

**AMENDMENT NUMBER TWO
TO PROFESSIONAL SERVICES AGREEMENT
WITH
ECKERSALL, LLC**

This Amendment Number Two ("Amendment") is made and entered into this 1st day of May, 2019 ("Effective Date"), by and between the CITY OF COSTA MESA, a municipal corporation ("City"), and ECKERSALL, LLC, a California limited liability company ("Consultant").

WHEREAS, City and Consultant entered into an agreement on May 16, 2017 for Consultant to provide geographic information system (GIS) consulting services (the "Agreement"); and

WHEREAS, Section 4.1 of the Agreement provides for a term of one (1) year, with the option to extend the term of the Agreement for three (3) additional one (1) year periods; and

WHEREAS, on May 15, 2018, City and Consultant extended the term of the Agreement through May 15, 2019; and

WHEREAS, City and Consultant now desire to extend the term for one (1) year, through May 15, 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 May 15, 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.

CITY OF COSTA MESA

Samara S. Robertson Date: 4/20/19
Acting City Manager

CONSULTANT

Scott V. Eckersall Date: 4/19/2019
Signature
SCOTT V. ECKERSALL
Name and Title PRESIDENT

ATTEST:

Brenda Green 4/30/19
City Clerk



APPROVED AS TO FORM:

[Signature] Date: 4/25/19
City Attorney

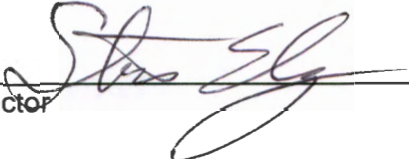
APPROVED AS TO INSURANCE:

[Signature] Date: 4/23/19
Risk Management

APPROVED AS TO CONTENT:


[Signature] Date: 4/23/2019
Project Manager

DEPARTMENTAL APPROVAL:


IT Director

Date: 04/23/2019

APPROVED AS TO PURCHASING:


Finance Director

Date: 4/24/19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/16/2019

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 Vince Mansour(2918330) 5690 Schaefer Ave Ste F Chino CA 91710-9031		CONTACT NAME: Darine Mansour PHONE (A/C, No, Ext): 909-592-7630 FAX (A/C, No): 909-590-2200 E-MAIL ADDRESS: vmansour@farmersagent.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Truck Insurance Exchange	NAIC # 21709
		INSURER B : Farmers Insurance Exchange	21652
		INSURER C : Mid Century Insurance Company	21687
		INSURER D : Hiscox Insurance Company Inc	10200
		INSURER E :	
		INSURER F :	
INSURED ECKERSALL LLC 5670 Schaefer Ave Ste G Chino CA 91710			

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 SUBR INSR 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	Y	606274086	04/14/2019	04/14/2020	EACH OCCURRENCE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000	
						MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 2,000,000	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		606274086	04/14/2019	04/14/2020	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 \$	
						\$	
C	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 Y	N/A	A09484987	04/14/2019	04/14/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D	Professional Liability		UDC-1733419-EO-17	04/14/2019	04/14/2020	Each Claim: \$ 2,000,000 Aggregate: \$ 2,000,000	

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

City of Costa Mesa, its officers, employees, agents and volunteers are listed as additional insured on the general liability policy.

CERTIFICATE HOLDER**CANCELLATION**

City of Costa Mesa 77 Fair Drive Costa Mesa CA 92626	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>Darine Mansour</i>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY

SCHEDULE*

Name Of Person Or Organization: CITY OF COSTA MESA

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

The following is added to Paragraph C. **Who Is An Insured** in the Businessowners Liability Coverage Form:

4. Any person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of your ongoing operations or premises owned by or rented to you.