

**FIRST AMENDMENT
TO PROFESSIONAL SERVICES AGREEMENT NUMBER F000889
WITH TRINITY ADJUSTORS, INC. DBA RISK MANAGEMENT SERVICES**

This first Amendment to Agreement number F000889, dated November 10, 2014 ("Agreement") is made as of this 2nd day of August, 2016, by and between the City of Santa Rosa, a municipal corporation ("City"), and Trinity Adjustors, Inc. dba Risk Management Services, a California Corporation ("Consultant").

RECITALS

- A. City and Consultant entered into the Agreement for Consultant to provide claims administration as stated in Exhibit A.
- B. City and Consultant now desire to amend the Agreement for the purpose of adding funds and extending the term of service.

AMENDMENT

NOW, THEREFORE, the parties agree to amend the Agreement as follows:

1. Section 2. Compensation

Section 2(c) is amended to increase the compensation payable to Consultant under the Agreement by \$80,000 to read as follows:

"Notwithstanding any other provision in this Agreement to the contrary, the total maximum compensation to be paid for the satisfactory accomplishment and completion of all tasks set forth above shall in no event exceed the sum of One hundred seventy thousand dollars and no cents (\$175,000.00). The City's Chief Financial Officer is authorized to pay all proper claims from Charge Number 320308."

2. Section 12. Time of Performance

The last sentence of Section 12 is amended to read as follows:

"Consultant shall complete all the required services and tasks and complete and tender all deliverables to the reasonable satisfaction of City, not later than September 30, 2017."

All other terms of the Agreement shall remain in full force and effect.

Executed as of the day and year first above stated.

CONSULTANT:

Name of Firm: _____

TYPE OF BUSINESS ENTITY (*check one*):

_____ Individual/Sole Proprietor

_____ Partnership

_____ Corporation

_____ Limited Liability Company

_____ Other (please specify: _____)

Signatures of Authorized Persons:

By: _____

Print Name: _____

Title: _____

By: _____

Print Name: _____

Title: _____

CITY OF SANTA ROSA
a Municipal Corporation

By: _____

Print
Name: _____

Director, _____ Department
Title: _____

APPROVED AS TO FORM:

Office of the City Attorney

ATTEST:

City Clerk

City of Santa Rosa Business Tax Cert. No.
