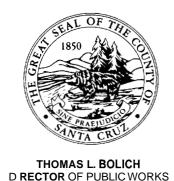
0251



## **County of Santa Cruz**

#### **DEPARTMENT OF PUBLIC WORKS**

701 OCEAN STREET, ROOM 410, SANTA CRUZ, CA 95060-4070 (831) 454-2160 FAX (831) 454-2385 TDD (831) 454-2123

**AGENDA: FEBRUARY 12,2002** 

January 31, 2002

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

SUBJECT: AMENDMENT TO AGREEMENT WITH VSS EMULTECH

Members of the Board:

On June 5,2001, your Board approved an independent contractor agreement with VSS Emultech that provided for the spreading of asphalt emulsion for the 2000/2001 Pavement Management Program Chip Seal Project. At that time, the cost of their services was expected to be \$11,000 and the contract was written for that amount. However, due to existing pavement conditions on the roadways and additional work required to successfully complete the project, it is necessary to increase the contract to a final cost of \$19,410.00. Sufficient funds are available in the 2001/02 road budget to cover this additional cost.

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

1. Approve the attached Amendment to Agreement with VSS Emultech for standby time for loading and spreading asphalt emulsion services in a not-to-exceed amount \$19,410.00.

2. Authorize the Director of Public Works to sign the Amendment to Agreement on behalf of the County.

Yours truly,

THOMAS L. BOLICH Director of Public Works

JES:bbs

Attachments

RECOMMENDED FOR APPROVAL:

County Administrative Officer

copy to: VSS Emultech

Public Works Department

#### AMENDMENT TO AGREEMENT

0253

The parties hereto agree to amend Contract Number 02431 dated June 5,2001, by and between the COUNTY OF SANTA CRUZ and VSS EMULTECH, for standby time for loading and spreading asphalt emulsion by increasing the contract by \$8,410 to a not-to-exceed amount of \$19,410 and changing the unit costs for standby spreading from \$110/hour to \$115/hour.

All other provisions of said contract shall remain the same.

DATED:	311	02

COUNTY OF SANTA CRUZ DEPARTMENT OF PUBLIC WORKS

DIRECTOR OF PUBLIC WORKS

CONTRACTOR: VSS EMULTECH

JOSH GRANT

ADDRESS: 3785 Channel Drive West Sacramento, CA 95691

TELEPHONE: (916) 371-<del>2457</del> 8480

FAX: (9/6) 371 -2457

Approved as to form:

Assistant County Counsel JES:bbs

DISTRIBUTION:

Auditor-Controller

Public Works Contractor

1000	15:42 FROM: CAPAX	ICATE OF LIA	BILITY IN	SURAN	CELETE 2	05/24/01	
4CQR	D. CENTI					ORMATION	
DUCER		JES	ONLY AND C		HTS UPON THE CERTI		
dings	, corby, Hynes,	Inn. ACCT CF 77 209-521-1620	202 ALTER THE	OVERAGE AFF	ORDED BY THE POLICE	ES BELOW.	
Box	3231	CF /S	9	77	FORDING COVERAGE	<b>:</b>	
ato (	CA 95353	209-521-1620 /	<b>1 8</b>	<i>P</i> /		0254	
	9-526-3110 Fax:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	INSUATA PONTE ZI	riah-Ameri	CAR		
JRED		23	A NEODER B.	on)			
		12	SA THEURENT TO	311			
•	vss Emultech 3785 Channel Dri	v <b>a</b>	MELINE POPERT	1			
	West Sacramento	CA 95691	INSURER E.				
VERAGE	S	HAVE BEEN ISSUED TO THE INSURED NAM ANY CONTRACT OR OTHER DOCUMENT V	ED ABOVE FOR THE POLI	CY PERIOD INDICATE	), NOTWITHSTANDING LY BE ISBUED OR		
HE POLICIES	s of insurance libited belove Event. Term or condition of	HAVE BEEN 166UED TO THE INSURED NAM ANY CONTRACT OR OTHER DOCUMENT W Y THE POLICIES DESCRIBED MEREIN 16 GU (AVE BEEN REDUCED BY PAID CLAIMS.	NTM RESPECT TO WHICH I	EXCLUSIONS AND C	ONDITIONS OF SUCH		
MAY PERTAIN	Y. THE INSURANCE AFFORDED B	Y THE POLICIES DESCRIBED HEALTH IS OF					
OLICIES. AC	GREGATE EMITS GTOTAL	POLICY NUMBER	DATE (MA/DOVY)	DATE (MM/DOMY)	FIMIL	\$ 1.000000	
<u> </u>	TYPE OF INSURANCE			ļ	EACH OCCURRENCE	\$ 100000	
GEN ERA	L LIABILITY	GL0832176705	03/31/01	03/31/02	PIRE DAMAGE (Any one fee)	-	
X CON	MMERCIAL GENERAL LIABILITY	GHOSDEX,V,			MED BOLP (Any one person)	1000000	
	CLAIMS MADE X OCCUR		. ]		PERSONAL & ADVINJURY	3 2000000	
		•			GENERAL AGGREGATE		
					PRODUCTS - COMPIOP ACC	\$ 2000000	
GEVLA	GOREGATE LIMIT APPLIES PER					<del> </del>	
	LILY   JECT				COMBINED SINGLE LIMIT	1000000	
	OBILE LIABILITY	BAP832176605	03/31/01	03/31/02	1200000		
	OTUA Y	DATE DE LA CONTRACTOR D			BCOILY (NJURY (Per person)	8	
	L OWNED AUTÓS				form have and		
	SOTUA DELUCE				SODILY INJURY (Per accident)	\$	
1 20	RED AUTOS	}					
X NO	ON-OWNED AUTOS			}	PROPERTY DAMAGE (Per =crident)	\$	
					AUTO ONLY - EA ACCIDENT	F 8	
				\	FAAC	1.	
	ge liability				OTHER THAN AG		
^	INY AUTO				EACH OCCURRENCE	1	
					AGGREGATE	\$	
I. L	ES LIABILITY				AGGREGATE	3	
1 11	OCCUR CLAIMS MADE					\$	
				}		3	
1 1	DEDUCTIBLE				WC STATU-	H-	
	RETENTION &	1			TORY LIMITS	3	
WORKERS COMPENSATION AND		PERMISSIVELY SELF INCOMES		}	E.L. DISEASE - EA EMPLO	YEE \$	
SMP	Men a proper and constant	AFWEIGHT AND		1	E.L. DISEASE - POLICY LE	MIT \$	
					E.L. Dideota i Onio i e		
	12 m			j			
OTH	iun	\					
			MENENT/CBECIAL BECK	MEIONS			
	TOU OF OPERATIONS/LOCATION	IBVEHICLESIEKOLUSIONS ADDED BY ENOU	ORMENENTIONECIAL PRO 1 TRATIQUO PER	CG 2010.			
pes:sup	CERTIFICATE HOLDS	BY ENDITIONAL NAMES	A THEATTER -				
I BE TREE (							
ļ							
[			CANCEL	ATION			
L	TIFICATE HOLDER Y	ADDITIONAL INSURED: INSURER LETTER	11		SCRIBED POLICIES HE CANCE	LLED BEFORE THE EXPIR	
CERT	CIPICATE HOLDER	C	DEADLER	DEAD THE ISSUING IN	SURER WILL TRIBELLENCE		
ļ			DATETHE	THE CENTIFICATE H	OLDER NAMED TO THE LEFT,		
			потае т	J THE CONTINUENTER	استهور بويستان ومدارا بارجهانات	والمستخد والمستخدم والمستحد والمستحد	
'	county of Si	anta Crus					
County of Santa Crus Attn: John Swenson 701 Ocean Street Ste. 330 Santa Crus CA 95060				Mick Mascitelli Mikulan A Minstallin GACORD CORPORATION			

POLICY NUMBER: GLO832176705

**COMMERCIAL GENERALLIABILITY** 

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:

COUNTY OF SANTA CRUZ, ITS OFFICIALS, EMPLOYEES, AGENTS AND VOUNTEERS.

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

WHO IS AN INSURED (Section!) is amended to include as an insured the person or organization shown in the schedule, &utonly with respect to liability arising out of your ongoing operations performed for that insured.

92:8 19 18 AW 13: 26

CG 20 10 10 93

48

VSS EMUL SAC

TU: MONWAN 0256

S Emultech Sac 2000

GEORGE DEUKMEHAN, COMME

### DEPARTMENT OF INDUSTRIAL RELATIONS

SELF-INSURANCE PLANS SACRAMENTO, CA 95825 05 (016) 974-4866

STATE OF CALIFORNIA



ADDRESS REPLY TO.

2848 ARDEN WAY, SUITE 105
SACRAMENTO, CA 95825

## CERTIFICATE OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. 2106-C was issued by the Director of Industrial Relations Ko:

#### VALLEY SLURRY SEAL COMPANY

under the provisions of Section 3700, Labor Code of California, an August 1, 1988. The Certificate is nou'and has been in full force and effect since that date.

Dated at Sacramento, California This 12th day of September, 1988

MARK B. ASHCRAFT, Manager

Self-Insurance Plans

MBA: fa

cc:BASIC RESOURCES

Artn: M\$. Carol vierra

928 12th Street Administrator

P. O. Box 3191

Modesto, CA 95353

(Original)

· CC! Kem Oct

### 025**7**

COUNTY OF SANTA CRUZ
RE UEST FOR APPROVAL OF AGREEMENT

		INE UESTION	APPROVAL	/ AONELIN			
TO:	Board of Supervisors County Administrative Office Auditor Controller	FROM: BY:		C WORKS What appropriate	(Si	gnature)	Department)  10.02 (Date)
AGREE	EMENTTYPE (Check One)		Expenditure Agree	ment 🗌	Revenue Agreeme	ent 🔲	
<del></del>	pard of Supervisors is hereby re	equested to approve the	attached agreemer	t and authorize tl	he execution <b>of S</b>	me.	
	d agreement is <b>between</b> the VSS EMULTECH d <u>3785 Channel Dr</u>			95691		,	ent/Agency) ne/Address)
2. Th	e agreement will provide $-\!-\!\mathrm{st}$	andby time fo	or loading	and sprea	ding aspha	1t	
	emulsionfor the	2000/2001 Pay	vement Mana	gement Pr	ogram Chip	Seal Pro	oject_
	riod of the agreement is from _ increase ticlpated <b>经帐场s \$8.410</b>	_					
Re	emarks: <u>Contract \$19</u>	9,410: 7% Ove	rhead \$1,358	5.70; Tot	tal 20,768.70	)	
	Section III Board lett	nents List for FY letter required, will be li er required	, <b>Page</b> CC sted under Item <b>8</b>	_ Contract No:	OR	R ☐ 1 <sup>st</sup> Time	Agreement
1	V Section IV Revenue / propriations/Revenues are ava	Agreement ilable and are budgeted PPROPRIATIONS ARE IN	621100!401	25!3596!	(Index)	610 <b>/</b> 590 <b>/</b> 5-60	(Sub object)
Appro	priations available and are not	d have been encumb	oered. <b>By:_</b>	Actino: 12 Actino 9. Juditor-Controller	Vila Desputy	Date:_!/3/	102
Propo	sal and accounting detail revie	wed and approved. It is	recommended that	the Board of Su	ipervisors approve t	he agreement a	and authorize
Dir	ector of Public W	orks ([	Dept/Agency Head)	to execute on <b>be</b>	thalf of the Dep	artment	of
Date	lic Works 2/1/02 :bbs		By:	unty Administrati	Lint Live Office	(Depart	ment/Agency)
Distri	ibution: Board of Supervisors - Whi Auditor Controller – Canary Auditor-Controller – Pink Department – Gold	County of San  State of Califor  proved by said	ta Cruz	<b>fy</b> that the <b>foreg</b> <b>rs</b> as recommen	ded by the County A	proval of agree	ment was ap-
	ADM - 29 (8/01) Title I, Section 300 Proc M	lan By: Deputy Cl	erk				
AUD	TOR-CONTROLLER USE ONLY						
_CO_	cocument No. JE Am	ount Line	s H/TL		(eyed By	Date	
TC1		¢	- 11/12	r	/	Jac	
ICI.	Auditor <b>Description</b>	Am	nount	Index	Sub object	User Code	48