

## AGREEMENT BIBLIOGRAPHY

Agreement With:	Master Landscape and Maintenance, Inc.
Agreement Type:	Trimming of Oleander Bushes and Storm Drain Maintenance at various locations
Date Approved:	07 15 2015
Start Date:	09 25 2015
End Date:	09 24 2016
Contract Amount:	\$17,377.92
Comments:	Amendment No. 2 Public Works
Insurance Expiration:	04 02 2016
Date Archived:	<b>ARCHIVED 07/31/2015</b>



# 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

July 30, 2015

Master Landscape and Maintenance, Inc.  
10171 Northampton Avenue  
Westminster, CA 92683

Enclosed is a copy of Amendment No. 2 to the Agreement by and between the City of Garden Grove and Master Landscape and Maintenance, Inc. to provide all material equipment, transportation, traffic control, and labor for trimming of Oleander Bushes and Storm Drain Maintenance at various locations for 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. 2**

**To:** Provide all material, equipment, transportation, traffic control, and labor for trimming of Oleander Bushes and Storm Drain Maintenance at various locations for the City of Garden Grove.

This Amendment No. 2 to Provide all material, equipment, transportation, traffic control, and labor for trimming of Oleander Bushes and Storm Drain Maintenance at various locations for the City of Garden Grove is made and entered into this 15 day of July 2015, by and between the **CITY OF GARDEN GROVE**, hereinafter referred to as "CITY", and **Master Landscape and Maintenance, Inc.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract No. **150033** effective **September 25, 2012**.

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

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

Section 1: Term and Termination, shall be revised as follows:

The CITY hereby extends the performance period from September 25, 2015 to September 24, 2016.

Section 3: Compensation - shall be revised as follows:

The contract Price is hereby increased from \$64,133.76 to a new Firm Fixed Price of \$81,511.68. This is an increase of \$17,377.92 to cover the first option year.

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

IN WITNESS WHEREOF, the parties have caused this Amendment No. 2 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.

Date: 7/28/15

**"CITY"**  
**CITY OF GARDEN GROVE**

By: [Signature]  
City Manager

**ATTESTED:**

Kathleen Bailor  
City Clerk

Date: 7/29/2015

**"CONTRACTOR"**  
**Master Landscape and Maintenance, Inc.**

By: [Signature]

Name: ROBERT WHITECOTTON

Title: PRESIDENT / Secretary

Date: 7/15/15

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

**APPROVED AS TO FORM:**

[Signature]  
Garden Grove City Attorney

7-23-15  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/20/2015

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 Phone: (714) 973-1436 Fax: (714) 973-0811 <b>ELMCO INSURANCE, INC.</b> 1905 N. MAIN STREET SANTA ANA CA 92706-2779 <i>Erin Walsh - Moloney</i> <i>714-973-1436</i> <i>erin@elmcoinsurance.com</i> Agency Lic#: 0509747	CONTACT NAME: <b>ELMCO INSURANCE, INC.</b> PHONE (A/C, No, Ext): <b>(714) 973-1436</b> FAX (A/C, No): <b>(714) 973-0811</b> E-MAIL ADDRESS: <b>www.elmcoinsurance.com</b>
INSURED <b>MASTER LANDSCAPE &amp; MAINTENANCE, INC.</b> 14600 GOLDENWEST ST. # 210 WESTMINSTER, CA 92683	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>THE OHIO CASUALTY INSURANCE COMPANY</b> NAIC # <b>24074</b> <i>A, X, V</i>
	INSURER B : <b>AMERICAN FIRE AND CASUALTY COMPANY</b> NAIC # <b>24066</b> <i>A, X, V</i>
	INSURER C : <b>WESCO INSURANCE CO./AMTRUST</b> NAIC # <b>25011</b> <i>A, X, III</i>
	INSURER D :
	INSURER E :
	INSURER F :

**COVERAGES**

CERTIFICATE NUMBER: 54265

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
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:			<b>BKO(16)56441859</b>	<b>04/02/15</b>	<b>04/02/16</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED. EXP (Any one person) \$ <b>15,000</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 <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>BAA(16)56441859</b>	<b>04/02/15</b>	<b>04/02/16</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>WWC3136776</b>	<b>04/01/15</b>	<b>04/01/16</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE-EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE-POLICY LIMIT \$ <b>1,000,000</b>
A	OTHER BUSINESS PERSONAL PROP. SPECIAL; RC; 90% COINSURANCE			<b>BKO(16)56441859</b>	<b>04/02/15</b>	<b>04/02/16</b>	<b>BPP LIMIT: \$11,145</b> <b>DEDUCTIBLE \$500</b>

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

**SEE SUPPLEMENTAL CERTIFICATE INFORMATION**

Reviewed and approved as to insurance language and/or requirements

*Hiedi M. Jay*  
Risk Management  
7-21-15

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF GARDEN GROVE 11222 ACACIA PARKWAY GARDEN GROVE, CA 92840  Attention:	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  <i>Erin C. Walsh</i>  Erin Walsh
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# SUPPLEMENT TO CERTIFICATE OF LIABILITY INS # 54265

DATE  
JUL 20 2015

## DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES

LANDSCAPING SERVICE \*10 DAY NOTICE DUE TO NONPAYMENT

CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED ON GENERAL LIABILITY ONLY AS RESPECTS TO NAMED INSURED'S OPERATIONS PER ATTACHED ADDITIONAL INSURED ENDORSEMENT CG 2010 AND CG 2037. SUCH INSURANCE IS PRIMARY AND NON-CONTRIBUTORY PER ATTACHED ENDORSEMENT CG88830412. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY IN FAVOR OF CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS. ENDORSEMENT ATTACHED. CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED IN REGARDS TO COMMERCIAL AUTOMOBILE LIABILITY PER ATTACHED ENDORSEMENT CA2048 0299.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

CITY OF GARDEN GROVE, ITS OFFICERS,  
OFFICIALS, EMPLOYEES, AGENTS  
11222 ACACIA PARKWAY

GARDEN GROVE, CA 92840

**Location(s) Of Covered Operations**

11222 ACACIA PARKWAY  
GARDEN GROVE, CA 92840

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

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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

*Heidi M. Jay*  
Risk Management  
7-21-15

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C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement;  
or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

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

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s)**

CITY OF GARDEN GROVE, ITS OFFICERS,  
OFFICIALS, EMPLOYEES, AGENTS  
11222 ACACIA PARKWAY

GARDEN GROVE, CA 92840

**Location And Description Of Completed Operations**

CITY OF GARDEN GROVE, ITS OFFICERS,  
  
11222 ACACIA PARKWAY

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

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Reviewed and approved as to insurance language  
and/or requirements

*Heidi M. Jay*  
Risk Management  
7-21-15

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT OF OTHER INSURANCE CONDITION -  
DESIGNATED PERSONS OR ORGANIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

CITY OF GARDEN GROVE, ITS OFFICERS,  
OFFICIALS, EMPLOYEES, AGENTS

**Address**

11222 ACACIA PARKWAY

**City State Zip**

GARDEN GROVE, CA 92840

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

With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by the endorsement.

**A. The following is added to Paragraph a. Primary Insurance of Condition 4. Other Insurance under Section IV - Commercial General Liability Conditions :**

However, when the person or organization shown in the Schedule of this endorsement has been added as an additional insured to this Coverage Part by attachment of an endorsement, we will not seek contribution from the "person's or organization's own insurance" provided that:

- (1) You have agreed in a written contract that this insurance is primary and non-contributory; and
- (2) The "bodily injury", "property damage" or "personal and advertising injury" is:
  - a. Committed subsequent to the execution of such contract; and
  - b. This policy covers the "bodily injury", "property damage" or "personal and advertising injury".

**B. For the purposes of this endorsement the following is added to Section V - Definitions :**

"Person's or organization's own insurance" means general liability coverage for damages for which the person or organization shown in the Schedule of this endorsement is designated as a Named Insured.

Reviewed and approved as to insurance language  
and/or requirements  
*Heidi M. Jay*  
Risk Management  
7-21-15

**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:**

CITY OF GARDEN GROVE, ITS OFFICERS,  
OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS  
11222 ACACIA PARKWAY,

GARDEN GROVE, CA 92840

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 organi-  
zation shown in the Schedule above.

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

*Heidi M. Jay*  
Risk Management  
7-21-15

of 34  
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CA 20 48 02 99

DESIGNATED INSURED ENDORSEMENT

The 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 the 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.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective	Policy Number
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s)

CITY OF GARDEN GROVE, ITS OFFICERS, EMPLOYEES,  
 AGENTS AND VOLUNTEERS  
 11222 ACACIA PARKWAY,  
 GARDEN GROVE, CA 92840

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this 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  
 7-21-15

