

**AMENDMENT NUMBER THREE
TO PROFESSIONAL SERVICES AGREEMENT
WITH
CRON & ASSOCIATES TRANSCRIPTION, INC.**

This Amendment Number Three ("Amendment") is made and entered into this 1st day of February, 2019 ("Effective Date"), by and between the CITY OF COSTA MESA, a municipal corporation ("City"), and CRON & ASSOCIATES TRANSCRIPTION, INC., a California corporation ("Consultant").

WHEREAS, City and Consultant entered into an agreement on May 1, 2016 for Consultant to provide transcribing and translating services for the Police Department ("Agreement"); and

WHEREAS, Section 4.1 of the Agreement provides for a term of one (1) year with the option to extend the Agreement for four (4) additional one (1) year periods; and

WHEREAS, on February 21, 2017, City and Consultant extended the term of the Agreement through April 30, 2018; and

WHEREAS, on January 22, 2018, City and Consultant extended the term of the Agreement through April 30, 2019; and

WHEREAS, City and Consultant now desire to extend the term for one (1) year, through April 30, 2020.

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 April 30, 2020.
2. All terms not defined herein shall have the same meaning and use as set forth in the Agreement.
3. 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.

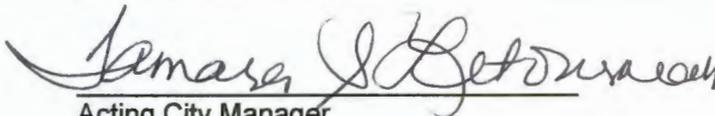
CONSULTANT


Signature

Date: 1-31-19

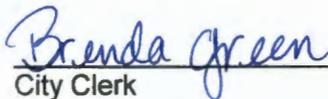
CRISTINE M CRON, President
Name and Title

CITY OF COSTA MESA


Acting City Manager

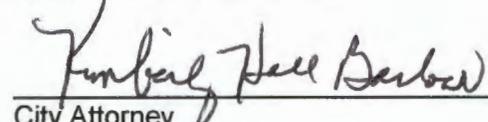
Date: 2/19/19

ATTEST:


City Clerk

Date: 3/7/19

APPROVED AS TO FORM:


City Attorney

Date: 2/15/19

APPROVED AS TO INSURANCE:


Risk Management

Date: 2/5/19

APPROVED AS TO CONTENT:


Project Manager

Date: 2/5/19

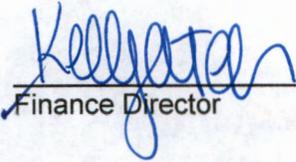
DEPARTMENTAL APPROVAL:



Police Chief

Date: 2/08/19_____

APPROVED AS TO PURCHASING:



Finance Director

Date: 2/13/19_____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2019

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 Ken La Tourette, Lic #0A88911 State Farm Insurance 1032 Irvine Blvd Tustin, CA 92780 | CONTACT NAME: Ken La Tourette |
| | PHONE (A/C, No, Ext): (714) 544-3779 FAX (A/C, No): (714) 544-6730 E-MAIL ADDRESS: Ken@kenlatourette.net |
| INSURED CRON & ASSOCIATES TRANSCRIPTION INC 10352 MIRALAGO PL SANTA ANA, CA 92705 | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: State Farm General Insurance Company NAIC # 25151 |
| | INSURER B: State Farm Mutual Automobile Insurance Company 25178 |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |

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/YYYY) | LIMITS |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC | | | 92-D7-3148-5 G | 04/11/2018 | 04/11/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/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 type="checkbox"/> NON-OWNED AUTOS | | | V53 5148-F23-75R | 12/23/2018 | 06/23/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | 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 \$ |

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

Vehicle Description:
13 Ford Explorer Sport
Vin # 1FM5K8GT5DGB44442

| | |
|---|---|
| CERTIFICATE HOLDER Finance Department - Purchasing City of Costa Mesa 77 Fair Drive Costa, Mesa CA 92626 | 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 <i>Ken La Tourette</i> |

