AMENDMENT NO. 2 TO AGREEMENT FOR CONTRACTOR SERVICES (ON-CALL) TRI-STAR ELECTRIC

Electrician Services

This Amendment No. 2 to Agreement for Professional Services ("Amendment No. 2") is made and entered into as of January 1, 2017 by and between the City of Lake Elsinore, a municipal corporation ("City), and John Sclifo 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.
- B. The Original Agreement provided for compensation to Consultant in an amount \$5.000.
- C. Amendment No. 1 dated September 6, 2016 increased the compensation award by \$15,000, for a not to exceed amount of \$20,000.
- D. The parties now desire to increase the compensation by \$10,000 for such services as set forth in this Amendment No 2.

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

1. The first paragraph of Section 3, Compensation, 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 Thirty Thousand Dollars (\$30,000) per Fiscal Year 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.

IN WITNESS WHEREOF, the parties have caused this Amendment No. 2 to be executed on the respective dates set forth below.

"CITY"

CITY OF LAKE ELSINORE, a municipal corporation

"CONTRACTOR"

John Sclifo doing business as Tri-Star Electric

ates, City Manager

ATTEST:

APPROVED AS TO FORM:

City Attorney

Attachments: Original Agreement

Amendment No. 1

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
Ž.	Boom Truck Standard Service Call: 2 hour minimum:	300.00
	Boom Truck Emergency Service Call: 2 hour minimum:	400.00
5	Parts & Equipment mark up: 20%	0.00
	95	
We annreciate	your business.Fax 951-699-0641 Total	\$945.00

SIGNATURE



CERTIFICATE OF LIABILITY INSURANCE

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 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 Stromsoe Insurance Ager					CON	CONTACT Crystal Pritchett FAX (A/C, No, Ext): (951)600-5751 (A/C, No, Ext): (951)677-6265					
					PHOT						
		24910 Las Brisas Ro	ad, Si	e 11	E-MA ADDR	IL	tal@siaonlin				
		Murrieta, CA 92562			ADVI	AMAN MA		RDING COVERAGE		NAIC #	
License #: 0D06577					INICII	INSURER A: Ohio Security Insurance Co					
NSU	RED				across.	RER B:	Decurity .	msurance oo		24082	
0,00,00	2,000	John Sclifo									
		DBA: Tri Star Electric			100200000	RER C:					
		30805 Calvado Cour	Ė		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RER D :					
		Temecula, CA 92592			(manual/800	RER E :	e uz limec - minimoso	MUSK, A	1011		
						RER F:		ara di Servicio del Company			
			-		ENUMBER: 00000000-36584			REVISION NUMBER:		/ DEDICE	
IN	DICA ERTIF	TED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MAY	REQUIR PERTA	EMEN N, TH	NOCE LISTED BELOW HAVE BEEN IT, TERM OR CONDITION OF ANY IE INSURANCE AFFORDED BY TH LIMITS SHOWN MAY HAVE BEEN	CONTRACT OF	R OTHER DOC	CUMENT WITH RESPECT T REIN IS SUBJECT TO ALL	O WH	IICH THIS	
NSR JR		TYPE OF INSURANCE	ADDL	SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	-222	
A	х	COMMERCIAL GENERAL LIABILITY	Y	MAND	BLS56665833	08/13/2016	08/13/2017	EACH OCCURRENCE	\$	1,000,000	
^	^		I		PF90000000	00/13/2010	JU 13/201/	DAMAGE TO RENTED	\$	100,000	
		CLAIMS-MADE X OCCUR		Control of the Contro				PREMISES (Ea occurrence)	100		
								MED EXP (Any one person)	\$	5,000	
1			-1			100	Į.	PERSONAL & ADV INJURY	\$	1,000,000	
	1	'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
alac-		OTHER						COMBINED SINGLE LIMIT	\$		
	AUTO	OMOBILE LIABILITY						(Ealacodent)	\$		
		ANY AUTO		i i				BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS			50 T 10 T			BODILY INJURY (Per accident)	\$		
- [HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
		NOTOGOTIE!			I				\$		
		UMBRELLA LIAB OCCUR				T Y		EACH OCCURRENCE	\$		
ı	Η,	EXCESS LIAB CLAIMS-MA	DE		00000		Š.	AGGREGATE	\$	A North Control of the Control of th	
ŀ	1	meanor bandle communication	DL			12		HOUNCONNE	\$		
		DED RETENTION \$ KERS COMPENSATION						PER OTH- STATUTE ER			
		EMPLOYERS' LIABILITY	N						\$		
	OFFIC	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	NIA		1			EL EACH ACCIDENT	High		
	(Mand If ves.	datory in NH) , describe under RIPTION OF OPERATIONS below			The state of the s			EL DISEASE - EA EMPLOYER	12:11		
	nésa	RIPTION OF OPERATIONS below					1 10000 1000000000000000000000000000000	EL DISEASE - POLICY LIMIT	\$		
						į.			ii ii		
History			i i								
	200.00					<u> </u>			J	\$1650HHA3HH361656HH16561656HHH163	
					0101, Additional Remarks Schedule, may onal insured as covered by						
CER	TIFE	CATE HOLDER			CAN	ICELLATION					
City of Lake Elsinore 130 S. Main Street					AC	E EXPIRATION	DATE THEREG	ESCRIBED POLICIES BE C DF, NOTICE WILL BE DELIV Y PROVISIONS.			
- Constant	Lake Elsinore, CA 92530					ruptal 9	Prutchett	OPD COPPORATION		(CKP)	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2016

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).

this certificate does not confer rights to the certificate holder in lieu of s PRODUCER Granite Mountain Insurance Agency, Inc. 24630 Washington Ave. Suite 103			y Inc	CONTACT Lora J Nowlin NAME: PHONE (AG. No. Ext): (951)461-8135 (AG. No.): (951)461-8763					
		. 5u	ite '	103	E-MAIL ADDRESS:				
Murrieta, CA 92562 License #: 0G19699				100	INSURER(S) AFFO	RDING COVERAGE		NAIC #	
					hn Sclifo DE	BA: Tri-Star Electric		38342	
INSURE	John Sclifo				INSURER B :				
	DBA: Tri-Star Electric			7	INSURER C:				
	30805 Calvado Ct			1	INSURER D :				
	Temecula, CA 92592-60	124			INSURER E :				
201/5	RAGES CER	TIEIC	ATE	NUMBER: 00000000-0	NSURER F:		REVISION NUMBER:	1	
THIS	I IS TO CERTIFY THAT THE POLICIES (CATED NOTWITHSTANDING ANY REC TIFICATE MAY BE ISSUED OR MAY PE LUSIONS AND CONDITIONS OF SUCH	OF INS	SURA MEN	NCE LISTED BELOW HAVE E T, TERM OR CONDITION OF E INSURANCE AFFORDED B	ANY CONTRACT Y THE POLICIES	OR OTHER DO	NAMED ABOVE FOR THE P CUMENT WITH RESPECT T REIN IS SUBJECT TO ALL	OLICY O WHI	HIHIS
ISR TR	TYPE OF INSURANCE	AODL	SUBR	POLICY NUMBER	POLICY E	POLICY EXP	LIMIT	TS	
184	COMMERCIAL GENERAL LIABILITY	OVALU	WOL	FOLIOT NUMBER	1.MINODAT 1		EACH OCCURRENCE	s	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	s	
G	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PRO LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER							\$	
A AI	UTOMOBILE LIABILITY			BA0400000222777	06/05/20	16 06/05/2017	COMBINED SINGLE LIMIT (Eq.accident)	\$	
X	ANY AUTO						BODILY INJURY (Per person)	\$	250,000
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	500,000
X	LHIDED L. I MON-OVANED						PROPERTY DAMAGE (Per accident)	\$	100,000
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTIONS						I DEB OTH	\$	
	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y / N				1		PER OTH-	-	
	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E L EACH ACCIDENT	\$	
(M:	andatory in NH)						E L DISEASE - EA EMPLOYER	S	
DE	es, describe under SCRIPTION OF OPERATIONS below						E L DISEASE - POLICY LIMIT	\$	_
ESCRIF	PTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedule	, may be altached if	more space is requ	ired)		
ERTI	FICATE HOLDER				CANCELLATIO	NC			
City of Lake Elsinore 130 South Main Street					THE EXPIRATI	ON DATE THERE WITH THE POLI	DESCRIBED POLICIES BE C COF, NOTICE WILL BE DELIV CY PROVISIONS.		
	Lake Elsinore, CA 9253	50			AUTHORIZED REPR	Q 1	Towli-		(LJN

STATE OF CALIFORNIA **AUTOMOBILE INSURANCE LIABILITY IDENTIFICATION CARD**

POLICY NUMBER BA040000022277 **EFFECTIVE DATE** 06/05/2016

EXPIRATION DATE

06/05/2017

California Automobile Insurance Company

NAIC # 38342

This insurance complies with CVC S16056.S16500.5

NAMED INSURED JOHN SCLIFO DBA TRI STAR ELECTRIC

YEAR

MAKE

MODEL

2000 FORD

F-SERIES SUPER DUTY

1FDXF46F4YEB06400

AGENT: **GRANITE MOUNTAIN INS INC** AGENT'S PHONE NUMBER:

(951) 461-8135

TO REPORT A CLAIM, 24 HOURS A DAY, 7 DAYS A WEEK PLEASE CALL (800) 503-3724

STATE OF CALIFORNIA **AUTOMOBILE INSURANCE LIABILITY IDENTIFICATION CARD**

POLICY NUMBER BA040000022277 **EFFECTIVE DATE** 06/05/2016

EXPIRATION DATE

06/05/2017

California Automobile Insurance Company

This insurance complies with CVC \$16056.\$16500.5

NAIC#38342

NAMED INSURED JOHN SCLIFO DBA TRI STAR ELECTRIC

YEAR

MAKE

MODEL

VIN

2005

CHEVROLET

4500 W45042

J8BC4B16557013560

AGENT:

GRANITE MOUNTAIN INS INC

AGENT'S PHONE NUMBER: (951) 461-8135

TO REPORT A CLAIM, 24 HOURS A DAY, 7 DAYS A WEEK PLEASE CALL (800) 503-3724

STATE OF CALIFORNIA **AUTOMOBILE INSURANCE LIABILITY IDENTIFICATION CARD**

POLICY NUMBER BA040000022277 **EFFECTIVE DATE**

EXPIRATION DATE

06/05/2016

06/05/2017

California Automobile Insurance Company

NAIC # 38342

This insurance complies with CVC \$16056.\$16500.5

NAMED INSURED JOHN SCLIFO DBA TRI STAR ELECTRIC

YEAR

MAKE

MODEL

VIN

2000 **FORD**

F-SERIES SUPER DUTY

1FDXF46F4YEB06400

AGENT: **GRANITE MOUNTAIN INS INC** AGENT'S PHONE NUMBER:

(951) 461-8135

TO REPORT A CLAIM, 24 HOURS A DAY, 7 DAYS A WEEK PLEASE CALL (800) 503-3724

STATE OF CALIFORNIA **AUTOMOBILE INSURANCE LIABILITY IDENTIFICATION CARD**

POLICY NUMBER BA040000022277 **EFFECTIVE DATE**

EXPIRATION DATE

06/05/2016

06/05/2017

California Automobile Insurance Company

NAIC # 38342

This insurance complies with CVC S16056.S16500.5

NAMED INSURED

JOHN SCLIFO DBA TRI STAR ELECTRIC

YEAR

MAKE

MODEL

VIN

2005 CHEVROLET 4500 W45042

J8BC4B16557013560

AGENT: **GRANITE MOUNTAIN INS INC** AGENT'S PHONE NUMBER: (951) 461-8135

> TO REPORT A CLAIM, 24 HOURS A DAY, 7 DAYS A WEEK PLEASE CALL (800) 503-3724



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).

PRO	DUCER				CONTACT NAME:	!				minima emis vermini e e e minima e e e e e e e e e e e e e e e e e e e
Automatic Data Processing Insurance Agency, Inc.					PHONE FAX (A/C, No, Ext): (A/C, No):					
1 Ado Boulevard					E-MAIL ADDRESS:					
Roseland, NJ 07068									NAIC#	
,						INSURER(S) AFFORDING COVERAGE INSURER A . Twin City Fire Insurance Company				29459
INSURED					INSURER					
INST	JOHN A SCLIFO				INSURER	В:				
	DBA: Tri-star Electric				INSURER	C:				
	30805 CALVADO CT				INSURER	D:				
	Temecula, CA 92592				INSURER	E;				
					INSURER	F:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: 544195	Marian Marian	- III Secretary well		REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY DED BY T BEEN RE	CONTRACT HE POLICIE DUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO V	WHICH THIS
INSR	TYPE OF INSURANCE		SUBR		0	POLICY EFF VM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY						* # IIII /.V	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	OE WING MINES 1							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	s	
									\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		TIAATATATATA
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							COMBINED SINGLE LIMIT		
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	\$12
						.4764			\$	
	UMBRELLA LIAB OCCUR		1	11-12-1				EACH OCCURRENCE	\$	december production (C.
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							X PER STATUTE OTH-	· ·	
	AND EMPLOYERS' LIABILITY Y/N		,					E.L. EACH ACCIDENT	\$	1,000,000
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N	76WEGDU6809	1	0/01/2016	10/01/2017			1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							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)										
CEI	RTIFICATE HOLDER				CANCE	LLATION				
City Of Lake Elsinore 521 North Langstaff					ACCO	EXPIRATIO RDANCE WI	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
	Lake Elsinore, CA 92530					AUTHORIZED REPRESENTATIVE				