

**AMENDMENT NO. 3 TO AGREEMENT FOR OPERATIONAL MANAGEMENT  
OF LA LAGUNA RESORT AND BOAT LAUNCH**

THIS AMENDMENT NO. 3 TO AGREEMENT FOR OPERATIONAL MANAGEMENT OF LA LAGUNA RESORT AND BOAT LAUNCH ("Amendment No. 3"), dated for identification purposes as of January 1, 2017, is made by and between the CITY OF LAKE ELSINORE, a municipal corporation (hereinafter referred to as "City") and WILLIAMS BAIT & TACKLE, INC., a California corporation, doing business as William's Bait, Tackle and Boat Rental (hereinafter referred to as "Operator").

RECITALS

This Amendment No. 3 is made with reference to the following facts which are a substantive part hereof:

A. City and Operator have entered into that certain agreement entitled "Agreement for Operational Management of La Laguna Resort and Boat Launch" dated as of June 1, 2015 (the "Original Agreement") and that certain Amendment No. 1 to Agreement for Operational Management of La Laguna Resort and Boat Launch dated December 1, 2015 (as amended, "Amendment No. 1") and that certain Amendment No. 2 to Agreement for Operational Management of La Laguna Resort and Boat Launch dated May 31, 2016 (as amended, "Amendment No. 2"). The Original Agreement, Amendment No. 1 and Amendment No. 2 are collectively referred to herein as the "Amended Agreement." Except as otherwise defined herein, all capitalized terms used herein shall have the meanings set forth for such terms in the Amended Agreement.

B. The City and Operator now desire to extend the term of the Amended Agreement with respect to the Premises for one (1) month, through January 31, 2017, while the parties negotiate a subsequent operating agreement during the anticipated construction and rehabilitation of the entire site.

NOW, THEREFORE, in consideration of the mutual promises, covenants and conditions set forth herein, the parties hereto agree as follows:

1. Section 3.2, Term, of the Amended Agreement is hereby amended in its entirety to read as follows:

"3.2 Provided Operator is not then in default under the terms of this Agreement, at the expiration of the extension term under Amendment No.2, the term of this Agreement with respect to the Premises shall be extended to January 31, 2017 on the same terms and conditions as contained in the Amended Agreement.

2. Exhibit "B", "Amended Schedule of Fees and Hours" as attached to Amendment No. 2 are ratified and shall be applicable through January 31, 2017.

3. Except for the changes specifically set forth herein, all other terms and conditions of the Amended Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 3 on the respective dates set forth below.

WILLIAMS BAIT & TACKLE, INC., a  
California corporation, doing business as  
WILLIAMS BAIT, TACKLE, and BOAT  
RENTAL

Dated: 12-13, 2016

By: \_\_\_\_\_

William Johnson, President

CITY OF LAKE ELSINORE, a municipal  
corporation

Dated: 12/15/16, 2016

By: \_\_\_\_\_

Grant Yates, City Manager

ATTEST:

  
Susan M. Domen, MMC, City Clerk

APPROVED AS TO FORM:

  
Barbara Leibold, City Attorney

**COMMERCIAL CERTIFICATE OF INSURANCE**

Issue Date (MM/DD/YYYY)

AGENCY ROBERT DAPPER INSURANCE AGENCY

06/03/2016

Name 17632 IRVINE BLVD #100  
&  
Address TUSTIN, CA 92780  
Bus # 657-600-8106 Fax#714-876-1449

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

**COMPANIES PROVIDING INSURANCE**COMPANY  
LETTERCOMPANY  
LETTER

A: Scottsdale Insurance Company

COMPANY  
LETTERCOMPANY  
LETTER

INSURED William Johnson  
Name DBA Williams Bait and Tackle and Boat Rentals  
&  
32040 Riverside Drive  
Address Lake Elsinore, CA 92530

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	POLICY LIMITS	
A	<input type="checkbox"/> GENERAL LIABILITY	CPS2456503	04/10/2016	04/10/2017	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OPS AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> - OCCURRENCE VERSION				PERSONAL & ADVERTISING INJURY	\$ 1,000,000
	<input type="checkbox"/> CONTRACTUAL INCIDENTAL ONLY				EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				FIRE DAMAGE (Any one Fire)	\$ 100,000
					MEDICAL EXPENSE (Any one person)	\$ 5,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ALL OWNED COMMERCIAL AUTOS				BODILY INJURY (PER PERSON)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> NON-OWNED AUTOS				GARAGE AGGREGATE	\$
	<input type="checkbox"/> GARAGE LIABILITY					
	<input type="checkbox"/> UMBRELLA LIABILITY				LIMIT	\$
	<input type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY EACH ACCIDENT	\$
					DISEASE—EACH EMPLOYEE	\$
					DISEASE POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS: Fishing boats and tackle rentals and bait supplies. City of Lake Elsinore is included as additional insured for the facility located at 32040 Riverside Dr. Lake Elsinore, CA 92530

**CERTIFICATE HOLDER**

Name City of Lake Elsinore  
&  
Address 130 South Main Street  
Lake Elsinore, CA 92530  
Ph: (951) 674-3124

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/27/2016

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).

<b>PRODUCER</b> Strachota Insurance Agency, Inc. - Temec 27710 Jefferson Ave., Ste. 100  Temecula CA 92590	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (951) 676-2229	<b>FAX (A/C, No):</b> (951) 676-7391
<b>INSURED</b> Williams Bait & Tackle, Inc.  32040 Riverside Drive  Lake Elsinore CA 92530	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> State Compensation Ins Fund	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b>		

**COVERAGES****CERTIFICATE NUMBER:** Cert ID 4679**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 INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> OTHER					\$
	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y/N	9136156-16	06/26/2016	06/26/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						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)

**CERTIFICATE HOLDER****CANCELLATION**

City of Lake Elsinore  
130 South Main St  
Lake Elsinore CA 92530

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



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ENDORSEMENT AGREEMENT  
ADDITIONAL INSURED EMPLOYER

9136156-16  
RENEWAL  
SP

PAGE 1

HOME OFFICE  
SAN FRANCISCO

EFFECTIVE JULY 22, 2016 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE  
AT 12:01 AM PACIFIC  
STANDARD TIME OR THE  
TIME INDICATED AT  
PACIFIC STANDARD TIME

WILLIAMS BAIT & TACKLE, INC.

32040 RIVERSIDE DR  
LAKE ELSINORE, CA 92530

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING,  
IT IS AGREED THAT

CITY OF LAKE ELSINORE

IS HEREBY NAMED AS AN ADDITIONAL INSURED EMPLOYER ON THIS  
POLICY BUT ONLY AS RESPECTS EMPLOYEES WHOSE NAMES APPEAR ON  
THE PAYROLL RECORDS OF

WILLIAMS BAIT & TACKLE, INC.

(HEREIN CALLED THE PRIMARY INSURED) WHILE THOSE EMPLOYEES  
ARE ENGAGED IN WORK UNDER THE SIMULTANEOUS DIRECTION AND  
CONTROL OF THE PRIMARY INSURED AND THE ADDITIONAL INSURED  
EMPLOYER.

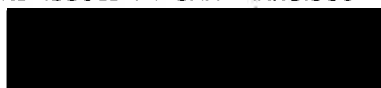
IT IS FURTHER AGREED THAT THE PAYMENT OF THE FULL PREMIUM  
DUE AND PAYABLE UNDER THIS POLICY SHALL REMAIN THE SOLE  
RESPONSIBILITY OF THE PRIMARY INSURED.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE  
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR  
LIMITATIONS OF THIS ENDORSEMENT.

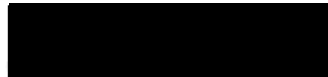
COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

JULY 25, 2016

0015



AUTHORIZED REPRESENTATIVE



PRESIDENT AND CEO



# Policy Declarations

A summary of your auto insurance coverage

Thank you for renewing with us.

Your declarations are effective as of 04/03/2016.



## INSURANCE INFORMATION

**Named Insured:** Christina Johnson  
William Johnson

**Policy Number:** A02-268-113374-706 6

**Policy Period:** 04/03/2016-04/03/2017 12:01 AM  
standard time at the address of the  
Named Insured as stated below.

**Mailing Address:** 198 S Nebraska St  
Lake Elsinore CA 92530-1853

**Affinity Affiliation:** Dodge

## Vehicles Covered by Your Policy

VEH	YEAR	MAKE	MODEL	VEHICLE ID NUMBER
1	2014	DODGE	DURANGO	1C4RDHDG3EC500791
2	2009	DODGE	RAM	1D3HB18KX9SB07739

## Coverage Details

Your total annual policy premium for all covered vehicles is shown below. A premium is shown for each type of coverage you have purchased for each vehicle. **Where no premium is shown, you have not purchased the indicated coverage for that vehicle.**

## Coverage Information

**Total Annual Policy Premium :** **\$3,540.50**

Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.

COVERAGE	LIMITS	PREMIUM PER VEHICLE	
		VEH 1	VEH 2
<b>A. Liability</b>		<b>\$364</b>	<b>\$1,357</b>
Bodily Injury	\$ 250,000 Each Person	Yes	Yes
	\$ 500,000 Each Accident		
Property Damage	\$ 100,000 Each Accident		
<b>B. Medical Payments</b>			
	\$ 1,000 Each Person	\$17	\$77
<b>C. Uninsured Motorists</b>			
Uninsured Motorists	\$ 250,000 Each Person	\$55	\$239
Bodily Injury	\$ 500,000 Each Accident		



## ACTION REQUIRED:

Please review and keep for your records.



## QUESTIONS ABOUT YOUR POLICY?

**By Phone**

For Service:  
1-800-225-8285

Liberty Mutual  
PO Box 970  
Mishawaka IN 46546

Visit us online  
LibertyMutual.com



## GO PAPERLESS

Manage your policy 24/7  
on eService  
LibertyMutual.com/register

## To report a claim

**By Phone**  
1-800-2CLAIMS  
(1-800-225-2467)

**Online**  
libertymutual.com/claims

Policy  
Declarations

# CALIFORNIA EVIDENCE OF LIABILITY INSURANCE



## POLICY INFORMATION

Policy Number  
A02-268-113374-70 6 6

Policy Effective Date  
04/03/2016

Policy Expiration Date  
04/03/2017

Name of Insured  
CHRISTINA JOHNSON  
WILLIAM JOHNSON  
198 S NEBRASKA ST  
LAKE ELSINORE CA 92530-1853



## VEHICLE INFORMATION

Year 2009

Make DODGE

Model RAM

Vehicle Identification Number  
1D3HB18KX9S807739



## CONTACT US

To report a claim  
1-800-2CLAIMS  
(1-800-225-2467)  
Customer service  
1-800-225-8285  
Roadside Assistance  
1-800-426-9898

Card Effective Date  
04/03/2016  
Card Expiration Date  
04/03/2017

Company Name: LIBERTY MUTUAL FIRE INSURANCE CO.  
NAIC Number: 23035

PMKT 510 12 09

SEE IMPORTANT MESSAGE ON REVERSE SIDE



## BUSINESS LICENSE

This business license is issued for revenue purposes only and does not grant authorization to operate a business. This business license is issued without verification that the holder is subject to or exempted from licensing by the state, county, federal government, or any other governmental agency.

**Business Name:** WILLIAMS BAIT, TACKLE & BOAT RENTALS

**Business Location:** 32040 RIVERSIDE DR  
LAKE ELSINORE, CA 92530-7808

**Owner Name(s):** WILLIAM JOHNSON

WILLIAMS BAIT, TACKLE & BOAT RENTALS  
P O BOX 147  
LAKE ELSINORE, CA 92531

TO BE POSTED IN A CONSPICUOUS PLACE

## CITY OF LAKE ELSINORE

*Administrative Services - Licensing*

130 South Main Street, Lake Elsinore, CA 92530  
PH (951) 674-3124

**BUSINESS LICENSE NO.** 017129

**Business Type:** BOAT/WATERCRAFT RENTALS

**Description:** BAIT & TACKLE SHOP/BOAT RENTAL LA  
LAGUNA

**Issue Date:** 2/1/2016

**Expiration Date:** 1/31/2017

THIS IS YOUR LICENSE • NOT TRANSFERABLE