# AMENDMENT NO. 2 TO AGREEMENT FOR OPERATIONAL MANAGEMENT OF LA LAGUNA RESORT AND BOAT LAUNCH

THIS AMENDMENT NO. 2 TO AGREEMENT FOR OPERATIONAL MANAGEMENT OF LA LAGUNA RESORT AND BOAT LAUNCH ("Amendment No. 2"), dated for identification purposes as of May 31, 2016, 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. 2 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 and that certain Amendment No. 1 to Agreement for Operational Management of La Laguna Resort And Boat Launch dated December 1, 2015 (as amended, 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.

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 to read in its entirety as follows:
  - 3.2 Provided Operator is not then in default under the terms of this Agreement, at the expiration of the Initial Operating Term, the City (acting through its City Manager) and Operator may, upon both party's mutual agreement, extend the term of this Agreement with respect to the Premises as follows:
  - a. for one (1) six (6) month term, on the same terms and conditions as contained in this Agreement (the "First Extension"). The parties have previously agreed to the First Extension pursuant to Amendment No. 1;
  - b. for one (1) seven (7) month term (commencing on June 1, 2016), on the same terms and conditions as contained in this Agreement (the "Second Extension"). The parties agree to the Second Extension pursuant to Amendment No. 2;
  - c. for one (1) six (6) month term, on the same terms and conditions as contained in this Agreement (the "Third Extension");
  - d. for one (1) six (6) month term, on the same terms and conditions as contained in this Agreement (the "Fourth Third Extension");

e. for one (1) six (6) month term, on the same terms and conditions as contained in this Agreement (the "Fifth Extension").

The First, Second, Third, Fourth and Fifth Extensions, if exercised upon the mutual agreement by the City and the Operator as provided herein, are hereinafter referred to as the "Extension Term."

- 2. The third sentence of Section 4.5, Revenues and Payments, of the Amended Agreement is hereby amended to provide that any check or draft be made payable to Williams Bait & Tackle, Inc.
- 3. Exhibit "B", "Schedule of Fees and Hours" is hereby replaced with the exhibit attached to this Amendment No. 2 and identified as Exhibit "B", "Amended Schedule of Fees and Hours (Effective 6/1/2016)."
- 4. 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. 2 on the respective dates set forth below.

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

DATED: 5-3/-/8, 2016

By: William Johnson, President

DATED: \_\_\_\_\_\_\_\_, 2016

by:
Grant Yates, City Manager

CITY OF LAKE ELSINORE, a municipal

corporation

ATTEST:

City Clerk

APPROVED AS TO FORM:

City Attorney

## EXHIBIT "B"

# AMENDED SCHEDULE OF FEES AND HOURS (Effective 6/1/2015)

During the months of June through October the following services will be provided from the hours of 6:00 am until 8:00 p.m.:

Management	services
Management	POT ATOOR

Weekly Supervision of Gatehouse and Grounds Staff	35	hrs
Grounds and Gatehouse Staff	210	hrs

Weekly Billing	\$7,995
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During the months of November through March the following services will be provided from the hours of 7:00 a.m. until 5:00 p.m.:

Management	services

Weekly Supervision of Gatehouse and Grounds Staff		hrs
Grounds and Gatehouse Staff	110	hrs

Weekly Billing	\$4,782
W CORLY DITTING	•

During the months of April and May the following services will be provided 7:00 a.m. until 6:00 p.m.:

·	*
Management	services
* 1 * (********************************	

Weekly Supervision of Gatehouse and Grounds Staff	35	hrs
	120	hrs

Weekly Billing	\$5,061
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Billing rate is subject to change based on applicable changes to federal, state and local employment laws.

Increased hours of service will be available on written request from the City of Lake Elsinore. Increased fees will be based upon a percentage of additional hours of service.

Week or Weekly means Monday through Sunday.

## COMMERCIAL CERTIFICATE OF INSURANCE

Issue Date (MMIDDIYY)

06/03/2016

**AGENCY** 

ROBERT DAPPER INSURANCE AGENCY

92780

Name

17632 IRVINE BLVD #100

& Address

Bus # 657-600-8106 Fax#714-876-1449

CA

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 INSURANC E

COMPANY LETTER

COMPANY LETTER

A: Scottsdale Insurance Company

William Johnson **INSURED** 

TUSTIN,

Name

DBA Williams Bait and Tackle and Boat Rentals

32040 Riverside Drive

Address Lake Elsinore, CA 92530 COMPANY (ETTER

COMPANY LETTER

#### COVERAGES

YHIS ID TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE SEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ARY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS GERTIFICATE MAY BE IDSUED OR MAY PERTAIN, THE INSURANCE APPORDED 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	ner yksienskis	TYPE OF INSURANCE	POLICY NUMBER	POLICY SPERCTIVE DATE (MM/DDNY)	POLICY EXPIRATION DATE (MM/DDNY)	Sorie	BTIMIJ Y:
A		GENERAL LIVRILIAA -	CPS2456503 .	04/10/2016	04/10/2017	DENERAL AGGREGATE	* 2,000,000
	IXI IXI	COMMERCIAL GENERAL LIABILITY  - OCCURNENCE VERSION				PRODUCTS-COMP/OPS AGGREGATE	s 2,000,000
		CONTRACTUAL INCIDENTAL ONLY OWNERS & CONTRACTORS PROT				PERSONAL S AOVERTISING INJURY	<b>*</b> 1,000,000
		OHNERO S CONTINUE FRO F				EACH OCCURRENCE	\$ 1,000,000
						FIRE DAMAGE (Any one Fire)	\$ 100,000
						MEDICAL EXPENSE (Any one person)	\$ 5,000
		AUTOMOBILE LIABILITY				C O MBINED Single Limit	\$
		ALL OWNED COMMERCIAL AUTOS				BODILY INJURY (PER PERSON)	3
		SCHEDULED AUTOS HRRED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
		NON- OWNED AUTO \$				PROPERTY DAMAGE	\$
		GARAGE LIABILITY				GARAGE AGGREGATE	\$
	口	UMBRELLA LIABILITY				LEMIT	\$
		workers 'compensati o h				STATUTORY EACH ACCIDENT	\$
		AND			{	DISEASE—EACH EMPLOYEE	\$
		EMPLOYERS' LIBILITY				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 H O LDER

City of Lake Elsinore Name

130 South Main Street & Address 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 ENDICAVOR TO MAIL 30 DAYS WIRTTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KING UPON THE C O MPANY, ITS AGENTS OR REPRESENTATIVES



AUTHORIZED REPRESENTARVE

# **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.		
Malling Address:	198 S Nebraska St Lake Elsinore CA 92530-1853		
Affinity Affiliation:	Dodge		

#### Vehicles Covered by Your Policy

VEH	PASY	MAKE	MODEL	VEHICLE ID NUMBER
1	2014	DODGE DODGE	DURANGO RAM	1C4RDHDG3EC500791 1D3HB18KX9SB07739
2.	2009	DODGE	1 1/(18)	, , , , , , , , , , , , , , , , , , , ,

#### **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		
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A. Liability				\$364	\$1,357	
Bodily Injury	\$	250,000	Each Person	Yes	Yes	
	\$	500,000	Each Accident			
Property Damage	\$	100,000	Each Accident			
B. Medical Payments	•					
	\$	1,000	Each Person	\$17	\$77	
C. Uninsured Motoris	sts					
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:

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/clalms

## CALIFORNIA EVIDENCE OF LIABILITY INSURANCE



POLICY INFORMATION

Policy Number AO2-268-113374-70 6 6

Policy Effective Date 04/03/2016

Pollay Expiration Data 04/03/2017

VEHICLE INFORMATION Your 2009

Meka DODGE

Model RAM

Vehicle Identification Number 1D3H818KX9S807739

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



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

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

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

PMKT 510 12 09

