# FIRST AMENDMENT TO SERVICE PROVIDER AGREEMENT

This First Amendment to the Agreement, entered into this 18<sup>th</sup> day of July, 2017, by and between the CITY OF ALAMEDA, a municipal corporation (hereinafter "City") and Macks Craic, Inc., (dba Mack5), a California corporation whose address is 1900 Powell Street, Emeryville, CA 94608, (hereinafter "the Provider"), is made with reference to the following:

# **RECITALS:**

A. On July 6, 2016, an agreement was entered into by and between City and Macks Craic, Inc., (dba Mack5) (hereinafter "Agreement") by which Provider would provide Construction Management Services for the construction of Estuary Park.

B. City and Macks Craic, Inc., (dba Mack5) desire to modify the Agreement to provide additional services, on the terms and conditions set forth herein.

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

1. Paragraph 2, <u>SERVICES TO BE PERFORMED</u>, of the Agreement is modified to read as follows:

"Provider agrees to do all necessary work at its own cost and expense, to furnish all labor, tools, equipment, materials, except as otherwise specified, and to do all necessary work included in Exhibit A as requested and in Provider's letter attached as Exhibit A-1, dated June 16, 2017. The Provider acknowledges that the work plan included in Exhibits A and A-1 are tentative and do not commit the City to request Provider to perform all tasks included therein."

2. Paragraph 3, <u>COMPENSATION TO PROVIDER</u>, of the Agreement is modified to read as follows:

b. "The total compensation for the scope of work under Phase I of the Agreement is not to exceed \$143,835 for Estuary Park, as set forth in Exhibit A and the total compensation for the scope of work under this First Amendment to the Agreement is not to exceed \$100,899 for the services included in Exhibit A-1 for an overall total amount not to exceed \$244,734." The total compensation for the work under this Agreement which includes Phases 2, 3 and 4 is increased from \$488,775 to \$589,674.

3. Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect.

Signatures on following page

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

MACKS CRAIC, INC. A California Corporation CITY OF ALAMEDA A Municipal Corporation

Manil Bajracharya President

4

Eve Nelson Chief Financial Officer

Jill Keimach City Manager

**RECOMMENDED FOR APPROVAL:** 

Amy Wooldridge Recreation and Parks Director

APPROVED AS TO FORM: City Attorney

Michael Rouse

Michael Roush Assistant City Attorney



Project: City of Alameda - Estuary Park #16531a Additional Service Request 01R (Revised) Date: June 16, 2017 Scope: Construction Management Services

#### Background

This Additional Service Request consists of additional Construction Management services due to provision of 1) pre-construction phase services that were not part of base scope and 2) construction duration schedule extension.

#### **Pre-construction Phase Services**

Our services consisted of the following during July and August 2016:

- 1. Follow-up to 6/30 Pre-Preconstruction Meeting with Owner Team.
- 2. Project controls set-up
- 3. Preparation, execution, and follow-up for 7/13 Preconstruction Meeting
- 4. Submittals 1-36 and RFIs 1-17 and 26
- 5. Discussion and participation in decisions on various construction issues
- 6. Initial OAC meeting on 8/29/16 and follow-up
- 7. Process and respond to emails

The Add Service Fee below is \$15,609, which represents Senior Project Manager - 29 hours @ \$165 (\$4,785) and Project Engineer - 88 hours @ \$123 (\$10,824).

#### **Construction Phase Services**

The base mack5 fee reflects 7.5 months of Construction Phase services. Due primarily to weather and the contaminated soils issues, the mack5 construction phase duration is now expected to run at least 13 months (5.5 additional months), with construction substantial completion now expected by or before September 29, 2017.

For April-July 2017, the mack<sup>5</sup> staffing requirements and fee will be at the same level as our base proposal (\$17,670/mo). For August-September 2017, in consideration of the City's budget restraints, mack<sup>5</sup> will reduce our base fee by \$3,000 per month to \$14,670 (\$6,000 total reduction). In recognition of the fact that substantial completion may occur before September 29, 2017, mack<sup>5</sup> has agreed to bill the September fee (\$14,670) on a time-expended basis.

Phase & Month	Base Contract Fee	Add Service Fee
Pre-Construction Phase		
July & Aug 2016		15,609
Construction Phase		
Sept 2016	17,670	·
Oct 2016	17,670	
Nov 2016	17,670	
Dec 2016	17,670	
Jan 2017	15,690	
Feb 2017	15,195	
Mar 2017	17,670	
Apr 2017	14,730	2,940
May 2017		17,670
Jun 2017		17,670
Jul 2017		17,670
Aug 2017		14,670
Sep 2017 (as needed)	· · · · · · · · · · · · · · · · · · ·	14,670
Close-Out Phase	9,870	
Total Not-to-Exceed Fee	143,835	100,899

Total Revised Fee: \$244,734



# **CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER_License # 0E67768 IOA Insurance Services 3875 Hopyard Road Suite 240 Pleasanton, CA 94588 INSURED Macks Craic, Inc. dba Mack5 1900 Powell St., Suite 470 Emeryville, CA 94608 INSURER E: INSURER E: INSURER E: INSURER E: INSURER E: 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 POLICY PERIOD INSURER E: 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 POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS UBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. INTER SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY PSB0001139 OT/01/2017 OT/01/2017 OT/01/2018 EACH OCCURRENCE \$ 1,000,000 GENLAGGREGATE LIMIT APPLIES PER:
IOA Insurance Services 3875 Hopyard Road Suite 240 Pleasanton, CA 94588 Macks Craic, Inc. dba Mack5 1900 Powell St., Suite 470 Emeryville, CA 94608 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INSURER E : INSURER D : INSURER E : INSURER E : INSURER E : INSURER E : INSURER D : INSURER E : INSURER D : INSURER E : INSURER D : INSURER E : INSURER E : INSURER E : INSURER C : INSURER D : INSURER E :
3875 Hopyard Road Suite 240 Pleasanton, CA 94588       EAML BODREss: Cassandra.Thompson@ioausa.com         INSURED       INSURER A: RLI Insurance Company       13056         INSURED       INSURER A: RLI Insurance Company       29599         Macks Craic, Inc. dba Mack5 1900 Powell St., Suite 470 Emeryville, CA 94608       INSURER B: U.S. Specialty Insurance Company       29599         INSURER D:       INSURER D:       INSURER D:       INSURER D:       INSURER D:         INSURER S       CERTIFICATE NUMBER:       INSURER F:       INSURER C:       INSURER F:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTIAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INST       TYPE OF INSURANCE       ADDL SUBRE POLICY NUMBER       POLICY NUMBER       POLICY SEP POLICY EFF (MMIDD/YYY)       LIMITS         INST       CLAIMS-MADE       X OCCUR       PSB0001139       07/01/2017       07/01/2018       EACH OCCURRENCE       \$ 1,000,000         MED EXP (Any one person)       \$ 1,000,000       \$ 1,000,000       PERSONAL & ADV INJURY       \$ 1,000,000       PERSONAL & ADV INJURY \$ 1,000,000       PE
Pleasanton, CA 94588     INSURER(S) AFFORDING COVERAGE     NAIC #       INSURER A: RLI Insurance Company     13056       INSURED     INSURER A: RLI Insurance Company     29599       Macks Craic, Inc. dba Mack5 1900 Powell St., Suite 470 Emeryville, CA 94608     INSURER B: U.S. Specialty Insurance Company     29599       INSURER D:     INSURER D:     INSURER D:     INSURER D:     INSURER E:     INSURER E:       INSURE D:     INSURER F:     INSURER F:     INSURER F:     INSURER COMPANIES (CERTIFICATE NUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       INSTR     TYPE OF INSURANCE     INSUR POLICY NUMBER     POLICY FFF, (MMDDYYYY)     LIMITS       A     X     COMMERCIAL GENERAL LIABILITY     PSB0001139     07/01/2017     07/01/2017     PREMISES (Ea occurrence)     \$ 1,000,000       MED EXP (Any one person)     \$ 1,000,000     MED EXP (Any one person)     \$ 1,000,000       MED EXP (Any one person)     \$ 1,000,000     PREMISES (Ea occurrence)     \$ 1,000,000
INSURER A : RLLI Insurance Company 13056 INSURER B : U.S. Specialty Insurance Company 29599 Macks Craic, Inc. dba Mack5 1900 Powell St., Suite 470 Emeryville, CA 94608 MSURER D : INSURER D : INSURER E : INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABMVED ABOVE FOR THE POLICY PERIOD INSURER F : THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABMOVE FOR THE POLICY PERIOD INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTREM TYPE OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTREM TYPE OF INSURANCE ADDUS VOR POLICY NUMBER INSTREM TYPE OF INSURANCE IN ADDUS VOR POLICY NUMBER INSTREM TYPE OF INSURANCE IN ADDUS VOR POLICY NUMBER INSTREM TYPE OF
INSURED  Macks Craic, Inc. dba Mack5  1900 Powell St., Suite 470 Emeryville, CA 94608   Macks Craic, Inc. dba Mack5  1900 Powell St., Suite 470 Emeryville, CA 94608   INSURER C:  INSURER
1900 Powell St., Suite 470         INSURER D :         INSURER D :         INSURER E :         INSURER F :         COVERAGES         CERTIFICATE NUMBER:         REVISION NUMBER:         INSURER F :         INSURER D :         INSURER F :         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSURANCE         ADDI SUBR         OF INSURANCE         ADDI SUBR         OLICY NUMBER         OLICY EXP         COMMERCIAL GENERAL LIABILITY         CACH OCCUR PSB0001139         OT/01/2017         OT/01/2018       DAMAGE
1900 Powell St., Suite 470         INSURER D :         INSURER E :         INSURER F :         COVERAGES         CERTIFICATE NUMBER:         REVISION NUMBER:         INSURER F :         INSURER D :         INSURE D COLSPANDED         INSURE COLSPANDE         INSURE D COLSPANDE         INSURACE         A INSURACE         A INSURACE         A INSURACE         INSURACE         INSURACE </td
INSURER E : INSURER F :         INSURER F :         COVERAGES       REVISION NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED ON MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       POLICY EFF       POLICY EFF       POLICY EFF       POLICY EXP         INSR       TYPE OF INSURANCE       ADDI SUBR INSD       WYD       POLICY NUMBER       POLICY EFF       DOT/O1/2018       DAMAGE TO RENTED       \$ 1,000,000       DAMAGE TO RENTED       \$ 1,000,000       DAMAGE TO RENTED       \$ 1,000,000       PREMISES (Ea accurrence)       \$ 1,000,000       PREMISES (Ea accurrence)       \$ 1,000,000       PERSONAL & ADV INJURY \$ 2,000,000
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 POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       EXECLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INST       TYPE OF INSURANCE       ADDL SUBR (MSD WYD       POLICY NUMBER       POLICY EFF (MM/DD/YYY)       POLICY EXP (MM/DD/YYY)       LIMITS         A       X       COMMERCIAL GENERAL LIABILITY       POLICY NUMBER       POLICY TO 7/01/2017       D7/01/2018       EACH OCCURRENCE       \$ 1,000,000         A       X       COMMERCIAL GENERAL LIABILITY       PSB0001139       07/01/2017       07/01/2018       EACH OCCURRENCE       \$ 1,000,000         MED EXP (Any one person)       \$ 1,000,000       PREMISES (Ea occurrence)
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INST       TYPE OF INSURANCE       ADDL SUBR INSURANCE       POLICY NUMBER       POLICY EFF POLICY EFF POLICY EXP       POLICY EXP         A       X       COMMERCIAL GENERAL LIABILITY       POSB0001139       07/01/2017       07/01/2018       DAMAGE TO RENTED \$ 1,000,000         MED EXP (Any one person)       \$ 1,000,000       PERSONAL & ADV INJURY \$ 1,000,000       \$ 1,000,000
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSR       TYPE OF INSURANCE       ADDL SUBR INSD WYD       POLICY NUMBER       POLICY EFF POLICY EXP (MM/DD/YYY)       LIMITS         A       X       COMMERCIAL GENERAL LIABILITY       PSB0001139       07/01/2017       07/01/2018       EACH OCCURRENCE       \$ 1,000,000         MED EXP (Any one person)       \$ 10,000,000       PERSONAL & ADV INJURY       \$ 1,000,000       PERSONAL & ADV INJURY       \$ 2,000,000
A       X       COMMERCIAL GENERAL LIABILITY         CLAIMS-MADE       X       OCCUR         PSB0001139       07/01/2017       07/01/2018         DAMAGE TO RENTED PREMISES (Ea occurrence)       \$       1,000,000         MED EXP (Any one person)       \$       10,000,000         PERSONAL & ADV INJURY       \$       1,000,000         PERSONAL & ADV INJURY       \$       1,000,000
A       X       COMMERCIAL GENERAL LIABILITY         CLAIMS-MADE       X       OCCUR         PSB0001139       07/01/2017       07/01/2018         DAMAGE TO RENTED PREMISES (Ea occurrence)       \$       1,000,000         MED EXP (Any one person)       \$       10,000,000         PERSONAL & ADV INJURY       \$       1,000,000         PERSONAL & ADV INJURY       \$       1,000,000
MED EXP (Any one person)         \$         10,000           PERSONAL & ADV INJURY         \$         1,000,000
MED EXP (Any one person)         \$         10,000           PERSONAL & ADV INJURY         \$         1,000,000
PERSONAL & ADV INJURY 3 2000 000
POLICY X PRO- LOC PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER: \$ COMBINED SINGLE LIMIT 1,000,000
Lea accident) 5
ANY AUTO PSA0001031 07/01/2017 07/01/2018 BODILY INJURY (Per person) \$
OWNED AUTOS ONLY AUTOS A
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY \$
EACH OCCORRENCE \$
AGGREGATE 3
A WORKERS COMPENSATION \$
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below         USS1727607         04/10/2017         04/10/2018         Per Claim         2.000.000
B         Professional Liab.         USS1727607         04/10/2017         04/10/2018         Aggregate         2,000,000

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

All operations of the Named Insured including project referenced, if any. General Liability: City of Alameda, its City Council, boards, commissions, officials, employees, and volunteers are included as Additional Insured on Primary & Non-Contributory basis with Waiver of Subrogation included, as required by written contract.

Auto Liability: City of Alameda, its City Council, boards, commissions, officials, employees, and volunteers are included as Additional Insured with Waiver of Subrogation included, as required by written contract.

Workers' Compensation: Waiver of Subrogation is in favor of City of Alameda, its City Council, boards, commissions, officials, employees, and volunteers, as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
CKER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Alameda Attn: Risk Manager 2226 Santa Clara Avenue Alameda, CA 94501	AUTHORIZED REPRESENTATIVE Reno Caldural

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

BENJAMINM

DATE (MM/DD/YYYY)
6/29/2017

MACKCRA-01

This endorsement modifies insurance provided under the following:

# BUSINESS AUTO COVERAGE FORM

#### A. Broad Form Named Insured

The following is added to the SECTION II – LIABILITY Coverage, Paragraph A.1. Who is An Insured Provision:

Any business entity newly acquired or formed by you during the policy period, provided you own fifty percent (50%) or more of the business entity and the business entity is not separately insured for Business Auto Coverage. Coverage is extended up to a maximum of one hundred eighty (180) days following the acquisition or formation of the business entity.

This provision does not apply to any person or organization for which coverage is excluded by endorsement.

#### B. Employees As insureds

The following is added to the SECTION II – LIABILITY COVERAGE, Paragraph A.1. Who Is An Insured Provision:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

#### C. Blanket Additional Insured

The following is added to the SECTION II – LIABILITY COVERAGE, Paragraph A.1. Who Is An Insured Provision:

Any person or organization that you are required to include as an additional insured on this coverage form in a contract or agreement that is executed by you before the "bodily injury" or "property damage" occurs is an "insured" for liability coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in **SECTION II – LIABILITY COVERAGE**.

The insurance provided to the additional insured will be on a primary and non-contributory basis to the additional insured's own business auto coverage if you are required to do so in a contract or agreement that is executed by you before the "bodily injury" or "property damage" occurs.

### D. Blanket Waiver Of Subrogation

The following is added to the SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us: We waive any right of recovery we may have against any person or organization to the extent required of you by a contract executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

#### E. Employee Hired Autos

1. The following is added to the SECTION II – LIABILITY COVERAGE, Paragraph A.1. Who Is An Insured Provision:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business.

2. Changes In General Conditions:

Paragraph 5.b. of the Other Insurance Condition in the BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

- b. For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:
  - (1) Any covered "auto" you lease, hire, rent or borrow; and
  - (2) Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

# F. Fellow Employee Coverage

**SECTION II – LIABILITY COVERAGE, Exclusion B.5.** does not apply if you have workers compensation insurance in-force covering all of your employees.

### G. Auto Loan Lease Gap Coverage

• . . . . .

6 3 Jahn

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit Of Insurance, is amended by the addition of the following:

In the event of a total "loss" to a covered "auto" shown in the Schedule of Declarations, we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

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

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

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 <u>2%</u> of the California workers' compensation premium otherwise due on such remuneration.

#### Schedule .

#### Person or Organization

All persons or organizations that are party to a contract that requires you to obtain this agreement, provided you executed the contract before the loss.

#### **Job Description**

Jobs performed for any person or organization that you have agreed with in a written contract to provide this agreement.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured Policy No. PSW0001114 Insurance Company RLI Insurance Company Endorsement No.

Countersigned By

@1998 by the Workers' Compensation Insurance Rating Bureau of California. All rights reserved.

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

# RLIPack<sup>®</sup> FOR PROFESSIONALS BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM - SECTION II – LIABILITY

- 1. C. WHO IS AN INSURED is amended to include as an additional insured any person or organization that you agree in a contract or agreement requiring insurance to include as an additional insured on this policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by you or 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 "product-completed operations hazard".
- 2. The insurance provided to the additional insured by this endorsement is limited as follows:
  - a. This insurance does not apply on any basis to any person or organization for which coverage as an additional insured specifically is added by another endorsement to this policy.
  - **b.** This insurance does not apply to the rendering of or failure to render any "professional services".
  - c. This endorsement does not increase any of the limits of insurance stated in D. Liability And Medical Expenses Limits of Insurance.
- 3. The following is added to SECTION III H.2. Other Insurance – COMMON POLICY CONDITIONS (BUT APPLICABLE ONLY TO SECTION II – LIABILITY)

However, if you specifically agree in a contract or agreement that the insurance provided to an additional insured under this policy 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 that other insurance, provided that:

- a. The "bodily injury" or "property damage" for which coverage is sought occurs after you have entered into that contract or agreement; or
- **b.** The "personal and advertising injury" for which coverage is sought arises out of an offense committed after you have entered into that contract or agreement.
- 4. The following is added to SECTION III K. 2. Transfer of Rights of Recovery Against Others to Us - COMMON POLICY CONDITIONS (BUT APPLICABLE TO ONLY TO SECTION II -LIABILITY)

We waive any rights of recovery we may have against any person or organization because of payments we make for "bodily injury", "property damage" or "personal and advertising injury" arising out of "your work" performed by you, or on your behalf, under a contract or agreement with that person or organization. We waive these rights only where you have agreed to do so as part of a contract or agreement with such person or organization entered into by you before the "bodily injury" or "property damage" occurs, or the "personal and advertising injury" offense is committed.

# ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

PPB 304 02 12