

EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM: CONTRACT AMENDMENT

Original CMS #LWU2M
(To be filled in by department)

Amendment CMS #GRLA8
(To be filled in by department)

Contract #9570 ★
(As originally issued by Auditor)

CONTRACTOR NAME: REMCHO, JOHANSEN & PURCELL, LLP

This contract package contains:		With Original Contract	Attached	Waiver Attached	Not Required
3 Original Contracts (Department, Vital Record and Vendor) in folders					
*The Vital Record contract MUST be in a folder. *Optional: In lieu of folders, Department and Vendor copies may be assembled with an Acco-fastener.					
1. Living Wage Certification (if not submitted with original contract) LWO use current form on web*		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certification of Compliance with Equal Benefits Ordinance (if not submitted with original contract) EBO use current form on web*		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Federally Funded Project Requirement ONLY : Debarment status printout (\$25,000 and above)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Authorizing Council Resolution # <u>N/A</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

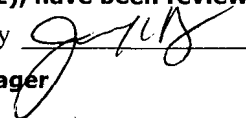
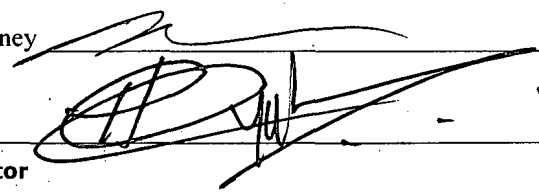
Requisition # 174990 (Hard copy attached) **Purchase Order #** 99567
Budget Code 881-1702-410-3021 **Council Approved Amount \$** _____
Was there any advance payment? Yes No **If Yes, Advanced Amount \$** _____

Original contract amount	\$	<u>30,000</u>
Amount/s added by previous amendment/s (if applicable)	\$	<u>-0-</u>
Amount added by this amendment	\$	<u>110,000</u>
Total contract amount after amendment	\$	<u>140,000</u>

MO

RECEIVED
APR 30 2014
CITY AUDITOR

Routing and signatures:
 All elements of the contract package, including information provided above and on Amendment Data Transmittal form (page 2), have been reviewed for completeness and accuracy and evidenced by the following signatures:

- | | | | | |
|--|---|---------------|---------------|---------------|
| Joanna K. Rudy |  | City Attorney | 981-6998 | Apr. 28, 2014 |
| 1. Project Manager | | Department | Phone No. | Date |
| 2. Department Administrative Officer/Accounting | | | | Date |
| 3. Manager of Engineering (PW construction only) | | | | Date |
| Zach Cowan, City Attorney |  | | Apr. 28, 2014 | |
| 4. Department Head | | | | Date |
| 5. Contract Administrator | | | | Date |
| 6. Budget Manager | | | | Date |

Presented
4/28/14

Routing continues to the following persons, who sign directly on the contract:

- | | |
|-----------------|--|
| 7. City Manager | (Will not sign unless all signatures and dates appear above) |
| 8. City Auditor | (Initial <u>MA 4-30-14</u>) |
| 9. City Clerk | (Initial <u>SM 5/6/14</u>) |

AMENDMENT TO CONTRACT

This Amendment to Contract is entered into this 24th day of April, 2014 between the CITY OF BERKELEY ("City"), a Charter City organized and existing under the laws of the State of California, and REMCHO, JOHANSEN & PURCELL, LLP, ("Attorneys") doing business at 201 Dolores Avenue, San Leandro, CA, who agree as follows:

WHEREAS, City and Attorneys previously entered into Contract No. 9570, dated February 26, 2014, which contract was authorized by the City Attorney; and

WHEREAS, the City Attorney has authorized an amendment of said contract as set forth below.


1. Section 2.c. is amended to read as follows:

c. The entire fees and expenses pursuant to this Contract shall not exceed the amount of \$140,000 without amendment hereto. Attorneys shall not earn fees for services or incur expenses in excess of the aforesaid amount prior to executing with the City a written amendment to this contract increasing the amount payable hereunder. Attorneys shall notify the City as soon as practicable that a contract amendment increasing the amount payable may be necessary.

2. In all other respects, the contract dated February 26, 2014 shall remain in full force and effect.

IN WITNESS WHEREOF, City and Attorneys have executed this Amendment to Contract on the date written on the first paragraph of this Amendment to Contract.

CITY OF BERKELEY

By 
Zach Cowan, City Attorney

Registered by:

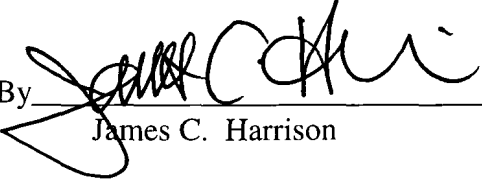
Ann Marie Hogan 4-30-14
City Auditor

Attest:

Maed Merrill
~~Deputy~~ City Clerk

ATTORNEYS

REMCHO, JOHANSEN & PURCELL, LLP

By 
James C. Harrison

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
Sweet & Baker Ins. Brokers Inc
44 Second Street
San Francisco, CA 94105-3440

Phone: 415-512-2100
Fax: 415-512-1115

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: REMCH-1
FAX (A/C, No):

INSURED
Remcho Johansen & Purcell, LLP
201 Dolores Avenue
San Leandro, CA 94577

INSURER(S) AFFORDING COVERAGE
INSURER A: Sentinel Insurance Co, Ltd
INSURER B: Republic Indemnity Company
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	ADD'L SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			57 SBA TK7827	10/29/2013	10/29/2014	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY			57 SBA TK7827	10/29/2013	10/29/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			02987319	10/01/2013	10/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Issued as proof of coverage for the named insured as required.

CERTIFICATE HOLDER

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City Attorney
City of Berkeley
2180 Vilvia St, 4th Floor
Berkeley, CA 94704

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


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 POLICY 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 certificate holder in lieu of such endorsement(s).

PRODUCER Walter R. Anderson Insurance 1834 Bath St. Santa Barbara CA 93101	CONTACT NAME: Agency Csr PHONE (A/C, No. Ext): (805) 682-8885 E-MAIL ADDRESS:		FAX (A/C, No): (805) 563-1160
	INSURER(S) AFFORDING COVERAGE		
INSURED Remcho Johansen & Purcell, LLP 201 Dolores Avenue San Leandro CA 94577	INSURER A: Carolina Casualty		NAIC
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL137300490 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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH. ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Insurance			91200832	7/01/13	7/01/14	Limits: \$2,000,000/ \$2,000,000 Full Pr Deductible: \$10,000

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

CERTIFICATE HOLDER City Attorney City of Berkeley 2180 Milvia St., 4th Floor Berkeley, CA 94704	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Elaine Clark/ELAINE <i>Elaine Clark</i>