

**AMENDMENT NUMBER TWO
TO PROFESSIONAL SERVICES AGREEMENT
WITH
ALLIED NATIONWIDE SECURITY, INC.**

This Amendment Number Two ("Amendment") is made and entered into this 9th day of June, 2017 ("Effective Date"), by and between the CITY OF COSTA MESA, a municipal corporation ("City"), and ALLIED NATIONWIDE SECURITY, INC., a California corporation ("Consultant").

WHEREAS, City and Consultant entered into a Professional Services Agreement on June 10, 2014 for Consultant to provide one unarmed security officer at the Costa Mesa Senior Center, Monday through Friday, from 7:30 a.m. to 4:00 p.m. (the "Agreement"); and

WHEREAS, on October 15, 2015, City and Consultant amended the scope of services and increased Consultant's maximum annual compensation; and

WHEREAS, the Agreement provides for a term of three (3) years, and City and Consultant now desire to extend the term for two (2) years, through June 9, 2019; and

WHEREAS, City and Consultant desire to clarify the scope of services and increase Consultant's maximum annual compensation for the extended period.

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. The term of the Agreement shall be extended through June 9, 2019.
2. Consultant shall provide one unarmed security officer at the Costa Mesa Senior Center in accordance with the daily schedule set forth in Exhibit "A," attached hereto and incorporated herein by this reference.
3. For the period commencing June 10, 2017 and ending June 9, 2019, Consultant's annual compensation shall not exceed Thirty-Five Thousand Dollars (\$35,000.00). Consultant shall be paid according to the rate schedule set forth in Exhibit A.
4. All terms not defined herein shall have the same meaning and use as set forth in the Agreement.
5. All other terms, conditions, and provisions of the Agreement not in conflict with this Amendment shall remain in full force and effect.

[Signatures appear on following page.]

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by and through their respective authorized officers, as of the date first written above.

CITY OF COSTA MESA

Tom Hatley
City Manager

Date: 7/14/17

CONSULTANT

Abmal Nomair
Signature

Date: 6/30/17

A.J. Nomair / General Manager
Name and Title

ATTEST:

Brenda Green
City Clerk



APPROVED AS TO FORM:

[Signature]
City Attorney

Date: 07/13/17

APPROVED AS TO INSURANCE:

[Signature]
Risk Management

Date: 7/13/17

APPROVED AS TO CONTENT:

Yvette E. Aguilar
Project Manager

Date: 07/06/17

DEPARTMENTAL APPROVAL

Samara S. Detourneau

Assistant City Manager and
Administrative Services Director

Date: 7/14/17

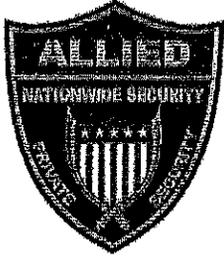
APPROVED AS TO PURCHASING:

NN

Stephen Dumont
Interim Finance Director

Date: 7.13.17

EXHIBIT A
CONSULTANT'S PROPOSAL



Allied Nationwide Security, Inc.
7247 Hayvenhurst Ave. Suite A-7
Van Nuys, CA 91406
Tel: 800-955-8417
Fax: 818-787-8747
www.alliednationwide.com

Formal Bid

Dear Yvette,

Per our phone conversation you had requested that Allied Nationwide Security, Inc submit a formal bid. I'm extremely please that you have considered Allied Nationwide Security to meet your every security need.

It is with great pleasure that I submit the following written bid:

City Of Costa Mesa
Yvette Aguilar
695 W. 19th Street
Costa Mesa, CA 92627

TYPE OF SERVICE

Client authorizes Allied Nationwide Security to provide the following services:

- Patrol the facility
- Deter illegal activities
- File Daily Activity Report (DAR)

DURATION OF SERVICE

Daily Schedule: Monday-Friday 7:30 a.m. to 3:30 p.m.

Starting Date: June 2017

Ending Date: TBD

Rate Schedule

June 2017 – \$15.45

January 2018 -- \$15.95

January 1 2019 to June 30, 2019--\$17.95

We take pride in customizing our service to each individual client like you. Allied Nationwide Security is determined to provide you the highest possible security service. Our goal is to make your decision process as easy as possible. We look forward to providing security guard service to you.

Sincerely,

A.J. Nomair

A.J. Nomair

General Manager

Allied Nationwide Security, Inc



Policy Number:

Date Entered: 10/12/2016

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
_7/12/2017

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 have ADDITIONAL INSURED provisions or 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 ASL Insurance Services 3533 North Verdugo Road Glendale, CA 91208	CONTACT NAME:	
	PHONE (A/C. No. Ext): (818) 957-3366	FAX (A/C. No): (818) 957-3369
	E-MAIL ADDRESS: instogo4@sbcglobal.net	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Allied Nationwide Security, Inc. 7247 Hayvenhurst Avenue Suite A7 Van Nuys, CA 91406	INSURER A:	Arch Insurance Company
	INSURER B:	AmGUARD Insurance Company
	INSURER C:	Arch Insurance Company
	INSURER D:	Everest National Insurance
	INSURER E:	Hanover Insurance Company
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER: 1**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ERRORS & OMISSIONS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	BSPKG0294400	11/9/2016	11/9/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> COMP. <input checked="" type="checkbox"/> COLLISION			ALAU766377	12/27/2016	12/27/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			BSEFXS0038900	11/9/2016	11/9/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N	5300003591-161	10/10/2016	10/10/2017	<input checked="" type="checkbox"/> PER STATUTE <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
E	3rd Party "Blanket" Crime Coverage			BDCD09379600	11/9/2016	11/9/2017	LIMIT \$ 50,000

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

City of Costa Mesa is included as additional insured on the General Liability policy with respects to the operation of the named insured only

* Except 10 day notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

City of Costa Mesa Costa Mesa Senior Center 695 W 19th Street Costa Mesa, Ca 92627	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  Jaime Lugo

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ACORD 25 (2016/03)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

Section II, WHO IS AN INSURED, is amended by adding

Any person, organization, trustee or estate:

- a. to whom "you" are obligated by written contract to provide insurance such as that afforded by this policy, or
- b. specifically designated as an additional insured on an authorized Certificate of Insurance received by "us" prior to any "occurrence";

Coverage afforded under (a) or (b) is limited to liability arising out of "your work" for such additional insured(s) and is caused by the negligent acts of the named insured.

This endorsement shall be excess of any other insurance available except coverage afforded by this endorsement will be primary and non-contributory, but only if and to the extent required by written contract.

All other terms and conditions of the Policy remain the same.