X       OCCUR       CUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                             |
| A       AUTOMOBILE LIABILITY       BA9745M715       05/01/2015       05/01/2016       COMBINED SINGLE LIMIT<br>(Ea accident)       \$1,00         ANY AUTO<br>ALL OWNED<br>AUTOS       SCHEDULED<br>AUTOS       SCHEDULED<br>AUTOS       BA9745M715       05/01/2015       05/01/2016       COMBINED SINGLE LIMIT<br>(Ea accident)       \$<br>BODILY INJURY (Per person)       \$<br>S         A       X       UMBRELLA LIAB       X       OCCUR       CUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,000         A       X       UMBRELLA LIAB       X       OCCUR       CUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 00,000                                                                                                                                                                                                      |
| ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 00,000                                                                                                                                                                                                      |
| ALL OWNED<br>AUTOS       SCHEDULED<br>AUTOS         X       HIRED AUTOS         X       HIRED AUTOS         X       UMBRELLA LIAB         X       Occur         CLIP9887P47A       05/01/2015         05/01/2016       EACH OCCURRENCE         AGGREGATE       \$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
| AUTOS       AUTOS       AUTOS       BOULT INJURY (ref adcushi) s         X       HIRED AUTOS       X       NON-OWNED AUTOS       PROPERTY DAMAGE       s         A       X       UMBRELLA LIAB       X       occur       claims-made       s         Excess LIAB       CLAIMS-MADE       CUP9887P47A       05/01/2015       05/01/2016       Each occurRence       \$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             |
| A       HIRED AUTOS       A       AUTOS       Generation       S         A       X       UMBRELLA LIAB       X       occur       CUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,00         EXCESS LIAB       CLAIMS-MADE       CLAIMS-MADE       CUP9887P47A       05/01/2015       05/01/2016       EACH OCCURRENCE       \$1,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                             |
| A         X         UMBRELLA LIAB         X         OCCUR         CUP9887P47A         05/01/2015         05/01/2016         EACH OCCURRENCE         \$1,00           EXCESS LIAB         CLAIMS-MADE         CLAIMS-MADE         CUP9887P47A         05/01/2015         05/01/2016         EACH OCCURRENCE         \$1,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |
| EXCESS LIAB CLAIMS-MADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 00.000                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 00,000                                                                                                                                                                                                      |
| A WORKERS COMPENSATION UB3478T260 06/01/2015 05/01/2016 X WC STATU-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · · · -                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 00,000                                                                                                                                                                                                      |
| (Mandatory In NH)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             |
| If yes, describe under<br>DESCRIPTION OF OPERATIONS below<br>E.L. DISEASE - POLICY LIMIT \$1,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 00,000                                                                                                                                                                                                      |
| B         Professional         105511924         10/17/2014         10/17/2015         \$1,000,000 per claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             |
| Liability \$2,000,000 anni aggr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                             |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)<br>ALL OPERATIONS OF THE NAMED INSURED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |
| City of Alameda, its City Council, boards and commissions, officers and employees are named as Additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |
| Insured's to General and Auto Liability per policy form wording. Insurance is Primary and Non-contributory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             |
| with Severability of Interest clause. Waiver of Subrogation applies to Worker's Compensation coverage per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |
| policy form wording.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |
| CERTIFICATE HOLDER CANCELLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |
| City of Alameda SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |
| Public Works Department ACCORDANCE WITH THE POLICY PROVISIONS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                             |
| Attn: Barbara Hawkins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                             |
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| 950 West Mall Square, Room 110 AUTHORIZED REPRESENTATIVE Alameda, CA 94501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             |

SHAHKAWAS

Client#: 1215

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POLICY NUMBER: 6809736P457

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

# ADDITIONAL INSURED (ARCHITECTS, ENGINEERS AND SURVEYORS)

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S): City of Alameda

Public Works Department Attn: Barbara Hawkins

950 West Mail Square, Room 110

#### **PROJECT/LOCATION OF COVERED OPERATIONS:**

ALL OPERATIONS OF THE NAMED INSURED. \*\*\*\* City of Alameda, its City Council, boards and commissions, officers and employees

#### PROVISIONS

A The following is added to WHO IS AN INSURED (Section II):

The person or organization shown in the Schedule above is an additional insured on this Coverage Part, but only with respect to liability for bodily injury", 'property damage" or 'personal injury caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- a. In the performance of your ongoing operations;
- b. In connection with premises owned by or rented to you; or
- C. In connection with your work and included within the "products-completed operations hazard."

Such person or organization does not qualify as an additional insured for "bodily injury", "property damage" or "personal injury' for which that person or organization has assumed liability in a contract or agreement. The insurance provided to such additional insured is limited as follows:

- d. This insurance does not apply to the rendering of or failure to render any "professional services".
- e. The limits of insurance afforded to the additional insured shall be the limits which you agreed in that 'contract or agreement requiring insurance" to provide for that additional insured, or the limits shown in the Declarations for this Coverage Part, whichever are less. This endorsement does not increase the limits of insurance stated in the LIMITS OF INSURANCE (Section III) for this Coverage Part.
- B. The following is added to Paragraph a. of 4. Other Insurance in COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV): However, if you specifically agree in a contract or agreement requiring insurance that, for the additional insured shown in the Schedule, the insurance provided to that additional insured under this

CG D3 82 09 07

#### COMMERICAL GENERAL LIABILITY

Coverage Part must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such additional insured which covers such additional insured as a named insured, and we will not share with the other insurance, provided that:

- The "bodily injury" or "property damage" for which coverage is sought occurs; and
- (2) The "personal injury" for which coverage is sought arises out of an offense committed;

after you have entered into that "contract or agreement requiring insurance" for such additional insured. But this insurance still is excess over valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the additional insured when the additional insured is also an additional insured under any other insurance.

C. The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us in COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

We waive any rights of recovery we may have against the additional insured shown in the Schedule above because of payments we make for "bodily injury", "property damage" or "personal injury" arising out of "your work" on or for the project, or at the location, shown in the Schedule above, performed by you, or on your behalf, under a "contract or agreement requiring insurance" with that additional insured. We waive these rights only where you have agreed to do so as part of the "contract or agreement requiring insurance" with that additional insured entered into by you before, and in effect when, the "bodily injury" or "property damage" occurs, or the "personal injury" offense is committed.

D. The following definition is added to DEFINITIONS (Section V):

"Contract or agreement requiring insurance" means that part of any contract or agreement under which you are required to include the person or organization shown in the Schedule as an additional insured on this Coverage Part, provided that the "bodily injury" and "property damage" occurs, and the "personal injury" is caused by an offense committed:

- a. After you have entered into that contract or agreement;
- b. While that part of the contract or agreement is in effect; and
- c. Before the end of the policy period.

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

# DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS 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" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

| Endorsement effective<br>05/01/2015       |                             |
|-------------------------------------------|-----------------------------|
| Named Insured<br>Shah Kawasaki Architects | Countersigned by Michele Ci |

(Authorized Representative)

#### SCHEDULE

#### Name of Person(s) or Organization(s):

ALL OPERATIONS OF THE NAMED INSURED. \*\*\*\* City of Alameda, its City Council, boards and commissions, officers and employees

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 99 03 76 (00) --

POLICY NUMBER: UB3478T260

# WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA (BLANKET WAIVER)

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.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be % of the California workers' compensation premium otherwise due on such remuneration.

#### Schedule

#### Person or Organization:

Job Description: ALL OPERATIONS OF THE NAMED INSURED. \*\*\*\* City of Alameda, its City Council, boards and commissions, officers and employees

City of Alameda Public Works Department Attn: Barbara Hawkins 950 West Mall Square, Room 110

DATE OF ISSUE: 06/01/2015