



THIRD ADDENDUM TO AGREEMENT
BY AND BETWEEN THE
COUNTY OF MARIN AND FACILITIES BY DESIGN

THIS ADDENDUM is made and entered into this _____ day of _____ 2010, by and between the COUNTY OF MARIN, a political subdivision of the State of California (hereinafter referred to as "County") and FACILITIES BY DESIGN (hereinafter referred to as "Contractor")

RECITALS

WHEREAS, the County and the Contractor entered into an agreement to prepare space plans for Health and Human Services (H&HS) for 10 N. San Pedro Rd., first and second floors, dated April 13, 2009. ("Agreement"); and

WHEREAS, Section 4 to the agreement obligated Contractor to provide services not to exceed the maximum sum of \$48,900; and

WHEREAS, the parties desire to amend the agreement to increase the scope of services and the compensation to the maximum sum of \$59,400.

NOW, THEREFORE, the parties agree to modify Section 4 and Exhibit "A" as set forth below.

AGREEMENT

1. Except as otherwise provided herein all terms and conditions of the agreement shall remain in full force and effect.
2. ☒ Updated Certificate of Insurance(s) attached hereto.
3. Section 4, "Maximum Cost to County" is hereby amended to read as follows:
In no event will the cost to County for the services to be provided herein exceed the maximum sum of \$59,400.00 including direct non-salary expenses.
4. Exhibit "A" "Scope of Services," is hereby amended to add to the existing scope of services the following:
 1. Add move management services for an additional 21 employees for all move phases.
 2. Add move management services for additional common areas as follows:
 - a. (6) Large Conference Rooms
 - b. (3) Interview Room
 - c. (1) Lobby seating & Resource Area
 - d. (1) Large Copy Room
 - e. (1) Break Room
 - f. (3) Small Copy Rooms

IN WITNESS WHEREOF, the parties hereto have executed this Addendum on the day first written above.

CONTRACTOR:

By Paula Stables

COUNTY OF MARIN:

COUNTY COUNSEL REVIEW AND APPROVAL (Only required if any of the noted reason(s) applies)

REASON(S) REVIEW:

- ☐ Standard Short Form Content Has Been Modified
- ☐ Optional Review by County Counsel at Department's Request

County Counsel



ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 04/03/10
PRODUCER Pedrelli Insurance Services Michael A. Pedrelli 999 Adams Street, Suite 102 Saint Helena, CA 94574		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Paula Stabler <DBA> Facilities By Design 3220 Calistoga Road Saint Helena, CA 95404		
		INSURERS AFFORDING COVERAGE
		INSURER A: <u>RLI Insurance Company</u>
		INSURER B: _____
		INSURER C: _____
		INSURER D: _____
		INSURER E: _____

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR (TR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOP0026440	02/15/10	02/15/11	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOM <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Eq accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

County of Marin is listed as named insured
 10 N. San Pedro Road
 San Rafael, CA 94903

CERTIFICATE HOLDER

☒ ADDITIONAL INSURED; INSURER LETTER:

The County of Marin Its Office, Agents & Employees
 3501 Civic Center Drive
 San Rafael, CA 94903

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

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ACORD 25-S (7/97)

Policy Number: BOP0026440

RLI Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ADDITIONAL INSURED - CONTROLLING INTEREST**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM**SCHEDULE****Name Of Person Or Organization:**THE COUNTY OF MARIN, ITS
OFFICERS, AGENTS & EMPLOYEES
20 NORTH PEDRO RD STE 2028
SAN RAFAEL CA 94903

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

The following is added to Paragraph C. Who Is An Insured in Section II - Liability:

3. The person or organization shown in the Schedule or in the Declarations, but only for their liability arising out of:
- a. Their financial control of you; or
 - b. Premises they own, maintain or control while you lease or occupy those premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

PRODUCER
AUTO INS. SPEC., INC.
PO BOX 6507
ARTESIA CA 90702-6507

044482 03

TELEPHONE:(800) 493-7879



**AUTOMOBILE POLICY DECLARATIONS
IMPORTANT COVERAGE EXCLUSION**

POLICY NUMBER: 0401 03 003298975
POLICY PERIOD: FROM 06/16/2010 12:01AM TO 12/16/2010 12:01AM

PERSONS INSURED
NAMED INSURED
PAULA S STABLER

DRIVERS
PAULA S STABLER
RICHARD A STABLER

APPLICABLE TO ALL COVERAGES INCLUDING BUT NOT LIMITED TO LIABILITY
AND UNINSURED MOTORISTS PROVIDED NOW OR LATER.
It is agreed that the insurance afforded by this policy
shall not apply for accrue to the benefit of any insured or any
third party claimant when any motor vehicle is being used or
operated by a person listed below regardless of where the
person resides or whether the person is licensed to drive.

MAILING ADDRESS: 3220 CALISTOGA RD
SANTA ROSA, CA 95404-9673

CAR	YEAR	VEHICLE DESCRIPTION	SERIAL NUMBER	COST OR VALUE	NEW/USED	PURCH. DATE	H.P./CID
1	1984	TOYOTA PICKUP ?	JT4RN60R4E5028047		U	01/1998	
2	1967	MGB GT 2 DR	67GHD3L101050		U	06/2007	
3	2001	VOLVO V70 2.4T WAGON 4DR	YV1SW58D811119514		U	07/2007	

LOSS PAYEE(S) (LPI), ADDITIONAL INTERESTS (AI), LOSS PAYEE(S) AND ADDITIONAL INTERESTS (AI), GARAGING ADDRESSES (GA) AND REGISTERED OWNERS (RO) OTHER THAN THOSE LISTED ABOVE

Coverage applies only if premium charge is listed below. Coverage/Limits are subject to all policy terms.

COVERAGES		LIMITS OF LIABILITY		PREMIUMS			SPECIAL EQUIPMENT		
BODILY INJURY LIABILITY	\$100,000	EACH PERSON	\$300,000	EACH ACCIDENT	CAR 1	CAR 2	CAR 3	ITEMS INSURED AND AMOUNTS OF INSURANCE FOR EACH ITEM ARE STATED HEREIN. ITEMS INSURED ARE SUBJECT TO THE DEDUCTIBLE.	
PROPERTY DAMAGE LIABILITY	\$50,000	EACH ACCIDENT			83	64	75		
UNINSURED MOTORISTS BODILY INJURY LIABILITY	\$30,000	EACH PERSON	\$60,000	EACH ACCIDENT	4	6	8		
UNINSURED MOTORISTS PROPERTY DAMAGE LIABILITY	\$3,500	MAXIMUM			13	13			
COLLISION DEDUCTIBLE WAIVER							6	CAR 1	
MEDICAL EXPENSE	\$	<input type="checkbox"/> EXCESS WITH REIMBURSEMENT TO COMPANY		<input type="checkbox"/> NO EXCESS NO REIMBURSEMENT				ITEMS INSURED	
LEASE/LOAN GAP COVERAGE	CAR	CAR	CAR					LIMIT	
REPAIR OR REPLACEMENT COST COVERAGE	CAR	CAR	CAR						
COMPREHENSIVE	DEDUCTIBLE CAR	\$	CAR \$	CAR 3 \$100			30	CALIFORNIA ASSESSMENTS	
COLLISION	DEDUCTIBLE CAR	\$	CAR \$	CAR 3 \$500			106	CA FRAUD FEE	2.70
TOWING AND LABOR	\$	EACH DISABLEMENT						CIGA FEE	
RENTAL CAR BENEFIT	\$	PER DAY	DAYS						
RENTED CAR PHYSICAL DAMAGE	\$	DEDUCTIBLE PER CLAIM (SEE RCPD PREMIUM BELOW)			PREMIUMS PER CAR				
ENDORSEMENTS ATTACHED TO THE POLICY					100	83	225		
U-10 01/2008 U-45C					RCPD PREMIUM		POLICY FEE		
								TOTAL PREMIUM	410.70

IMPORTANT INFORMATION

EFFECTIVE 06/16/2010

This amended policy declarations page replaces all declarations with the same or prior effective date.

This renewal declarations page reflects a lapse in coverage from 06/11/2010 to 06/16/2010 @ 12:01 AM.

The enclosed NOTICE OF PREMIUM DUE is part of this policy. It specifies the amount of your premium, your payment options, any applicable fees, and the due date. If you have any questions, please contact your agent or broker at the phone number provided above. Thank you for placing your business with Mercury Insurance Company.

MAILED TO:

PAULA S STABLER
3220 CALISTOGA RD
SANTA ROSA, CA 95404-9673

POLICY NUMBER: 0401 03 003298975

MAILING DATE: 06/17/2010

U-176 01/2008

INSURED COPY