

AGREEMENT BIBLIOGRAPHY

Agreement With:	Siemens Industry, Inc.
Agreement Type:	On-call traffic signal and street lighting maintenance services at various locations within the city of Garden Grove
Date Approved:	02 05 2015
Start Date:	03 01 2015
End Date:	03 01 2016
Contract Amount:	See Agreement
Comments:	Amendment No. 1 Public Works
Insurance Expiration:	10 01 2015
Date Archived:	03/03/2015



**CITY OF GARDEN GROVE
OFFICE OF THE CITY CLERK**

*Safeguard all official records of the City.
Conduct municipal elections and oversee legislative administration.
Provide reliable, accurate, and timely information to the
City Council, staff, and the general public.*

Bao Nguyen
Mayor

Steven R. Jones
Mayor Pro Tem

Christopher V. Phan
Council Member

Phat Bui
Council Member

Kris Beard
Council Member

March 2, 2015

Siemens Industry, Inc.
10775 Business Center Drive
Cypress, CA 90630

Enclosed is a copy of Amendment No. 1 of the Agreement by and between the City of Garden Grove and Siemens Industry, Inc., to provide on-call traffic signal and street lighting maintenance services at various locations within the city of Garden Grove.

Sincerely,

Kathleen Bailor, CMC
City Clerk

By: 
Teresa Pomeroy, CMC
Deputy City Clerk

Enclosure

c: Finance Department
Finance Department/Purchasing
Public Works

CITY OF GARDEN GROVE

AMENDMENT NO. 1

To Furnish all material and equipment for on-call traffic signal and street lighting maintenance services at various city locations as set forth in CONSULTANT'S proposal attached hereto as Exhibit 'A'.

This Amendment No.1 to **Furnish all material and equipment** for on-call traffic signal and street lighting maintenance services **at various locations for the City of Garden Grove** is made and entered into this 5 day of February 2015, by and between the **CITY OF GARDEN GROVE**, hereinafter referred to as "CITY", and **Siemens Intelligent Transportation Services** hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract effective January 24, 2012.

WHEREAS, Contractor and CITY desire to amend the Existing Contract as provided herein.

Now, therefore, it mutually agreed, by and between the parties as follows:

Section 1.0, Term and Termination, shall be revised as follows:

The CITY hereby extends the performance period from **March 1, 2015 to March 1, 2016.**

Section 3.0, Compensation, shall be revised as follows:

Pricing shall be per attached fee schedule, attached as Attachment 'A' and is hereby incorporated by reference.

Except as expressly amended hereby, the Existing Contract remains in full force and effect as originally executed.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties have caused this Amendment No. 1 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.


"CITY" 
CITY OF GARDEN GROVE


Dated: _____, 2013

By: 
PWO for City Manager

ATTEST

"CONSULTANT"
SIEMENS INTELLIGENT
TRANSPORTATION SERVICES


City Clerk

By: 
Title: Operations Manager

Dated: 3/2, 2015

Dated: 2-18, 2015

APPROVED AS TO FORM:

If CONSULTANT/CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to CITY


Garden Grove City Attorney

Dated: 2/11, 2015

February 4th, 2015

Rosemarie Jacot
PW/Engineering Division
City of Garden Grove
11222 Acacia Parkway
Garden Grove CA 92840

Subject: Contract Extension 2015

Dear Ms. Jacot,

Please consider this letter as a formal request for the extension of our existing "On-Call Traffic Signal and Street Lighting Maintenance and Repair Services" contract. We are requesting an extension for an additional year which will extend the current contract through February 28th, 2016. At this time, the CPI is at .7% over last year so we are requesting an increase as would be typical. Please see the attached, updated pricing and let me know if you have any questions.

We feel we have completed another successful and mutually beneficial year with the City of Garden Grove, we thank you for your business and are looking forward to another year working together. Please feel free to give me a call if you have any questions or concerns.

Sincerely,



Michael J. Hutchens
Sr. Service Account Manager
Siemens Industry, Inc

5. PRICE PROPOSAL

<u>LABOR RATES</u>	<u>REGULAR TIME</u>	<u>OVERTIME</u>	<u>PREMIUM TIME</u>
Operations Superintendent	\$ 90.63	\$ 125.88	\$ 161.12
Engineering Technician	\$ 90.63	\$ 125.88	\$ 161.12
Traffic Signal Electrician	\$ 83.56	\$ 116.81	\$ 150.04
Traffic Signal Laborer	\$ 66.46	\$ 95.67	\$ 125.88
Traffic Signal Apprentice	\$ 66.46	\$ 95.67	\$ 125.88

EQUIPMENT RATES

Bucket Truck	\$ 28.20 / Hour
Mobile Crane	\$ 65.42 / Hour

Other equipment not listed above will be billed at the current California Department of Transportation equipment rates that equal the surcharge rate plus 15%.

MATERIAL

Cost plus 15%

ENGINEERING SERVICES

<u>Job Classification</u>	<u>Rate</u>
Principal Engineer	\$ 196.37 / Hr
Senior Engineer	\$ 166.15 / Hr
Associate Engineer	\$ 151.05 / Hr
Staff Engineer	\$ 125.88 / Hr
Senior Engineering Assistant	\$ 115.81 / Hr
Engineering Assistant	\$ 105.74 / Hr
CAD Operator	\$ 75.53 / Hr
Clerical	\$ 75.53 / Hr
Reproductions	Cost plus 15%
Other direct costs	Cost plus 15%



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/26/2014

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).

PRODUCER MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 100129-REPUBLIC-Prof-14/15	<i>Melissa Cavallo</i> 202-263-7875	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
	INSURED SIEMENS INDUSTRY, INC. SIEMENS INTELLIGENT TRANSPORTATION SERVICES 1000 DEERFIELD PARKWAY BUFFALO GROVE, IL 60089-4513	<i>Mike Hutchens</i> 714-630-2100

COVERAGES **CERTIFICATE NUMBER:** NYC-006325732-33 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GLD1110106	10/01/2014	10/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ INCL.
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>			TC2JCAP7440L34A14	10/01/2014	10/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			CUD1110206	10/01/2014	10/01/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TC2OUB7440L27114 (AOS)	10/01/2014	10/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B				TRKUB7440L28314 (AZ, MA, OR & WI)	10/01/2014	10/01/2015	E.L EACH ACCIDENT \$ 2,000,000 E.L DISEASE - EA EMPLOYEE \$ 2,000,000 E.L DISEASE - POLICY LIMIT \$ 2,000,000
A	Professional Liability			GLD1110106	10/01/2014	10/01/2015	Limit: 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES

SEE ATTACHED

Reviewed and approved as to insurance language and/or requirements.
Neelima Jay
 Risk Management
 2-24-15

CERTIFICATE HOLDER CITY OF GARDEN GROVE PURCHASING DIVISION 11222 ACACIA PARKWAY GARDEN GROVE, CA 92842	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
-----------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

AGENCY CUSTOMER ID: 100129

LOC #: Morristown



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, INC.		NAMED INSURED SIEMENS INDUSTRY, INC. SIEMENS INTELLIGENT TRANSPORTATION SERVICES 1000 DEERFIELD PARKWAY BUFFALO GROVE, IL 60089-4513	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RE: ON-CALL TRAFFIC SIGNAL AND STREET LIGHTING MAINTENANCE AND REPAIR SERVICES

THE CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE HEREBY ADDITIONAL INSURED AS OBLIGATED UNDER CONTRACT UNDER THE REFERENCED GENERAL LIABILITY AND AUTOMOBILE LIABILITY INSURANCE POLICIES.

FOR ANY CLAIMS RELATED TO THIS AGREEMENT, CONSULTANT'S INSURANCE COVERAGE SHALL BE PRIMARY INSURANCE AS RESPECTS TO CITY, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS, AND VOLUNTEERS. ANY INSURANCE OR SELF-INSURANCE MAINTAINED BY THE CITY, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS OR VOLUNTEERS SHALL BE EXCESS OF THE CONSULTANT'S INSURANCE AND SHALL NOT CONTRIBUTE WITH IT.

WAIVER OF SUBROGATION IS EFFECTUAL

IF THESE POLICIES ARE CANCELLED FOR ANY REASON OTHER THAN NON-PAYMENT OF PREMIUM, THE INSURER WILL DELIVER NOTICE OF CANCELLATION TO THE CERTIFICATE HOLDER UP TO 60 DAYS PRIOR TO THE CANCELLATION OR AS REQUIRED BY WRITTEN CONTRACT, WHICHEVER IS LESS.

POLICY NUMBER: GLD11101-06 ✓

COMMERCIAL GENERAL LIABILITY
CG 20 10 11 85

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

ANY PERSON OR ORGANIZATION REQUIRED BY WRITTEN CONTRACT

It is agreed that this insurance maintained pursuant to the written contract agreements shall be primary to, and not contribute with any insurance or self-insurance maintained by the above, but only with respect to work performed by or on behalf of the Named Insured.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Reviewed and approved as to insurance language
and/or requirements.

Heidi M. Jay
Risk Management
2-24-15

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

ANY PERSON OR ORGANIZATION TO THE EXTENT REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8: Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Reviewed and approved as to insurance language and/or requirements.

Heidi M. Jay
Risk Management
2-24-15

HDI-GERLING AMERICA INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION AMENDMENT

SCHEDULE

Name, Address and E-Mail Address of Other Person(s) / Organization(s):

Number of Days Notice:

Per schedule on file with the Company.

60 Days, or as required by contract, whichever is less

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- I. If we cancel this policy by notice to you for any statutorily permitted reason other than nonpayment of premium, we shall endeavor to mail, e-mail or deliver a copy of such written notice of cancellation to the person(s) or organization(s) shown in the Schedule above.
- II. A copy of the notice, per paragraph I. above, will be mailed, e-mailed or delivered:
 - 1. To the appropriate addresses corresponding to the person(s) or organization(s) shown in the Schedule above; and
 - 2. The number of days required for notice of cancellation, as provided in paragraph A.2. of the Common Policy Conditions or as amended by an applicable state cancellation endorsement or by the date as shown in the Schedule above.
- III. Our failure to provide such advance notification to the person(s) or organization(s) shown in the Schedule of this endorsement will not extend any policy cancellation date nor negate any cancellation of the policy.

All other terms and conditions of this policy remain unchanged.

Reviewed and approved as to insurance language and/or requirements.

Heidi M. Jay
Risk Management
2-24-15

POLICY NUMBER: TC2J-CAP-7440L34A-TIL-14 ✓

COMMERCIAL AUTO
ISSUE DATE: 09/11/14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name of Person(s) or Organization(s):

ANY PERSON OR ORGANIZATION WHOM YOU HAVE AGREED TO
ADD AS ADDITIONAL INSURED, BUT ONLY TO COVERAGE AND
MINIMUM LIMITS REQUIRED IN A WRITTEN CONTRACT

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

Reviewed and approved as to insurance language
and/or requirements.

Heidi M. Jay
Risk Management
2-24-15

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract executed prior to any "accident", provided that the "accident" arises out of operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

Reviewed and approved as to insurance language
and/or requirements.

Heidi M. Jay
Risk Management
2-24-15



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 03 13 (00)

POLICY NUMBER: TC20UB-7440L27-1-14 ✓

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

DESIGNATED ORGANIZATION:

ANY PERSON OR ORGANIZATION FOR WHOM A WAIVER OF SUBROGATION IS REQUIRED BY CONTRACT OR AGREEMENT OR PERMIT, BUT COVERAGE IS LIMITED TO THE SCOPE OF THE WORK PERFORMED BY THE INSURED UNDER SUCH CONTRACT, AGREEMENT OR PERMIT.

DATE OF ISSUE: 09-09-14

ST ASSIGN:

Reviewed and approved as to insurance language
and/or requirements.

Heidi M. Jay
Risk Management
2-24-15

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY – NOTICE OF CANCELLATION/NONRENEWAL PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:	Number of Days Notice of Cancellation: 60
NONRENEWAL:	Number of Days Notice of Nonrenewal:
PERSON OR ORGANIZATION:	

Any person or organization to whom you have agreed in a written contract that notice of cancellation of this policy will be given, but only if:

1. You see to it that we receive written request to provide such notice, including the name and address of such person or organization, after the first Named Insured receives notice from us of the cancellation of this policy; and

ADDRESS:

2. We receive such written request at least 14 days before the beginning of the applicable number of days shown in this endorsement.

Reviewed and approved as to insurance language and/or requirements.

Heidi M. Jay
 Risk Management
 2-24-15

PROVISIONS:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.</p> | <p>B. If we decide to not renew this policy for any statutorily permitted reason, and a number of days is shown for nonrenewal in the schedule above, we will mail notice of the nonrenewal to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for nonrenewal in the schedule above before the expiration date.</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 99 06 03 (00)

POLICY NUMBER: TC2OUB-7440L27-1-14

GENERAL PURPOSE ENDORSEMENT

**NOTICE OF CANCELLATION
TO DESIGNATED PERSONS OR ORGANIZATIONS**

The following is added to **PART SIX – CONDITIONS**:

Notice Of Cancellation To Designated Persons Or Organizations

If we cancel this policy for any reason other than non-payment of premium by you, we will provide notice of such cancellation to each person or organization designated in the Schedule below. We will mail or deliver such notice to each person or organization at its listed address at least the number of days shown for that person or organization before the cancellation is to take effect.

You are responsible for providing us with the information necessary to accurately complete the Schedule below. If we cannot mail or deliver a notice of cancellation to a designated person or organization because the name or address of such designated person or organization provided to us is not accurate or complete, we have no responsibility to mail, deliver or otherwise notify such designated person or organization of the cancellation.

SCHEDULE

Name and Address of Designated Persons or Organizations:

Any person or organization to whom you have agreed in a written contract that notice of cancellation of this policy will be given, but only if:

1. You see to it that we receive written request to provide such notice, including the name and address of such person or organization, after the first Named Insured receives notice from us of the cancellation of this policy; and
2. We receive such written request at least 14 days before the beginning of the applicable number of days shown in this endorsement.

Number of Days Notice: 60

All other terms and conditions of this policy remain unchanged.

Reviewed and approved as to insurance language
and/or requirements.
Heidi M. Jay
Risk Management
2-24-15

COPYRIGHT 2013 The Travelers Indemnity Company. All rights reserved.