

Meeting Date: 2/3/2015

Report Type: Consent

Report ID: 2015-00056

Title: Contract Amendments: On-Call General Contractor Services List for Public Facilities

Location: Citywide

Recommendation: Pass a Motion 1) extending the On-Call General Contractor Services List for Public Facilities by one year, to February 15, 2016, and increasing the annual not-to-exceed amount on each contract by \$150,000 for a revised final year total not-to-exceed amount of \$400,000 for each contract (as specified in Exhibit A); and 2) authorizing the City Manager or the City Manager's designee to execute the contract amendments specified above.

Contact: Don Tucker, Facilities Manager, (916) 808-8335; Yvette Rincon, Program Manager, (916) 808-5827, Department of General Services

Presenter: None

Department: General Services

Division: Facility Maintenance

Dept ID: 13001521

Attachments:

1-Description/Analysis

2-Exhibit A

City Attorney Review

Approved as to Form

Kourtney Burdick

1/27/2015 9:39:23 AM

Approvals/Acknowledgements

Department Director or Designee: Reina Schwartz - 1/15/2015 10:33:40 AM

Description/Analysis

Issue Detail: On January 18, 2011, City Council adopted Resolution No. 2011-026 to suspend competitive bidding in the best interests of the City and approve an On-Call General Contractor Services List for Public Facilities (List) with Unger Construction Co., Rudolph and Sletten, Inc., Otto Construction Co., and Turner Construction Co. The four contracts were authorized for a period of one year with four one-year renewal periods in the not-to-exceed amount of \$250,000 per year for each contract. It is now time to renew each contract for the fifth and final year. The additional \$150,000 in funding recommended for each contract is necessary to continue ongoing facility reinvestment and maintenance needs throughout the City.

Policy Considerations: The recommendations in this report are in accordance with the provisions of City Code Chapter 3.56.

Economic Impacts: None

Environmental Considerations:

California Environmental Quality Act (CEQA): No environmental review is necessary because the recommendations in this report involve the administrative activity of negotiating and executing contracts not conducted with a specific project subject to CEQA review and are not considered to be a project in accordance with Section 15378(b)(2) of the CEQA Guidelines.

Sustainability: Not applicable

Commission/Committee Action: None

Rationale for Recommendation: The Department of General Services uses the services of on-call general contractors to supplement City staff labor in the event that City staff is unable to perform the scope of work or meet the demand. The existing annual contract limits of \$250,000 per year per contractor are not sufficient to meet the volume of work required to address the City’s facility reinvestment and ongoing maintenance needs. The additional funding will help to ensure consistent maintenance services through the final year of these on-call contracts.

Financial Considerations: As noted in the table below, each contract shall be in the not-to-exceed amount of \$400,000 for the final year of the List. Purchase orders encumbering funds under these contracts will not be opened until projects are identified. Funding for each purchase order will be provided for in capital improvement project budgets or in department operating budgets as projects are identified. Contractors may have multiple assignments during the final year of the List, however, the aggregate amount for each contractor shall not exceed \$400,000 during the year.

On-Call General Contractor Services Year Five of Five-Year Contract		
Contractor	Existing Contract Amount	Revised Contract Amount
Unger Construction Co.	\$250,000	\$400,000
Rudolph and Sletten, Inc.	\$250,000	\$400,000
Otto Construction Co.	\$250,000	\$400,000
Turner Construction Co.	\$250,000	\$400,000
Total	\$1,000,000	\$1,600,000

Local Business Enterprise (LBE): These contracts were executed prior to the enactment of the LBE program; however, Unger Construction Co., Otto Construction Co. and Turner Construction Co. are local business enterprises.



Requires Council Approval: No YES Meeting: 2-3-15

Real Estate Other Party Signature Needed Recording Requested

General Information

Type: Public Project	PO Type: Formal Bid-Maintenance	Attachment: Change Order No.: 5
\$ Not to Exceed: \$150,000		Original Doc Number: 2011-0032
Other Party: UNGER CONSTRUCTION		Certified Copies of Document::
Project Name: ON-CALL GENERAL CONTRACTOR SERVICES		Deed: <input type="checkbox"/> None <input type="checkbox"/> Included <input type="checkbox"/> Separate
Project Number: 633807	Bid Transaction #: Q1013001541012	E/SBE-DBE-M/WBE:

Department Information

Department: **General Services** Division: **Facilities & Real Property Mgt.**
 Project Mgr: **YADI KAVAKEBI**
 Contract Services: **Tim Hopper** Date: **11-18-14** Division Mgr: **DON TUCKER**
 PM Phone Number: **808-8432** Org Number: **13001541**

Comment: **Annual renewal and contract increase**

Review and Signature Routing

Department	Signature/Initial	Date
Project Mgr:		
Contract Services:	<i>Kw...</i>	12-18-14
Supervisor:		
Division Manager:		

City Attorney	Signature or Initial	Date
City Attorney:	<i>KCB</i>	1/5/15

Call Tim Hopper x8173 **Notify for Pick Up**

Authorization	Signature	Date
Schwartz, Reina Department Director:		
City Mgr: yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Contract Cover/Routing Form: Must Accompany ALL Contracts; however, is not part of the contract. (01-01-09)

For City Clerk Processing

Finalized:

Initial: _____

Date: _____

Imaged:

Initial: _____

Date: _____

Received:
(City Clerk Stamp Here)

City of Sacramento
CHANGE ORDER- CITY COUNCIL APPROVAL

Contract #: C02011-0034
Purchase Order #: 633807

DATE: 1-27-2011

Budget #: 13001521
Change Order #: 05
Today's Date: 12-18-14

TO: UNGER CONSTRUCTION
Contract For: ON-CALL GENERAL CONTRACTOR SERVICES

Upon mutual acceptance of this document the City of Sacramento, hereinafter referred to as "City" and your firm, hereinafter referred to a "Contractor", in accordance with the terms and conditions of the original contract documents, you are hereby directed to make the following change or changes for the consideration set forth below:

Description:

Additional Work: Increase the yearly not-to-exceed amount of the Contract from \$250,000 to \$400,000 and extend the term of the Contract to February 15, 2016.

The original contract sum was	\$ 250,000.00 per year
Net change by previous Change Orders	\$ <u>0.00</u>
The contract sum prior to this Change Order was	\$ 250,000.00 per year
The contract sum will be increased by this Change Order	\$ <u>150,000.00</u> per year
New contract sum including all Change Orders	\$ 400,000.00 per year

Contractor agrees that the amount of increase or decrease in the contract sum specified in this Change Order shall constitute full compensation for the work required by this Change Order, including but not limited to all compensation for the additional costs, if any, which may accrue to the Contractor by reason of any change in work schedules, other contract or cost of the project in any way made necessary by this Change Order. The time for performance of the contract will be extended by 0 working days to complete the project by reason of the performance of the work required by this Change Order. Except as herein above expressly provided, Contractor further agrees that the performance of the work specified in this Change Order or the rescheduling of the other project work made necessary by this Change Order, shall not constitute a delay which will extend the time limit for completion of the work as said term is used in the contract between the City and Contractor for the project.

Approval Recommended By:

Approved By:

Project Manager Date

John F. Shirey
City Manager

Approved By: _____
John D. Nunan, President
12-18-14
Contractor Date

Approved By: _____
Kourtney G. Burdick
City Attorney

Approved By: _____

City Clerk

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/24/2014

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 James C. Jenkins Insurance Service, Inc. License #0545478 PO Box 13847 Sacramento CA 95853		CONTACT NAME: Renee Montoya PHONE (A/C, No, Ext): 916 576 1605 E-MAIL ADDRESS: Renee.Montoya@Leavitt.com FAX (A/C, No): 916 848 3708	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: National Union Fire Ins Co PA	19445
INSURED UNGER-1 Unger Construction Co. PO Box 160247 Sacramento CA 95816-0247		INSURER B: West American Insurance Co	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1505398911

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/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL3823545	4/1/2014	4/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAW56020491	4/1/2014	4/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	WC019901525	4/1/2014	4/1/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

RE: On-Call General Contracting Services (PN: 633807). The City of Sacramento, its officials, employees and volunteers are Additional Insured as respects to General & Auto Liability per the attached forms. Primary Wording applies per the attached form. Waiver of Subrogation applies to Workers' Compensation per the attached form.

CERTIFICATE HOLDER**CANCELLATION**

City of Sacramento EBIX BPO PO Box 257, Ref. #106-2327946 Portland MI 48875	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 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION CONTRACTUALLY REQUIRING STATUS AS AN ADDITIONAL INSURED FOR ONGOING OPERATIONS YOU PERFORM FOR THEM.	

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

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
AS REQUIRED PER WRITTEN CONTRACT.	AS REQUIRED PER WRITTEN CONTRACT.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location

designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard."

ENDORSEMENT

This endorsement, effective 12:01 AM 3/1/2014 forms a part of

policy No GL3823545 issued to Unger Construction Co.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY COVERAGE FOR SPECIFIED PERSONS OR
ORGANIZATIONS NAMED AS ADDITIONAL INSURED -
ONGOING AND COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following paragraph is added to **SECTION II - WHO IS AN INSURED** and applies only to persons or organizations we have added to your policy as additional insureds by endorsement to comply with insurance requirements of written contracts relative to: a) the performance of your ongoing operations for the additional insureds; or b) "your work" performed for the additional insureds and included in the "products-completed operations hazard":

This insurance is primary over any similar insurance available to any person or organization we have added to this policy as an additional insured. However, this insurance is primary over any other similar insurance only if the additional insured is designated as a named insured in the Declarations of the other similar insurance. We will not require contribution of limits from the other similar insurance if the insurance afforded by this endorsement is primary.

This insurance is excess over any other valid and collectible insurance, whether primary, excess, contingent or on any other basis, if it is not primary as defined in the paragraph above.

All other terms and conditions of the policy are the same.



Authorized Representative or
Countersignature (in States Where
Applicable)

- (2) If the Limits of Insurance of any other insurance policy have been exhausted; or
- (3) To "bodily injury" or "property damage" that occurred before you acquired or formed the organization.

2. EMPLOYEES AS INSURED

SECTION II - LIABILITY COVERAGE, paragraph A.1. - WHO IS AN INSURED is amended to include the following as an insured:

- f. Any "employee" of yours while using a covered "auto" you do not own, hire or borrow, but only for acts within the scope of their employment by you. Insurance provided by this endorsement is excess over any other insurance available to any "employee".
- g. An "employee" of yours while operating an "auto" hired or borrowed under a written contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business and within the scope of their employment. Insurance provided by this endorsement is excess over any other insurance available to the "employee".

3. ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT

SECTION II - LIABILITY COVERAGE, paragraph A.1. - WHO IS AN INSURED is amended to include the following as an insured:

- h. Any person or organization with respect to the operation, maintenance or use of a covered "auto", provided that you and such person or organization have agreed in a written contract, agreement, or permit issued to you by governmental or public authority, to add such person, or organization, or governmental or public authority to this policy as an "insured".

However, such person or organization is an "insured":

- (1) Only with respect to the operation, maintenance or use of a covered "auto";
- (2) Only for "bodily injury" or "property damage" caused by an "accident" which takes place after you executed the written contract or agreement, or the permit has been issued to you; and
- (3) Only for the duration of that contract, agreement or permit

4. SUPPLEMENTARY PAYMENTS

SECTION II - LIABILITY COVERAGE, Coverage Extensions, 2.a. Supplementary Payments, paragraphs (2) and (4) are replaced by the following:

- (2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the insured at our request, including actual loss of earnings up to \$500 a day because of time off from work.

5. AMENDED FELLOW EMPLOYEE EXCLUSION

In those jurisdictions where, by law, fellow employees are not entitled to the protection afforded to the employer by the workers compensation exclusivity rule, or similar protection, the following provision is added:

SECTION II - LIABILITY, exclusion B.5. FELLOW EMPLOYEE does not apply if the "bodily injury" results from the use of a covered "auto" you own or hire.

SECTION III - PHYSICAL DAMAGE COVERAGE is amended as follows:

6. HIRED AUTO PHYSICAL DAMAGE

Paragraph A.4. Coverage Extensions of SECTION III - PHYSICAL DAMAGE COVERAGE, is amended by adding the following:

If hired "autos" are covered "autos" for Liability Coverage, and if Comprehensive, Specified Causes of Loss or Collision coverage are provided under the Business Auto Coverage Form for any "auto" you own, then the Physical Damage coverages provided are extended to "autos":

- a. You hire, rent or borrow; or

BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 03/01/2014 forms a part of Policy No. WC 019-90-1525

Issued to UNGER CONSTRUCTION CO.

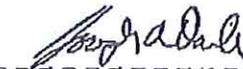
By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

We have a right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization with whom you have a written contract that requires you to obtain this agreement from us, as regards any work you perform for such person or organization.

The additional premium for this endorsement shall be 2.00 % of the total estimated workers compensation premium for this policy.

WC 04 03 61
(Ed. 11/90)

Countersigned by _____



Authorized Representative



Requires Council Approval: No YES Meeting: 2-3-15

Real Estate Other Party Signature Needed Recording Requested

General Information

Form with fields: Type: Public Project, PO Type: Formal Bid-Maintenance, Attachment: Change Order No.: 5, \$ Not to Exceed: \$150,000, Other Party: TURNER CONSTRUCTION, Project Name: ON-CALL GENERAL CONTRACTOR SERVICES, Project Number: 633806, Bid Transaction #: Q1013001541012, E/SBE-DBE-M/WBE:

Department Information

Department: General Services Division: Facilities & Real Property Mgt.
Project Mgr: YADI KAVAKEBI
Contract Services: Tim Hopper Date: 11-19-14 Division Mgr: DON TUCKER
PM Phone Number: 808-8432 Org Number: 13001541
Comment: Annual renewal and contract increase

Review and Signature Routing

Table for Review and Signature Routing with columns: Department, Signature/Initial, Date. Includes Project Mgr, Contract Services, Supervisor, Division Manager, and City Attorney rows.

Call Tim Hopper x8173 Notify for Pick Up

Table for Authorization with columns: Authorization, Signature, Date. Includes Department Director and City Mgr rows.

Contract Cover/Routing Form: Must Accompany ALL Contracts; however, is not part of the contract. (01-01-09)

Large box for City Clerk Processing with fields: Finalized: Initial, Date; Imaged: Initial, Date; Received: (City Clerk Stamp Here)

City of Sacramento
CHANGE ORDER- CITY COUNCIL APPROVAL

Contract #: C02011-0034
Purchase Order #: 633806

DATE: 1-18-2011

Budget #: 13001521
Change Order #: 05
Today's Date: 12-18-14

TO: TURNER CONSTRUCTION
Contract For: ON-CALL GENERAL CONTRACTOR SERVICES

Upon mutual acceptance of this document the City of Sacramento, hereinafter referred to as "City" and your firm, hereinafter referred to a "Contractor", in accordance with the terms and conditions of the original contract documents, you are hereby directed to make the following change or changes for the consideration set forth below:

Description:

Additional Work: *Increase the yearly not- to-exceed amount on the Contract from \$250,000 to \$400,000 and extend the term of the Contract to February 15, 2016.*

The original contract sum was	\$ 250,000.00 per year
Net change by previous Change Orders	\$ <u>0.00</u>
The contract sum prior to this Change Order was	\$ 250,000.00 per year
The contract sum will be increased by this Change Order	\$ <u>150,000.00</u> per year
New contract sum including all Change Orders	\$ 400,000.00 per year

Contractor agrees that the amount of increase or decrease in the contract sum specified in this Change Order shall constitute full compensation for the work required by this Change Order, including but not limited to all compensation for the additional costs, if any, which may accrue to the Contractor by reason of any change in work schedules, other contract or cost of the project in any way made necessary by this Change Order. The time for performance of the contract will be extended by 0 working days to complete the project by reason of the performance of the work required by this Change Order. Except as herein above expressly provided, Contractor further agrees that the performance of the work specified in this Change Order or the rescheduling of the other project work made necessary by this Change Order, shall not constitute a delay which will extend the time limit for completion of the work as said term is used in the contract between the City and Contractor for the project.

Approval Recommended By:

Approved By:

Project Manager Date

John F. Shirey
City Manager

Approved By:

Frank Quijz *19 DEC '14*

Contractor Date

Approved By:

Katherine Burdick

City Attorney

Approved By:

City Clerk

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/25/2014

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 Turner Surety and Insurance Brokerage, Inc. Meck-Call Centre II 650 From Road - Suite 295 Paramus, NJ 07652	CONTACT NAME: _____	
	PHONE (A/C No. Ext): 201-267-7500	FAX (A/C No.): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Liberty Mutual Fire Insurance Company		23035
INSURER B: Liberty Insurance Corporation		42404
INSURER C: _____		
INSURER D: _____		
INSURER E: _____		
INSURER F: _____		

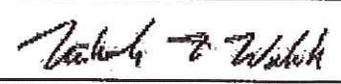
INSURED
 Turner Corporation
 Turner Construction Company
 3 Paragon Drive
 Montvale, NJ 07645

COVERAGES **CERTIFICATE NUMBER:** 9TB82XEW **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	ADDITIONAL INSURER	SUBR YWYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			TB2-625-092815-044: Ea. Occ, Dam to Rent Prem, Pers & Adv Inj: \$250k. TL2-625-092815-084: Ea. Occ, Pers & Adv Inj, Dam to Prem: \$1.75mm. Total Aggs at right	11/01/2014	11/01/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 12,500,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AS2-625-092815-014	11/01/2014	11/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			WC7-625-092815-034 Employers Llab./Slog-Gap OH, ND, WA, WV, WY	11/01/2014	11/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Follow-form Excess General Liability above Primary limits			TL2-625-093906-494 Per Project Limits	11/01/2014	11/01/2015	Per Occurrence \$ 3,000,000 Aggregate \$ 5,000,000 Products/Comp Ops Agg. \$ 0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 PROPOSED CONTRACT: ON-CALL GENERAL CONTRACTING SERVICES (PN: 633806) FOR CITY OF SACRAMENTO - VARIOUS LOCATIONS.
 ADDITIONAL INSURED: CITY OF SACRAMENTO IS NAMED AS ADDITIONAL INSURED ON THE GENERAL LIABILITY AND AUTO LIABILITY POLICIES, PER ATTACHED ENDORSEMENTS: FORM CA 20 48 02 99 FOR AUTO LIABILITY, AND FORM CG 20 28 07 04 FOR GENERAL LIABILITY.
 WAIVER OF SUBROGATION IN FAVOR OF CITY OF SACRAMENTO.
 WRITTEN NOTIFICATION OF CANCELLATION SHALL BE NO LESS THAN 30 DAYS, PER ATTACHED ENDORSEMENT LA 99 224 09 10

CERTIFICATE HOLDER CITY OF SACRAMENTO c/o EPIX BPO P.O. BOX 257, REF. #106-2327943 PORTLAND, MI 48875-0257	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 
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Requires Council Approval: No YES Meeting: 2-3-15

Real Estate Other Party Signature Needed Recording Requested

General Information

Form with fields: Type: Public Project, PO Type: Formal Bid-Maintenance, Attachment: Change Order No.: 5, \$ Not to Exceed: \$150,000, Original Doc Number: 2011-0034, Other Party: OTTO CONSTRUCTION, Certified Copies of Document::, Project Name: ON-CALL GENERAL CONTRACTOR SERVICES, Deed: [] None [] Included [] Separate, Project Number: 633804, Bid Transaction #: Q1013001541012, E/SBE-DBE-M/WBE:

Department Information

Department: General Services Division: Facilities & Real Property Mgt.
Project Mgr: YADI KAVAKEBI
Contract Services: Tim Hopper Date: 11-20-14 Division Mgr: Don Tucker
PM Phone Number: 808-8432 Org Number: 13001541

Comment: Annual renewal and contract increase

Review and Signature Routing

Table with columns: Department, Signature/Initial, Date. Rows for Project Mgr, Contract Services, Supervisor, Division Manager.

Table with columns: City Attorney, Signature or Initial, Date. Row for City Attorney.

[x] Call Tim Hopper x8173 [] Notify for Pick Up

Table with columns: Authorization, Signature, Date. Row for Schwartz, Reina, Department Director.

Contract Cover/Routing Form: Must Accompany ALL Contracts; however, is not part of the contract. (01-01-09)

Large box for processing with sections: For City Clerk Processing Finalized, Imaged, Received. Includes fields for Initial, Date, and a stamp area.

City of Sacramento
CHANGE ORDER- CITY COUNCIL APPROVAL

Contract #: C02011-0034
Purchase Order #: 633804

DATE: 1-18-2011

Budget #: 13001541
Change Order #: 05
Today's Date: 12-18-14

TO: OTTO CONSTRUCTION
Contract For: ON-CALL GENERAL CONTRACTOR SERVICES

Upon mutual acceptance of this document the City of Sacramento, hereinafter referred to as "City" and your firm, hereinafter referred to a "Contractor", in accordance with the terms and conditions of the original contract documents, you are hereby directed to make the following change or changes for the consideration set forth below:

Description:

Additional Work: *Increase the yearly not-to-exceed amount on the Contract from \$250,000 to \$400,000 and extend the term of the Contract to February 15, 2016.*

The original contract sum was	\$ 250,000.00 per year
Net change by previous Change Orders	\$ 0.00
The contract sum prior to this Change Order was	\$ 250,000.00 per year
The contract sum will be increased by this Change Order	\$ 150,000.00 per year
New contract sum including all Change Orders	\$ 400,000.00 per year

Contractor agrees that the amount of increase or decrease in the contract sum specified in this Change Order shall constitute full compensation for the work required by this Change Order, including but not limited to all compensation for the additional costs, if any, which may accrue to the Contractor by reason of any change in work schedules, other contract or cost of the project in any way made necessary by this Change Order. The time for performance of the contract will be extended by 365 CALENDAR DAYS to complete the project by reason of the performance of the work required by this Change Order. Except as herein above expressly provided, Contractor further agrees that the performance of the work specified in this Change Order or the rescheduling of the other project work made necessary by this Change Order, shall not constitute a delay which will extend the time limit for completion of the work as said term is used in the contract between the City and Contractor for the project.

Approval Recommended By:

Approved By:

Project Manager Date

John F. Shirey
City Manager

Approved By:

Contractor

Date

12/13/14

Approved By:

City Attorney

Approved By:

City Clerk



Requires Council Approval: No YES Meeting: 2-3-15

Real Estate Other Party Signature Needed Recording Requested

General Information

Form with fields: Type: Public Project, PO Type: Formal Bid-Maintenance, Attachment: Change Order No.: 5, \$ Not to Exceed: \$150,000, Original Doc Number: 2011-0033, Other Party: RUDOLPH & SLETTEN, Certified Copies of Document::, Project Name: ON-CALL GENERAL CONTRACTOR SERVICES, Deed: [] None [] Included [] Separate, Project Number: 633805, Bid Transaction #: Q1013001541012, E/SBE-DBE-M/WBE:

Department Information

Department: General Services Division: Facilities & Real Property Mgt.
Project Mgr: YADI KAVAKEBI
Contract Services: Tim Hopper Date: Division Mgr: Don Tucker
PM Phone Number: 808-8432 Org Number: 13001541
Comment: Annual renewal and contract increase

Review and Signature Routing

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[X] Call Tim Hopper x8173 [] Notify for Pick Up

Table with columns: Authorization, Signature, Date. Row for Schwartz, Reina, Department Director.

Contract Cover/Routing Form: Must Accompany ALL Contracts; however, is not part of the contract. (01-01-09)

For City Clerk Processing
Finalized: Initial: Date:
Imaged: Initial: Date:
Received: (City Clerk Stamp Here)

City of Sacramento
CHANGE ORDER- CITY COUNCIL APPROVAL

Contract #: C02011-0033
Purchase Order #: 633805

DATE: 1-18-2011

Budget #: 13001541
Change Order #: 05
Today's Date: 12-18-14

TO: RUDOLPH & SLETTEN, INC.
Contract For: ON-CALL GENERAL CONTRACTOR SERVICES

Upon mutual acceptance of this document the City of Sacramento, hereinafter referred to as "City" and your firm, hereinafter referred to a "Contractor", in accordance with the terms and conditions of the original contract documents, you are hereby directed to make the following change or changes for the consideration set forth below:

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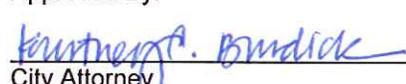
Approval Recommended By:

Approved By:

Project Manager Date

John F. Shirey
City Manager

Approved By: _____
 _____
Contractor Date 12/18/14

Approved By: _____
 _____
City Attorney

Approved By: _____

City Clerk

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