

SECOND AMENDMENT TO AGREEMENT

April

This Second Amendment to Agreement is entered into this ____ day of ~~March~~ 2021, by and between CITY OF ALAMEDA, a municipal corporation (hereinafter, "City"), and ECS Imaging, Inc., a California corporation, whose address is 5905 Brockton Ave., Ste. C., Riverside, CA 92506 (hereinafter, "Provider"), in reference to the following:

RECITALS:

A. On March 11, 2019, the City and Provider entered into that certain Service Provider Agreement with compensation not to exceed \$70,000.00.

B. On May 22, 2019, the City and Provider entered into that certain First Amendment to Agreement ("First Amendment") to increase compensation by \$100,000.00, for a total not to exceed amount of \$170,000.00. The Service Provider Agreement as amended by the First Amendment shall be referred to herein as the "Agreement."

C. City and Provider desire to modify the Agreement on the terms and conditions set forth herein.

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

1. Paragraph 3 ("Compensation to Provider"), subdivision (b), of the Agreement is modified to read as follows:

"b. The total compensation for the work under this Amendment is not to exceed \$50,000.00. Total compensation for the work under this Agreement is not to exceed \$220,000.00."

2. 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.

ECS Imaging, Inc.
a California corporation

CITY OF ALAMEDA,
a municipal corporation



Name DEBBI BODEWIN
Title CEO

Eric J. Levitt
City Manager



Name Will Wolfe
Title CFO

RECOMMENDED FOR APPROVAL:

DocuSigned by:

Andrew Thomas

DDDE181589784G5
Andrew Thomas

Planning, Building & Transportation Director

APPROVED AS TO FORM:

City Attorney



Celena H. Chen
Chief Planning Counsel



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/04/2021

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB INTERNATIONAL INS SVCS INC/PHS 72165935 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME:	
	PHONE (866) 467-8730 (A/C, No, Ext):	FAX (888) 443-6112 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED ECS IMAGING, INC. 5905 BROCKTON AVE STE C RIVERSIDE CA 92506-1887	INSURER A :	Sentinel Insurance Company Ltd.
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person) \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$2,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS						BODILY INJURY (Per accident)
	HIRED AUTOS	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/>					EACH OCCURRENCE \$2,000,000
	OCCUR CLAIMS-MADE						AGGREGATE \$2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDERCity of Alameda
2263 SANTA CLARA AVE
ALAMEDA CA 94501-4477OK 3/9/21
LC**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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AGENCY CUSTOMER ID: _____

LOC#: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY HUB INTERNATIONAL INS SVCS INC/PHS		NAMED INSURED ECS IMAGING, INC.	
POLICY NUMBER SEE ACORD 25		5905 BROCKTON AVE STE C RIVERSIDE CA 92506-1887	
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM**FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Notice of Cancellation will be provided in accordance with Form SS1223, attached to this policy. Coverage is primary and noncontributory per the Business Liability Coverage Form SS0008, attached to this policy. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SS0008, attached to this policy. City, its City Council, boards, commissions, officials, employees and volunteers are additional insured per the Business Liability Coverage Form SS0008, attached to this policy.

POLICY NUMBER: 72 SBA KT6798



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - STATE/POLITICAL SUBDIVISION

CITY OF CORONA, ITS OFFICERS, OFFICIALS, EMPLOYEES & VOLUNTEERS
ATTN: JOANN BAEZA
400 S VICENTIA AVE, STE 320
CORONA, CA 92882

CITY OF MARTINEZ, ITS OFFICERS, OFFICIALS, EMPLOYEES AND DESIGNATED
VOLUNTEERS
525 HENRIETTA ST
MARTINEZ CA 94553

CITY OF ALAMEDA
THE CITY COUNCIL, BOARDS, COMMISSIONS,
OFFICIALS, EMPLOYEES AND VOLUNTEERS
2263 SANTA CLARA AVE
ALAMEDA, CA 94501

CENTRAL BASIN MUNICIPAL WATER DISTRICT
THE DISTRICT, DISTRICTS GOVERNING BOARD OF DIRECTORS AND DISTRICTS
ELECTED AND APPOINTED OFFICIALS, OFFICERS, EMPLOYEES, AGENTS AND
VOLUNTEERS
6252 TELEGRAPH RD
COMMERCE, CA 90040
CITY OF SOUTH EL MONTE AND ITS ELECTED OFFICIALS, EMPLOYEES,
SERVANTS, ATTORNEYS, DESIGNATED VOLUNTEERS, AND AGENTS SERVING AS
INDEPENDENT CONTRACTORS IN THE ROLE OF THE CITY OR AGENCY OFFICIALS
1415 SANTA ANITA AVE
SOUTH EL MONTE, CA 91733

CITY OF COLTON
650 N LA CADENA DR
COLTON, CA 92324

CITY OF VISTA
ATTN: CLAIRE LOPEZ



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

March 4, 2021

City of Alameda
2263 SANTA CLARA AVE
ALAMEDA CA 94501-4477

Account Information:

Policy Holder Details :	ECS IMAGING, INC.
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Contact Us

Business Service Center

Business Hours: Monday - Friday
(7AM - 7PM Central Standard Time)

Phone: (866) 467-8730

Fax: (888) 443-6112

Email: agency.services@thehartford.com

Website: <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

Acct#: 2405923

DATE (MM/DD/YYYY)

3/9/2021

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.

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PRODUCER Lockton Companies, LLC 3657 Briarpark Dr., Suite 700 Houston, TX 77042	CONTACT NAME: 888-828-8365	FAX (A/C, No):
	PHONE (A/C, No, Ext):	
INSURED ECS IMAGING, INC. 5905 BROCKTON AVE STE C RIVERSIDE, CA 92506-1887	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Ace American Insurance Co.	NAIC # 22667
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A	C68751445	10/1/2020	10/1/2021	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

OK 3/9/21
JC**CERTIFICATE HOLDER****CANCELLATION**

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AUTHORIZED REPRESENTATIVE

CITY OF ALAMEDA
2263 SANTA CLARA AVE
ALAMEDA, CA 94501