# FOURTH AMENDMENT TO GENERAL SERVICES AGREEMENT NUMBER F001438 WITH ADS-MYERS, INC.

This Fourth Amendment to	Agreement	number	F001438,	dated Ju	ine 20,	2017
("Agreement") is made as of this	day of		,	2020, by	and bet	ween
the City of Santa Rosa, a municipa	I corporation	າ ("City"),	and ADS-	Myers, In	c., a Ne	vada
Corporation ("Contractor").						

#### **RECITALS**

- A. City and Contractor entered into the Agreement for Contractor to provide janitorial services for the City, as previously amended.
- B. City and Contractor now desire to amend the Agreement for the purpose of adding service to the Portland Loo outside City Hall Annex and increasing funds.

#### **AMENDMENT**

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

#### SCOPE OF SERVICES

Effective January 1, 2021, Exhibit A through A-3 to the Agreement are supplemented by Exhibit A-4 to this Amendment.

#### COMPENSATION

Effective January 1, 2021, Exhibit B through B-2 to the Agreement are supplemented by Exhibit B-3 attached to this Amendment. Section 4 of the Agreement is amended to add funds in the amount of \$28,343.46, increasing the compensation payable to Contractor under the Agreement to read as follows:

"The total of all fees paid to Contractor for the satisfactory performance and completion of all services set forth in Exhibit A shall not exceed the total sum of \$2,409,957.44, with a \$100,000 contingency. The Chief Financial Officer is authorized to pay all proper claims from various Charge Numbers."

#### 3. BILLABLE RATES, PAYMENTS TO CONTRACTOR

Effective January 1, 2021, Section 5(a) to the Agreement is amended to read as follows:

"a. Billable Rates. Contractor shall be paid for the performance of services at rates, as set forth in Exhibit B, Exhibit B-1, Exhibit B-2 and Exhibit B-3."

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

## Executed as of the day and year first above stated.

CONTRACTOR:	CITY OF SANTA ROSA  a Municipal Corporation					
Name of Firm: ADS-Myers,Inc.						
TYPE OF BUSINESS ENTITY: Individual/Sole Proprietor	By:					
PartnershipX_ Corporation	Print Name: Tom Schwedhelm					
Limited Liability Company Other (please specify:)	Title: Mayor					
Signatures of Authorized Persons:	APPROVED AS TO FORM:					
By: Kary Myser	ı. <b>A</b>					
Print Name: Kary Myers	Office of the City Attorney					
Title: CEO	ATTEST:					
By: Jerome m. Seinbuch						
Print Name: Jerome M. Steinbuck	City Clerk					
Title: CFO						
City of Santa Rosa Business Tax Cert. No.						
9997070203						
Attachments:						
Exhibit A-4 - Scope of Services Exhibit B-3 - Compensation						

### EXHIBIT A-4 SCOPE OF SERVICE

Location								
No.	Location Description							
40	PORTLAND LOO							
	Outside of City Hall Annex							
	General Description: Public Restroom							
	Areas To Be Cleaned:							
	Clean one Public Restroom, three times per day, <b>seven (7)</b> days per week,							
	Monday-Sunday.							
	Clooping Hours							
	Cleaning Hours:							
	Morning cleaning, between 8:00am and 9:00pm Daytime cleaning, between 1:00pm and 2:00pm							
	Evening cleaning, between 1.00pm and 5:00am							
	Evening dearling, between 3.00pm and 3.00am							
	Cleaning Requirements							
	<b>Restroom:</b> Remove trash, sweep, mop, clean, wipe, disinfect all surfaces.							
	Empty trash and replace liners. Area shall be free of odors and stains.							
	Replenish all supplies (soap, toilet paper, seat covers, paper towels). After							
	mopping floors go over the floors with a dry mop to help dry the floors faster.							
	Thoroughly sweep, and remove all debris. Make sure floors are mopped with							
	fresh clean water. Sweep area outside the entrance to the restroom. Spray							
	disinfectant throughout. Plunge/unclog toilet, or urinal as needed. Remove							
	graffiti as needed.							

### EXHIBIT B - 3

# CONTRACT COMPENSATION SCHEDULE JANITORIAL SERVICES

Location #	Qty	Unit	Description	Monthly Cost	Total Amount
40	6	Мо	Portland Loo – Public Restroom Outside of City Hall Annex January 1, 2021 – June 2021	\$1,504.43	\$9,026.58
			FIVE YEAR TOTAL July 2021 – June 2022	\$1,609.74	\$19,316.88
			FOURTH AMENDMENT GRAND TOTAL		\$28,343.46



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/14/2020

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

		BROGATION IS WAIVED, subject to			-	•	•	may require	an endorsement. A stat	ement (	on	
this certificate does not confer rights to the certificate holder in lieu of sucl						CONTACT Christy Lyons						
Fromarc Insurance Agency						PHONE (A/C, No, Ext): (530) 541-7797 (A/C, No, Ext): (530) 541-8722						
1156 Emerald Bay Road						PHONE (530) 541-7797 FAX (A/C, No, Ext): (530) 541-8722  E-MAIL christy@fromarc.com ADDRESS:						
Suit												
		ake Tahoe			CA 96150	INGLIDE	01: 0	curity Insurance	RDING COVERAGE		NAIC # 24082	
INSL					Para	04/0/	1 71/S	ant, mountaine			2.002	
		A D S Myers, Inc		Signature: Kevic Reviewed			7, 2020 14:44 PDT)	_				
		1390 Centerville Ln Unit D				:@srci	ty.org					
		Suite D	Elliait: 13iiiis				· · · · · · · · · · · · · · · · · · ·	·C				
		Gardnerville	NV 89410			INSURER F:						
CO	/FR	AGES CER	TIFIC	ATF	0.000.000		FVS		REVISION NUMBER:			
TI IN C	COVERAGES  CERTIFICATE NUMBER:  CL2091404190  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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
	$\times$	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	0,000	
									MED EXP (Any one person)	\$ 15,0	00	
Α			Υ		BKS58329699		10/01/2020	10/01/2021	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN	L'LAGGREGATE LIMITAPP <u>LIES</u> PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
	$\times$	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
		OTHER:								\$		
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
		ANY AUTO							BODILY INJURY (Per person)	\$		
Α		OWNED AUTOS ONLY SCHEDULED AUTOS			BAS58329699	10/03/2020	10/03/2021	BODILY INJURY (Per accident)	\$			
	$\times$	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									Medical payments	\$ 5,00	0	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
		DED RETENTION \$							L LOTH	\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)  If yes, describe under									E.L. DISEASE - EA EMPLOYEE	\$		
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		TION OF OPERATIONS / LOCATIONS / VEHICLE	•			-	•		0 11:13:			
	•	of Santa Rosa, its officers, agents, emper Additional Insured endorsement #CG	•			ditional	insured on abo	ve reterenced	General Liability Insurance			
F	- 7											
CEI	CERTIFICATE HOLDER CANCELLATION											
City of Santa Rosa Purchasing Finance Department 635 First Street						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						
Santa Rosa CA 95404					Christizdyono							

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name Of Additional Insured Person(s) Or Organization(s):

CITY OF SANTA ROSA, OFFICERS AGENTS EMPLOYEES, VOLUNTEERS 635 FIRST STREET PURCHASING FINANCE DEPT SANTA ROSA, CA 95404

#### Location(s) Of Covered Operations

220 NEVADA RD
MARKLEEVILLE CA

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

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - **2.** The acts or omissions of those acting on your behalf;

in the performance of your ongoing operatons for the additional insured(s) at the location(s) designated above.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or" property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

# Original Approval message for ADS myers

Final Audit Report 2020-10-07

Created: 2020-10-07

By: Charles Weinstein (CWeinstein@srcity.org)

Status: Signed

Transaction ID: CBJCHBCAABAANpLmRWEoTnJJeV\_fFh8u0pw6V8-eh4G4

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#### CERTIFICATE OF LIABILITY INSURANCE

1/27/2020

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). Anthony Sacco Sacco & Sacco Ins Brokerage LLC PHONE (A/C, No, Ext): 916-932-2320
E-MAIL ADDRESS: asacco@saccoins.com (A/C, No): 916-932-2321 101 Parkshore Drive, Suite 260 Folsom CA 95630 INSURER(S) AFFORDING COVERA NAIC # INSURER A : Security National Insurance Co 19879 INSURED INSURER B ADS-Myers, Inc. JAN 3 0 2020 1390 Centerville Lane Unit D INSURER C Gardnerville NV 89410 INSURER D INSURER E INSURER F COVERAGES CERTIFICATE NUMBER: 982126198 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 ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 5 CLAIMS-MADE 5 MED EXP (Any one person) PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG 5 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION SWC1269979 X STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E L EACH ACCIDENT (Mandatory in NH) E L DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS belo E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Contract Janitorial Services for City of Santa Rosa Finance, Transit, Recreation & Parks and Transportation and Public Works Departments Work Comp Waiver of Subrogation applies per attached endorsement. CERTIFICATE HOLDER 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. City of Santa Rosa Purchasing Finance Department 635 First Street AUTHORIZED REPRESENTATIVE Santa Rosa CA 95404

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#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5% of the California workers' compensation premium otherwise due on such remuneration.

#### Schedule

Person or Organization
City of Santa Rosa, Purchasing Finance Department

Job Description
As required by contract

635 First Street Santa Rosa CA 95404

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

**Endorsement Effective** 

1/28/2020

Policy No. SWC1269979

Endorsement No. 0

Insured

ADS-Myers Inc.

Premium \$ 13,897

Insurance Company

Security National Insurance Company

Countersigned by

WC 04 03 06 (Ed. 04-84)

# Fourth Amendment Draft (v03)

Final Audit Report 2020-12-03

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By: Jennifer Myles (jmyles@srcity.org)

Status: Signed

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Document e-signed by Jessica Mullan (jmullan@srcity.org)

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