

**AMENDMENT NO. 3  
TO AGREEMENT FOR CONTRACTOR SERVICES (ON-CALL)  
TRI-STAR ELECTRIC**

**Electrician Services**

This Amendment No. 3 to Agreement for Contractor Services ("Amendment No. 3") is made and entered into as of May 23, 2017, by and between the City of Lake Elsinore, a municipal corporation ("City"), and John Scifo doing business as Tri-Star Electric, ("Contractor").

**RECITALS**

A. The City and Contractor have entered into that certain Agreement for Contractor Services (On-Call) dated as of July 1, 2016 (the "Original Agreement"). Except as otherwise defined herein, all capitalized terms used herein shall have the meanings set forth for such terms in the Original Agreement. The Original Agreement provided for compensation to Consultant in an amount of \$5,000.

B. Amendment No. 1 dated September 6, 2016 increased the compensation award by \$15,000, for a not to exceed amount of \$20,000.

C. Amendment No. 2 dated January 1, 2017 increased the compensation award by \$10,000, for a not to exceed amount of \$30,000.

D. The parties now desire to extend and increase the compensation by \$25,000, for a not to exceed total amount of \$55,000.

NOW, THEREFORE, in consideration of the mutual covenants and conditions set forth herein, City and Consultant agree as follows:

1. Section 2, subpart C, Term, of the Original Agreement is hereby amended to add the following:

Unless earlier terminated as provided elsewhere in the Original Agreement, this Amendment No. 3 shall continue in full force and effect for a period of thirteen (13) months, commencing on May 23, 2017 and ending on June 23, 2018.

2. The first paragraph of Section 3, Compensation and Cost of Living Adjustment, of the Original Agreement is hereby amended to read in its entirety as follows:

Compensation to be paid to the Contractor shall be in accordance with the fees set forth in the Contractor's Proposal (Exhibit A to the Original Agreement). In no event shall Contractor's compensations exceed Fifty-five Thousand Dollars (\$55,000) for Fiscal Year 2016-2017 through Fiscal Year 2017-2018 without additional written authorization from the City.

Notwithstanding any provision of Contractor's Proposal to the contrary, out of pocket expenses set forth in Exhibit A of the Original Agreement shall be reimbursed at cost without an inflator or administrative charge.


Payment by City under this Agreement shall not be deemed a waiver of defects, even if such defects were known to the City at the time of payment.

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

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

"CITY"

CITY OF LAKE ELSINORE, a municipal corporation

  
\_\_\_\_\_  
Grant Yates, City Manager

Date: 6/21/17

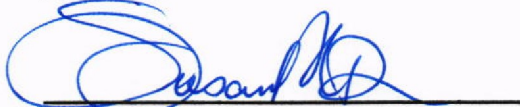
"CONTRACTOR"

John Scifo doing business as Tri-Star Electric


  
\_\_\_\_\_  
John Scifo, Owner

Date: 6/6/17

ATTEST:

  
\_\_\_\_\_  
City Clerk

APPROVED AS TO FORM:

  
\_\_\_\_\_  
City Attorney

Attachments: Amendment No. 2  
Amendment No. 1  
Original Agreement

Tri-Star Electric

30805 Calvado Court  
Temecula, CA 92592  
951-699-9641

## Estimate

DATE	ESTIMATE NO.
5/18/2016	1407

NAME / ADDRESS
City of Lake Elsinore 130 South Main Street Lake Elsinore, Ca. 92530 C/O Julian Perez

		PROJECT
		Pricing
ITEM	DESCRIPTION	Total
1	Standard Service Call:	95.00
2	Emergency Service Call:	150.00
3	Boom Truck Standard Service Call: 2 hour minimum:	300.00
4	Boom Truck Emergency Service Call: 2 hour minimum:	400.00
5	Parts & Equipment mark up: 20%	0.00
We appreciate your business.Fax 951-699-0641		<b>Total</b> \$945.00

SIGNATURE \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/07/2017

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).

PRODUCER	<b>Stromsoe Insurance Agency</b> <b>24910 Las Brisas Road, Ste 117</b> <b>Murrieta, CA 92562</b> <b>License #: 0D06577</b>	CONTACT NAME: <b>Krista Clements</b> PHONE (A/C No. Ext): <b>(951)600-5751</b> FAX (A/C No.): <b>(951)677-6265</b> E-MAIL ADDRESS: <b>krista@siaonline.com</b>
INSURED	<b>John Scifo</b> <b>DBA: Tri Star Electric</b> <b>30805 Calvado Court</b> <b>Temecula, CA 92592</b>	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Ohio Security Insurance Co</b> NAIC #: <b>24082</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 00000000-365841 REVISION NUMBER: 60

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		<b>BLS56665833</b>	<b>08/13/2016</b>	<b>08/13/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder is hereby named as additional insured as covered by the general liability policy.

## CERTIFICATE HOLDER

**City of Lake Elsinore**  
**130 S. Main Street**  
**Lake Elsinore, CA 92530**

## 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.

AUTHORIZED REPRESENTATIVE

(KMC)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/07/2016

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 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>  Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland, NJ 07068		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):		
<b>INSURED</b>  JOHN A SCLIFO DBA: Tri-star Electric 30805 CALVADO CT Temecula, CA 92592		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A : Twin City Fire Insurance Company		29459
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
INSURER F :				

**COVERAGES**

CERTIFICATE NUMBER: 544195

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 INSD	SUBR WVD	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	N	76WEGDU6809	10/01/2016	10/01/2017 X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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  
521 North Langstaff  
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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Policy Number: BA040000022277  
Effective Date: 06/05/2017



## Renewal Declarations

# BUSINESS AUTO DECLARATIONS

<b>Issued By:</b> California Automobile Insurance Company P.O. Box 10730 Santa Ana, CA 92711-0730 Billing: (888) 637-2176 Claims: (800) 503-3724	<b>Agent:</b> GRANITE MOUNTAIN INS INC 24630 WASHINGTON AVE STE 103 MURRIETA, CA 92562 Agent Number: 045230 Agent Phone: (951) 461-8135
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### ITEM ONE

### GENERAL INFORMATION

**Named Insured:** JOHN SCLIFO DBA TRI STAR ELECTRIC

**Mailing Address:** 30805 Calvado Ct,  
Temecula, CA 92592-6024

**Policy Period:** From 06/05/2017 to 06/05/2018 at 12:01 AM Standard Time at your mailing address

**Form of Business:** Individual/Sole Proprietorship

**Total Policy Premium:** \$6,179.28

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

### ENDORSEMENTS ATTACHED TO THIS POLICY

IL 00 17 11 98 - Common Policy Conditions  
IL 00 21 09 08 - Nuclear Energy Liability Exclusion  
IL 00 03 09 08 - Calculation of Premium  
CA 00 01 03 10 - Business Auto Coverage Form  
CA 01 21 02 99 - Limited Mexico Coverage  
CA 01 43 05 07 - California Changes  
IL 02 70 09 12 - California Changes - Cancellation and  
CA 23 94 03 06 - Silica or Silica Related Dust Exclusion  
U-245 - Auto Body Repair Consumer Bill of Rights  
MCA85101213-CA - Broadening Endorsement  
CA 04 25 05 07 - California Individual Named Insured  
MCA20760112 - Exclusion of Named Driver  
CA 21 54 09 09 - California Uninsured Motorists - Bodily

Policy Number: BA040000022277  
Effective Date: 06/05/2017



**ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Coverage Symbol	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	7,8,9	\$1,000,000 CSL	\$4,440
Medical Payments			
Uninsured Motorists Bodily Injury	7	\$250,000 CSL	\$258
Uninsured Motorists Property Damage		Rejected	
Comprehensive	7,8	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See ITEM FOUR For Hired Or Borrowed Autos.	\$218
Specified Causes of Loss		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See ITEM FOUR For Hired Or Borrowed Autos.	
Collision	7,8	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto. See ITEM FOUR For Hired Or Borrowed Autos.	\$785
Towing and Labor		See ITEM THREE LIMIT Shown For Each Disablement of An Auto.	
Premium For ITEM FOUR (Hired Auto Coverage)			\$125.00
Premium For ITEM FIVE (Non-Ownership Liability)			\$173.00
Premium For Endorsements			\$175.00
Miscellaneous Fees and Expense			
California Consumer Services and Fraud Program Fees			\$5.28
Total Policy Premium			\$6,179.28

Policy Number: BA040000022277  
Effective Date: 06/05/2017



ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN							
Covered Auto No.	Description	VIN	Garaging			Cost New	
			City	ST	Zip Code	Vehicle	Equip.
1	2005 CHEVROLET 4500 W45042	J8BC4B16557013560	Temecula	CA	92592	\$32,928	\$20,000
2	2006 CHEVROLET 4500 W45042	4KBC4B1UX6J800634	Temecula	CA	92592	\$30,756	\$10,000
3	2002 FORD F-SERIES SUPER DUTY	1FDXF46F82ED13671	Temecula	CA	92592	\$26,170	

Covered Auto No.	Radius (In Miles)	Usage	Special Industry Class	Loss Payee
1	Up to 50	Service Use		
2	Up to 50	Service Use		
3	Up to 50	Service Use		

COVERAGES, PREMIUMS, LIMITS, AND DEDUCTIBLES						
(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
Covered Auto No.	Liability Premium	Auto Medical Payments Premium	UM Bodily Injury Premium	UM Property Damage Premium	Comprehensive	
					Deductible	Premium
1	\$1,480		\$86		\$1,000	\$75
2	\$1,480		\$86		\$1,000	\$75
3	\$1,480		\$86		\$1,000	\$68

Covered Auto No.	Specified Causes Of Loss		Collision		CDW Premium	Towing & Labor	
	Deductible	Premium	Deductible	Premium		Limit Per Disablement	Premium
1			\$1,000	\$299			
2			\$1,000	\$299			
3			\$1,000	\$187			

Covered Auto No.	Rental Reimbursement		Auto Loan/Lease Gap Premium	Audio, Visual, & Data Equipment		Total Vehicle Premium
	Maximum Payment Each Covered Auto	Premium		Limit	Premium	
1						\$1,940.00
2						\$1,940.00
3						\$1,821.00



Policy Number: BA040000022277  
Effective Date: 06/05/2017



TOTAL PREMIUMS	
Liability	\$4,440
Medical Payments	
Uninsured Motorists Bodily Injury	\$258
Uninsured Motorists Property Damage	
Collision Deductible Waiver	
Comprehensive	\$218
Specified Causes of Loss	
Collision	\$785
Rental Reimbursement	
Loan/Lease Gap	
Audio, Visual and Data Electronic Equipment	

**ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated Annual Cost Of Hire	Liability Coverage	Physical Damage Coverage		Total ITEM FOUR Premium
	Premium	Limit Of Insurance	Premium	
If Any	\$75	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$500 Deductible For Each Covered Auto.	\$50	\$125

**ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY**

Number Of Employees (Including Volunteers)	Total ITEM FIVE Premium
0-10	\$173

**ADDITIONAL INFORMATION**

Discounts
<ul style="list-style-type: none"> <li>Years In Business</li> <li>Auto Pay - EFT Discount</li> <li>Personal Auto Policy</li> <li>Multi-Line</li> </ul>

Driver Information	
Listed Drivers	Excluded Drivers
JOHN SCLIFO	APRIL SCLIFO
HAYDEN YENCHE	

Other Endorsements	Premium
Broadening Endorsement	\$175