\boxtimes	First	Amendment to Master (ity of	San Jos	sé Consulta	int Agreement	
			(Capita	al Projects	s)		
Ш	Second		- 1400	EANO CO	N TOMAN IN	100DDODATED	
	Third	Consultants Name: MOORE	: IACO	FANO GO	OLISMAN, II	NCORPORATED	
				tract No. nent AC N) No. 30698)		
		ment to the Master Agreement is made and e Consultant amend the above-referenced agr				ugust, 2022. The	
1.	Capit	alized words in this Amendment have the sa	ne me	aning as i	n the Master	Agreement.	
2.		provisions of this Master Agreement (including in in full force and effect.	g any p	orevious a	mendments)	not modified by this Amendment	
3.	The p	provisions of this Amendment are effective up	on exe	ecution of	the Amendm	ent by both parties.	
4.	\boxtimes	Agreement Term: Section 2 is amended to 31, 2024.	exten	d the expi	ration date fr	om April 30, 2023, to December	
5.	\boxtimes	Maximum Total Compensation: Subsection Maximum Total Compensation from \$750,00			_	ncrease Decrease the	
6.		Agreement Section(s):_Section(s) Amendment.	is/aı	re amende	ed to read as	set forth in Attachment A of the	
7.		Schedule of Rates and Charges – Exhibit Revised	ended t	o read as	set forth in the		
	y of San — _{Email: sarah} Name:	José Sarah Zarate Sarah Zarate Sarah Zarate Date Director, City Manager's Office		onsultant	inistopher B	eynon	
Ap	•	s to Form (City Attorney):					
		Approved by the Office of the City Attorney imum Total Compensation, as amended, is \$100,000 or					
_	less, and	the provisions of the form are not altered.)	Ву				
\bowtie	Approv	red as to Form: 8/2/2022	_	Name: Title:	N/A	Date	
		Jon Calegari Date eputy City Attorney					

Form Name: Amendment to Master Consultant Agreement (Capital Projects)
Form/File No.: 1349561/T-32026
City Attorney Approval Date: September 2016

Page: 1 of 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/27/2021

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		CONTACT NAME: The Certflicate Team			
Assured Partners Design Professionals Insurance Services, LLC 3697 Mt. Diablo Blvd Suite 230	ers Design Professionals Insurance Services, LLC PHO		FAX (A/C, No):		
Lafayette CA 94549		E-MAIL ADDRESS: CertsDesignPro@AssuredPartners.com			
		INSURER(S) AFFORDING COVERAGE		NAIC#	
License#: 6003	745	INSURER A: Berkley Insurance Company		32603	
INSURED MIGINC	0-01	INSURER B: Travelers Property Casualty Company	of America	25674	
MIG, Inc. 800 Hearst Ave		INSURER c: The Travelers Indemnity Company of	Connecticut	25682	
Berkeley CA 94710		INSURER D:			
		INSURER E:			
		INSURER F:			
	_	55.40.61.11.1			

COVERAGES CERTIFICATE NUMBER: 257891395 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.

	NSR ADDLISUBR POLICY EFF POLICY EXP								
INSR LTR	NSR LTR TYPE OF INSURANCE			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
В	X	COMMERCIAL GENERAL LIABILITY	Y	Y	6801H899998	8/31/2021	8/31/2022	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	Х	Contractual Liab						MED EXP (Any one person)	\$ 10,000
		Included						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
С	AUT	OMOBILE LIABILITY	Υ	Y	BA0S579947	8/31/2021	8/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	Х	UMBRELLA LIAB X OCCUR	Y	Y	CUP0H758762	8/31/2021	8/31/2022	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
		DED X RETENTION \$ 0							\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY		Y	UB2L553909	8/31/2021	8/31/2022	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		" ' ^					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Prof	essional Liability	N	Y	AEC904725003	8/31/2021	8/31/2022	Each Claim Annual Aggregate	\$3,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Umbrella Liability policy is a follow-form underlying General Liability/Auto Liability/Employers Liability.

Re: Job #30397.00, San Jose Master Agreement for Planning Services, RFQ (ASD-4-7-14) The City of San Jose, its officers, employees, agents and contractors are named as additional insureds as respects general liability for claims arising from the operations of the named insured. General Liability and Auto Liability are Primary/Non-Contributory per policy form wording. Waiver of Subrogation applies to Workers' Compensation, General and Auto Liability. 30 Days Notice of Cancellation

CERT	'IFIC	ATE	HO	LDER	2
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CANCELLATION 30 Days Notice of Cancellation

City of San Jose - Finance Risk Management 200 East Santa Clara St., 13th Floor Tower San Jose CA 95113-1905 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

Please use the unique indenfier (Workflow ID) listed below for Contracts and eSignatures requests.

Form149-7-000281

Risk Management Approval: Meets Requirements

Risk Management Comments: The certificate dated September 9, 2021, meets the requirements of the Consultant Agreement between

the City and Moore, Iacofano, Goltsman, Inc.

Preparer: Alex Niles

Date: 07/18/2022

Preparer Phone: (408) 793-5592

Contractor/Company Name: MOORE IACOFANO GOLTSMAN (MIG), INC.

Project Name: Consultant Services

Total Contract Amount: 1250000 Estimated Start Date: 07/18/2022

Estimated Completion Date: 12/31/2024

Copy of Service Provider's certificate of insurance: MIG Current COI expires 083122.pdf

Copy of the contract including insurance specifications provided by Risk Management: Original Agreement 2018 DB 645999.pdf,MIG

Master Agreement Amendment_AN Rev.pdf

Department Contact: Niles Alex(Alex.Niles@sanjoseca.gov)

Department: Parks/Rec & Neigh Serv P R N S

Division: ASD

Phone: (408) 535-3570



FOR YOUR ELECTRONIC SIGNATURE
FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: Alex Niles

EMAIL: Alex.Niles@sanjoseca.gov

SCANNED SIGNATURE AUTHORIZATION

DATE:	8.1.2022	TOTAL PAGES: (INCLUDING THIS PAGE)	2					
To: EMAIL: PHONE:	Christopher Beynon Christof Migcom. com 510,845,7549	To: EMAIL: PHONE:	8					
BY:_	gree to use electronic signatures	☐ I agree to use elect	ronic signatures					
	DIRECTIO	ONS:						
REVIEW	THE ENCLOSED DOCUMENT, IF IT IS ACCEPTAB	LE:						
1. 3	SIGN THE DOCUMENT							
	CHECK THE BOX BELOW YOUR NAME AND SIGN AGREEING TO THE USE OF ELECTRONIC SIGNATURES							
3. \$	3. Scan your executed document together with this cover page in color							
4. EMAIL THE ENTIRE DOCUMENT TO								
	To BE COMPLETED I	BY CITY STAFF:						
ALTERNATIVE METHODS OF VERIFICATION:								
	USE OF A PASSWORD PROTECTED WEBSITE							
	CONFIRMED BY A KNOWN TELEPHONE NUMBER							
	PERSONALLY KNOWN TO CITY STAFF							

City of San José Contract/Agreement Transmittal Form

Route Order	Attached / Completed	Electronically Signed
TO:□ City Attorney □ City Manager □ City Clerk OR Return to Dept. (circle one)	☑ Business Tax Certifica☐ Contacted Clerk re: Formula	
Type of Document: Amendment	Type of Contrac	t: Consulting Services
REQUIRED INFORMATION FOR A	ALL CONTRACTS:	Existing GILES # 663484 -007
Contractor: MIG, Inc.		
Address: 800 Hearst Avenue Ber	keley, CA 94710	
Phone: (510) 845-7549	Em	ail: merikson@migcom.com
extend the ex	nendment to the 2018-202 opiration date to 12/31/20 n from \$750,000 to \$1.25	23 Master Agreement (DB# 646001) will 24 and increase the maximum total million.
Term Start Date: Upon Execution	Term End Date: 1	2/31/2024 Extension: No
Method of Procurement: RFP	RFB, RFP or RFQ No	.: PRNS100217 Date Conducted: 10/2/2017
Agenda Date (if applicable): 05/24/		Agenda Item No.: 2.14
Resolution No.: 80513		Ordinance No.: n/a
Original Contract Amount: \$750,00	0	Amount of Increase/Decrease: \$500,000
Option #: of Option A	mount: n/a	NTE/Updated Contract Amount: \$1,250,000
Fund/Appropriation: 375 / 425F; 39	91 / 425F	
Form 700 Required (Selection mandat	ory for processing): No	Revenue Agreement: No
Tax Certificate No.: 3380421833		Expiration Date: 8/15/2022
Department: PRNS (64)		
Department Contact: Alex Niles		Customer (Finance Only):
Notes: PRNS DB# 647256 PRNSContracts@sanjose Contract Manager: Hayde	<u> </u>	
Department Director Signature:	- In a	8/2/2022 Date
Office of the City Manager Signatu		
	Edwin Hug	ortas Open Government Manager Date