

**AMENDMENT NO. 1
TO AGREEMENT FOR CONTRACTOR SERVICES (ON-CALL)
TRI-STAR ELECTRIC**

Electrician Services

This Amendment No. 1 to Agreement for Professional Services ("Amendment No. 1") is made and entered into as of September 6, 2016 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.

B. The Original Agreement provided for compensation to Consultant in an amount \$5,000.

C. The parties now desire to increase the compensation for such services as set forth in this Amendment No 1.

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 Twenty Thousand Dollars (\$20,000) 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. 1 to be executed on the respective dates set forth below.

"CITY"

CITY OF LAKE ELSINORE, a municipal corporation



Grant Yates, City Manager

Date: 9/27/16

"CONTRACTOR"

John Scifo doing business as Tri-Star Electric



John Scifo, Owner

Date: 9/27/16

ATTEST:



City Clerk

APPROVED AS TO FORM:



City Attorney

Attachments: Original Agreement

EXHIBIT A
CONTRACTOR'S PROPOSAL
[ATTACHED]

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		Total \$945.00

SIGNATURE _____



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

COVERAGES CERTIFICATE NUMBER: 00000000-365841 REVISION NUMBER: 54

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BLS56665833	08/13/2016	08/13/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. 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

CANCELLATION

**City of Lake Elsinore
130 S. Main Street
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

Crystal Pritchett

(CKP)

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**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 S16056.S16500.5

NAIC # 38342

**NAMED INSURED
JOHN SCLIFO DBA TRI STAR ELECTRIC**

**YEAR MAKE
2000 FORD**

**MODEL
F-SERIES SUPER DUTY**

**VIN
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 S16056.S16500.5

NAIC # 38342

**NAMED INSURED
JOHN SCLIFO DBA TRI STAR ELECTRIC**

**YEAR MAKE
2005 CHEVROLET**

**MODEL
4500 W45042**

**VIN
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)

05/19/2016

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

COVERAGES

CERTIFICATE NUMBER: 494224

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	10/01/2015	10/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

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AUTHORIZED REPRESENTATIVE

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