

FIRST AMENDMENT TO
PROFESSIONAL CONSULTANT SERVICES AGREEMENT

CARBON ACTIVATED CORPORATION

Granular Activated Carbon Testing (No. RPU-2018)

THIS FIRST AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES AGREEMENT (“First Amendment”) is made and entered into this 20th day of April, 2022, by and between the CITY OF RIVERSIDE, a California charter city and municipal corporation (“City”), and CARBON ACTIVATED CORPORATION, a California corporation (“Consultant”), with respect to the following:

RECITALS

A. The City and Consultant entered into that certain Professional Consultant Services Agreement dated January 14, 2021 (“Agreement”), for Granular Activated Carbon Testing (No. RPU-2018), which expires on December 31, 2021.

B. The City and Consultant desire to extend the term of the Agreement by one (1) year, until December 31, 2022.

NOW, THEREFORE, incorporating the recitals set out above, the parties hereto mutually agree to the following amendment to the Agreement.

1. Section 2, Term, is hereby amended to extend the term of the Agreement by one (1) year, to December 31, 2022.

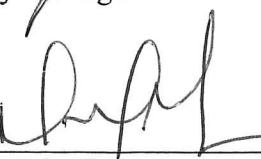
2. All other terms and conditions of the Agreement between the parties, which are not inconsistent with the terms of this First Amendment, shall remain in full force and effect as if fully set forth herein.

[SIGNATURES ON FOLLOWING PAGE.]

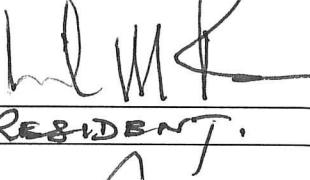
IN WITNESS WHEREOF, the parties hereto have caused this First Amendment to Professional Consultant Services Agreement to be duly executed the day and year first above written.

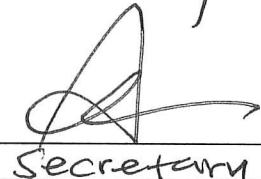
CITY OF RIVERSIDE,
a California charter city and municipal
corporation

By: 
City Manager

Attest: 
Donesia Gause
City Clerk

CARBON ACTIVATED
CORPORATION,
a California corporation

By: 
Its: President

By: 
Its: Secretary

Certified as to Availability of Funds:

By: 
Chief Financial Officer

Approved as to Form:

By: 
Susan D. Wilson
Assistant City Attorney

DEPARTMENT HEAD APPROVAL FORM
Contracts/Agreements

DATE: 12/9/2021

(1)

(2)

PARTIES: Calgon Carbon Corporation and Carbon Activated Corporation

PROJECT DESCRIPTION: The analysis completed under this proposal will compare GAC to treat and reduce the amount of PFAS at RPU's point-of-compliance at 7th and Chicago.

SCOPE OF CONTRACT/SERVICE: Each Company shall provide and dispose of 20,000 lbs of virgin and reactivated GAC at up to two treatment facilities.

IF AN AMENDMENT, REASON FOR AMENDMENT (e.g., more time needed, additional scope added, extension permitted from original contract, etc.); extension from original contract.

DEPARTMENT: Public Utility- Water Operations

BUDGET ACCOUNT (GL Key and Object): 6210000-421000 *ag*

DEPT. HEAD APPROVAL: *Leslie C*

PROCUREMENT:

Verification that procurement of goods, services, construction, etc., was done in conjunction with the City's purchasing policies and procedure:

(X) Formal Procurement (Bid #, RFP #, panel, etc.): RFP 2018

() Informal Procurement (Three quotes, single/sole source, under non-bidding threshold, etc.): _____

() Emergency Procurement (date, event, etc.): _____

() Requisition Number: TBD

(X) Date Approved by City Council/Board: January 11, 2021 2/24/2022

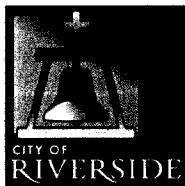
Purchasing Division Validation: Jairo Cortez Date: 1-25-2022
Per Purchasing Resolution 23812

PLEASE RETURN TO: Leslie Mitchell, City Clerk's Office, Ext. 4276, LMitchell@riversideca.gov
g:\deptcommon\masters\agreements\Dept Head Approval Slip_122017

Effective: Extended to 12/31/22

NTE: \$116,000

YTD Available: \$677,878.56 as of 01/25/22



City of Arts & Innovation

BOARD OF PUBLIC UTILITIES DRAFT MINUTES

MONDAY, APRIL 11, 2022, 6:30 P.M.
PUBLIC COMMENT IN-PERSON/TELEPHONE
ART PICK COUNCIL CHAMBER
3900 MAIN STREET, RIVERSIDE, CA 92522

FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENTS - GRANULAR ACTIVATED CARBON TESTING

The Board of Public Utilities (1) approved the First Amendments to the Professional Services Agreements with Calgon Carbon Corporation and Carbon Activated Corporation for Granular Activated Carbon Testing to extend the terms to December 31, 2022; and (2) authorized the City Manager, or his designee, to execute the First Amendments to the Professional Services Agreements with Calgon Carbon Corporation and Carbon Activated Corporation including making minor and non-substantive changes and to sign all documents and instruments necessary to complete the transactions.

CHANGE ORDER AUTHORITY INCREASE FOR FISCAL YEAR 2021-22 COMMERCIAL LEASE AGREEMENT - CLEARWATER GENERATION FACILITY SHOP AND OFFICE SPACE - 1700 RAILROAD STREET, CORONA

The Board of Public Utilities approved a change order for the Fiscal Year 2021-22 Commercial Lease costs with Ronald L. Judd and Kathryn K. Judd, in the total amount of \$7,536.

ANNUAL INTEREST RATE OF 0.10 PERCENT TO BE PAID ON CUSTOMER DEPOSITS, AS PROVIDED BY RIVERSIDE PUBLIC UTILITIES' ELECTRIC AND WATER RULES

The Board of Public Utilities approved the annual interest rate of 0.10% for customer deposits.

DISCUSSION CALENDAR

SOUTHERN CALIFORNIA PUBLIC POWER AUTHORITY SEMI-ANNUAL EXPENDITURES REPORT

Following discussion, it was moved by Member Oceguera and seconded by Member Goldware to (1) receive and order filed the Southern California Public Power Authority semi-annual expenditure report for July 2021 through December 2021; and (2) forward a recommendation to City Council to receive the Southern California Public Power Authority semi-annual expenditure report for July 2021 through December 2021. The motion carried unanimously.

CLOSED SESSION

The Board of Public Utilities adjourned to closed session pursuant to Government Code §54956.9(d)(1) to confer with and/or receive advice from legal counsel concerning City of Riverside v. Black & Decker (U.S), Inc., et al., LACSC Case No. BC 410878.

The Board of Public Utilities reconvened at 7:34 p.m. with Chair Crohn presiding and all Board Members present.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2021

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 Tegler-Miller Insurance Brokers 2001 Wilshire Blvd, Suite 101 Santa Monica CA 90403 | CONTACT NAME: Jeremy Ervin | |
| | PHONE (A/C, No. Ext): 310-526-1743 | FAX (A/C, No): |
| INSURED Carbon Activated Corp. 2250 S. Central Ave. Compton CA 90220-5603 | E-MAIL ADDRESS: insure@tmib.com | |
| | License#: 0K07568 CARBACT-01 | |
| INSURER(S) AFFORDING COVERAGE | | |
| INSURER A: AIG Specialty Insurance Company | | NAIC # 26883 |
| INSURER B: AIG Casualty Company | | 19402 |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGEs

CERTIFICATE NUMBER: 2079974090

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 X | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | Y | EG23010373 | 10/31/2021 | 10/31/2022 | EACH OCCURRENCE | \$ 1,000,000 | |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | |
| | | | | | | | MED EXP (Any one person) | \$ 25,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | |
| | | | | | | | Pollution Legal | \$ 1,000,000 | |
| EN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER: | | | | | | | | | |
| AUTOMOBILE LIABILITY | | | | | | | | | |
| | ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | OWNED AUTOS ONLY | <input type="checkbox"/> | SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | \$ | |
| | Hired AUTOS ONLY | <input type="checkbox"/> | NON-OWNED AUTOS ONLY | | | | BODILY INJURY (Per accident) | \$ | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| A | UMBRELLA LIAB | X | OCCUR | | EGU 23010374 | 10/31/2021 | 10/31/2022 | EACH OCCURRENCE | \$ 5,000,000 |
| | EXCESS LIAB | | CLAIMS-MADE | | | | AGGREGATE | \$ 5,000,000 | |
| | DED | | RETENTION \$ | | | | | | \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | | | |
| | NON-PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | Y / N | N / A | | | PER STATUTE | OTH- ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ | |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| B | Pollution Liability | | | EG23010373 | 10/31/2021 | 10/31/2022 | Each Loss Claims Made | 1,000,000 | |

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

City of Riverside, and its officers, employees and agents is additional insured with regards to General Liability per attached endorsements.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| City of Riverside 2911 Adams Street Riverside CA 92504 | 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 |

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2021

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 Newport Beach-Alliant Insurance Services, Inc. 1301 Dove St Ste 200 Newport Beach CA 92660 | CONTACT NAME: <input type="text" value="Amanda Vezzani"/> | |
| | PHONE (A/C, No. Ext): <input type="text" value="949-660-5958"/> FAX (A/C, No): <input type="text"/> | |
| INSURED Carbon Activated Corporation 2250 S Central Ave, 250 E. Manville St. & 172 E. Manville St. Compton CA 90220 | E-MAIL <input type="text" value="avezzani@alliant.com"/> | |
| | ADDRESS: <input type="text"/> | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Federal Insurance Company | 20281 |
| | INSURER B: <input type="text"/> | |
| | INSURER C: <input type="text"/> | |
| INSURER D: <input type="text"/> | | |
| INSURER E: <input type="text"/> | | |
| INSURER F: <input type="text"/> | | |

COVERAGE(S)

CERTIFICATE NUMBER: 1323209236

REVISION NUMBER:

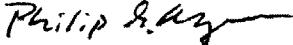
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 | |
|----------|--|--------------|-------------|---------------|----------------------------|----------------------------|---|-----------------------------|
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | | EACH OCCURRENCE <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | MED EXP (Any one person) <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | PERSONAL & ADV INJURY <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | GENERAL AGGREGATE <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | PRODUCTS - COMP/OP AGG <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | | \$ <input type="checkbox"/> |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/> | | | | | | | |
| A | AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> | | | 54309598 | 10/31/2021 | 10/31/2022 | COMBINED SINGLE LIMIT (Ea accident) <input type="checkbox"/> | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | BODILY INJURY (Per accident) <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | PROPERTY DAMAGE (Per accident) <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | | \$ <input type="checkbox"/> |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> | | | | | | EACH OCCURRENCE <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | AGGREGATE <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | | \$ <input type="checkbox"/> |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AN/PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> Y / N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> | | N / A | | | | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| | | | | | | | E.L. EACH ACCIDENT <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | E.L. DISEASE - POLICY LIMIT <input type="checkbox"/> | \$ <input type="checkbox"/> |
| | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Riverside is named as an additional insured per the attached endorsements.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| City of Riverside 2911 Adams St. Riverside CA 92504 | 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  |

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2021

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| | | | |
|---|--|--|------------------------------|
| PRODUCER | | CONTACT NAME: Andy Manale | |
| Manale Insurance Services 817 W. Beverly Blvd. Suite 107 Montebello CA 90640 | | PHONE (A/C No. Ext): (323) 581-4846 | FAX (A/C No): (323) 581-4844 |
| | | E-MAIL ADDRESS: certificates@manaleins.com | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Insurance Company of the West | 27847 |
| INSURED | | INSURER B: | |
| Carbon Activated Corp. 2250 S. Central Ave. Compton CA 90220 | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

| COVERAGEs | | CERTIFICATE NUMBER: | | 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 |
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ |
| | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | | | | | | | GENERAL AGGREGATE \$ |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO <input type="checkbox"/> | | | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS <input type="checkbox"/> | | | | | | BODILY INJURY (Per accident) \$ |
| | Hired AUTOS <input type="checkbox"/> | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | |
| | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> | | | | | | AGGREGATE \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | Y/N <input type="checkbox"/> N/A | WSA 5061179 00 | 7/1/2021 | 7/1/2022 | <input checked="" type="checkbox"/> PER STATUTE \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | OTHER \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

Waiver of Subrogation applies to Worker's Compensation. 10 day notice will be given in the event of non-payment.

CERTIFICATE HOLDER

CANCELLATION

| | | |
|---|--|--|
| City of Riverside 2911 Adams Street Riverside, CA 92504 | 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 | |
| | Andy Manale/VH | |

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