



JOHN A. FANTHAM  
DIRECTOR OF PUBLIC WORKS

# County of Santa Cruz <sup>0109</sup>

## DEPARTMENT OF PUBLIC WORKS

701 OCEAN STREET, ROOM 410, SANTA CRUZ, CA 950604070  
(831) 454-2160 FAX (831) 464-2385 TDD (831) 464-2123

**AGENDA: NOVEMBER 2, 1999**

October 21, 1999

SANTA CRUZ COUNTY BOARD OF SUPERVISORS  
701 Ocean Street  
Santa Cruz, CA 95060

SUBJECT: APTOS SEASCAPE, COUNTY SERVICE AREA NO. 3  
A-1 SWEEPING SERVICE AMENDMENT TO AGREEMENT  
(2ND DISTRICT)

Members of the Board:

Public Works has received a request from Aptos Seascape, County Service Area No. 3 for modification to their contract with A-1 Sweeping Service. The current contract was established for street sweeping only. The service area representative has now requested that the contract be increased by \$100.00 per month for additional labor hours related to the disposal of debris at the Buena Vista Landfill. This increase would amend the current amount to \$1,000.00 per month. Sufficient funds are available in the County Service Area No. 3 budget (622100) to cover this additional expenditure.

It is therefore recommended that the Board of Supervisors take the following action:

1. Approve the amendment to agreement from A-1 Sweeping Service for Aptos Seascape, County Service Area No. 3 in the increased amount of \$1000.00 per month.

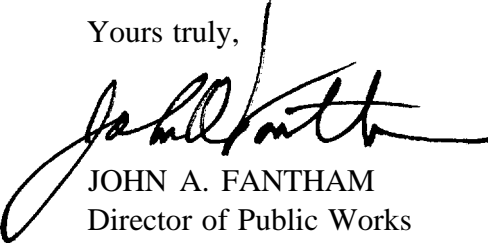
SANTA CRUZ COUNTY BOARD OF SUPERVISORS

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0110

2. Authorize the Director of Public Works to sign the Agreement.

Yours truly,

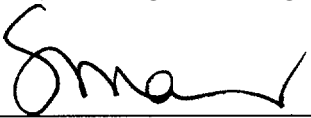


JOHN A. FANTHAM  
Director of Public Works

SRL:bbs

Attachments

RECOMMENDED FOR APPROVAL:

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County Administrative Officer

copy to: Public Works (CSA Administration)

**AMENDMENT TO AGREEMENT**

0111

The parties hereto agree to amend Contract Number CO7121 5 dated August 3, 1999 by and between the COUNTY OF SANTA CRUZ and A-1 SWEEPING SERVICE, within the County Service Area 3 - Aptos Seascap, by increasing the monthly total by \$100.00 for a total monthly fee of \$1 ,000.00 for additional labor related to disposal of debris from the Aptos Seascap area to the Buena Vista Landfill. The term of the contract to be from November 3, 1999 to June 30, <sup>2000</sup>~~1999~~. mp  
Total amount of modified contract is \$8,000.00. *OK per Tom Tanner 10/14/99*

All other provisions of said contract shall remain the same.

DATED: 10/8/99

COUNTY OF SANTA CRUZ  
DEPARTMENT OF PUBLIC WORKS

DIRECTOR OF PUBLIC WORKS

CONTRACTOR:  
A-1 SWEEPING SERVICE

B Y : *Tom Tanner*  
TOM TANNER

ADDRESS: 231 Commission Street  
Salinas, CA 93901

TELEPHONE: 831-758-5537

Approved as to form:

*Sal Tan* *10/20/99*  
Chief Assistant County Counsel

DISTRIBUTION: Auditor-Controller  
Public Works  
Contractor

AMEND.

## ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

485

## PRODUCER

Mark Dierolf  
Insurance Agent & Analyst  
P.O. Box 6879  
Salinas, CA 93912-6879

831-753-0507 \* 800-801-0103

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND  
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE  
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER A FREMONT COMP

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

## INSURED

A-1 Sweeping Service  
281 Commission St.  
Salinas, CA 93901

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY  
PERIOD AND CATEC. 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.

CC LR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.		N.A.		GENERAL AGGREGATE \$ PRODUCTS-COMP. OF AGG \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY		N.A.		COMBINED SINGLE \$ LIMIT BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		N.A.		EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	SA50-0799- 19458	07-01-99	07-01-00	STATUTORY LIMITS EACH ACCIDENT \$1,000.000 DISEASE-POLICY LIMIT \$1,000.000 DISEASE-EACH EMPLOYEE \$1,000.000
	OTHER		N.A.		

DESCRIPTION OF OPERATIONS LOCATIONS/VEHICLES/SPECIAL ITEMS

• 30 DAYS EXCEPT FOR NON-PAYMENT OF PREMIUM OR NON-REPORTING OF PAYROLL (10 DAYS)

## CERTIFICATE HOLDER

## CANCELLATION

COUNTY OF SANTA CRUZ  
PUBLIC WORKS Dept.  
ATTN: MARIE PIKE  
701 OCEAN ST., RM. #410  
SANTA CRUZ, CA 95060

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL  
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE  
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR  
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

## AUTHORIZED REPRESENTATIVE

  
Mark Dierolf, Agent

ACORD CORP

## ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

5/12/1999

## PRODUCER

ISU KIGER & ASSOCIATES INSURANCE BROKERS  
24445 HAWTHORNE BLVD.  
SUITE 201  
TORRANCE, CA 90505

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY

FIREMAN'S FUND INSURANCE COMPANY 486

## INSURED

A-I SWEEPING  
281 COMMISSION STREET  
SALINAS, CA 93901

COMPANY

B3

SRL

ACCT

FILE

0113

MAY 1999

RECEIVED

PUBLIC WORKS DEPT

SANTA CRUZ, CA

## COVERAGES

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.

DO TRI	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	MXG80731917	04-13-99	04-13-00	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 WCH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Anyone fire) \$ 100,000 MED EXP (Any one person) \$ 10,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	MXG80731917	04-13-99	04-13-00	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	MXG80731917	04-13-99	04-13-00	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATU- TORY LIMITS OTH- ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THE COUNTY OF SANTA CRUZ. ITS OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE ADDED AS AN ADDITIONAL INSURED AS RESPECT THE OPERATIONS AND ACTIVITIES OF OR ON BEHALF OF THE NAMED INSURED PERFORMED UNDER AGREEMENT WITH THE COUNTY OF SANTA CRUZ PER ATTACHED ENDORSEMENT. \* 10 DAY NOTICE WILL APPLY FOR NON-PAYMENT OF PREMIUM.

## CERTIFICATE HOLDER

COUNTY OF SANTA CRUZ  
ATT: PUBLIC WORKS DEPT., SUSAN ROGBERG  
701 OCEAN STREET, RM. 410  
SANTA CRUZ, CA 95060

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *[Signature]*

0114

487.

A-1 SWEEPING

POLICY # MXG80731917

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT **CHANGES** THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED -- OWNERS, LESSEES OR**

This endorsement modifies insurance provided under the following:  
**COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

Name of Person or Organization:

COUNTY OF-SANT.4 CRUZ, ITS **OFFICIALS**, EMPLOYEES, AGENTS **AND** VOLUNTEERS

**RE: OPERATIONS AND ACTIVITIES OF OR ON BEHALF OF THE NAMED NSURED**

(If no entry appears above, Information required to complete this endorsement will be shown in the Declaration 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



COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0175

TO: Board of Supervisors  
County Administrative Officer  
County Counsel  
Auditor-Controller

FROM:

PUBLIC WORKS

(Dept.)

(Signature)

10/16/99

(Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the COUNTY OF SANTA CRUZ (Agency)  
and A-1 Sweeping Service, 281 Commission Street, Salinas, CA 93901 (Name & Address)
2. The agreement will provide street sweeping services within County Service Area No. 3  
Aptos Seascap
3. The agreement is needed because the work can be handled most expeditiously by contract.
4. Period of the agreement is from Board Approval to June 30, 2000  
Increase in Contract \$800.00
5. Anticipated cost is \$ Increase mo. payment to \$1,000.00 (Fixed amount; Monthly rate; Not to exceed)
6. Remarks: Contract \$11,600.00; 7% Overhead \$812.00; Total \$12,412.00
7. Appropriations are budgeted in 6 2 2 1 0 0 ! 2 2 1 0 6 ! 3 6 6 5 ! (Index#) 3590 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. C 91676 Date 10/20/99  
are not will be

GARY A. KNUTSON, Auditor - Controller

By

Ronald J. Silber

Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the  
Director of Public Works to execute the same on behalf of the Department of  
Public Works (Agency).

County Administrative Officer

Remarks:

(Analyst)

By

DM

Date

10/22/99

Agreement approved as to form. Date \_\_\_\_\_

SRL:bbs

Distribution:

Bd. of Supv. - White  
Auditor-Controller - Blue  
County Counsel - Green  
Co. Admin. Officer - Conory  
Auditor-Controller - Pink  
Originating Dept. - Goldenrod

To Orig. Dept. if rejected.

State of California )  
County of Santa Cruz ) ss

I \_\_\_\_\_ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,  
State of California, do hereby certify that the foregoing request for approval of agreement was approved by  
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered  
in the minutes of said Board on \_\_\_\_\_

19 \_\_\_\_\_

By \_\_\_\_\_

County Administrative Officer  
Deputy Clerk