

CHANGE ORDER(s)

AND/OR

LETTER(s) OF EXTENSION

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**CONTRACT CHANGE ORDER AUTHORIZATION NO. 3
DATED AUGUST 24, 2016**

FILED WITH CONTRACT #34042

(SEQUEL CONTRACTORS)

Mark W. Wright



City of Long Beach
Working Together to Serve

Memorandum

Date: August 25, 2016
To: Sean Crumby, Deputy Director/City Engineer
From: Marc Wright, Construction Services Officer
Subject: **CONTRACT CHANGE ORDER TRANSMITTAL MEMO**

PROJECT: Contract-34042 R-7007(b) Improvements of Pacific Avenue between Pacific Coast Highway and Willow Street

CONTRACTOR: Sequel Contractors

CCO#: No. 3

ORIGINATED FROM: Project Development

SOURCE OF FUNDING: CIP (Prop A/C)

REASON: See Attached

COST (CCO#2): \$ 42,629.16

ORIGINAL CONTRACT: \$ 1,023,150.00

APPROVED CONTINGENCY (10%): \$ 102,315.00

ORIGINAL CONTRACT + CONTINGENCY (NOT TO EXCEED): \$ 1,125,465.00

TOTAL AMOUNT OF CCO'S TO DATE (INCLUDING PROPOSED CCO'S): \$ 100,805.16

PERCENT (%) OF CONTINGENCY USED IN CHANGE ORDERS TO DATE (INCLUDING PROPOSED): 9.85%

003 925,984.40
42,629.16
\$ 968,613.56
COLB 17-7072

DEPARTMENT OF PUBLIC WORKS
Engineering Bureau
Certification of Materials or Services
Vendor ID# 1049700
PO/DPPW Pop 16000006
Proj/Projdetail PW 5052-8/30
Grant/Grant detail
Index/Subobject PWCIPCC/21009
By: MDA 9-20-16
Date

OFFICE OF THE CITY MANAGER
CITY OF LONG BEACH
LONG BEACH, CA 90802

Sequel Contractors
13546 Imperial Hwy
Santa Fe Spring, CA 90670

Date: August 24, 2016
R- 7007
Contract No. 34042
Program No.: PW5062 81

PROJECT: Improvements of Pacific Avenue between Pacific Coast Highway
and Willow Street

CONTRACT CHANGE ORDER AUTHORIZATION NO. 3

In accordance with procedures for changes in the work as established in the specifications, you are authorized to do the following:

1. Reduce Contract Bid Item No.55, Asphalt Concrete Pavement, at a unit cost of \$70.00 per TON, (154.13/TON @ \$70.00/TON), as directed by the Project Manager,
for the estimated credit of(\$ 10,789.10)
2. Reduce Contract Bid Item No.56, Asphalt Rubber Hot Mix, at a unit cost of \$80.00 per TON, (307.34/TON @ \$80.00/TON), as directed by the Project Manager,
for the estimated credit of(\$ 24,587.20)
3. Delete Contract Bid Item No.76, PCC Driveway Apron 4" Thick, at a unit cost of \$6.00 per square foot, (3100/SF @ \$6.00/TON), as directed by the Project Manager,
for the estimated credit of.....(\$ 18,600.00)

In accordance with Section 3-3, Extra Work, of the Standard Specifications for Public Works Construction, 2012 Edition, you are authorized to do the following:

4. Compensation due contractor to provide emergency work to repair water service at H-2565 Pacific Avenue, as directed by the Project Manager,
for the estimated cost of.....\$ 2,560.17
5. Compensation due contractor to reinstall 5 bike racks on Pacific Avenue due to revised tree locations, as directed by the Project Manager,
for the estimated cost of.....\$ 1,741.53
6. Provide all labor, materials and equipment to perform additional concrete removal and placement at various locations on Pacific Avenue, as directed by the Project Manager,
for the estimated cost of.....\$ 9,048.99
7. Provide all labor, materials and equipment to perform AC patch work at H-2201 & H-2401 Pacific Avenue, as directed by the Project Manager,
for the estimated cost of.....\$ 842.97

8. Provide all labor, materials and equipment to perform backfilling of low tree wells at various locations on Pacific Avenue, as directed by the Project Manager, for the estimated cost of.....\$ 1,744.20
9. Provide all labor, materials and equipment to adjust water valve boxes and covers at various locations on Pacific Avenue, at a unit cost of \$700.00 each (15/EA @ \$700.00/EA), as directed by the Project Manager, for the estimated cost of.....\$ 10,500.00
10. Provide all labor, materials and equipment to perform removal and placement of PCC Red Banding at various locations on Pacific Avenue, at a unit cost of \$64.97 per square foot (1080/SF @ \$64.97/SF), as directed by the Project Manager, for the estimated cost of.....\$ 70,167.60

TOTAL ESTIMATED INCREASE TO THE CONTRACT COST.....\$ 42,629.16

By signing this change order the Contractor acknowledges that it is familiar with California Civil Code Section 1542, which reads: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor;" and Contractor hereby releases the City from any unknown claims and waives its rights under Section 1542.

The prices set forth herein above shall be considered full compensation for all obligations of the contractor associated with this change order, and the City will not be liable for any claim of the contractor for delays or extra compensation resulting from performance of the requirements of this change order.

TIME FOR COMPLETION OF ALL WORK UNDER THE CONTRACT WILL NOT BE EXTENDED.

Recommended by:

[Signature] 9-15-16
Chief Construction Inspector (Date)

[Signature] 9/15/16
Construction Services Officer (Date)

[Signature] 9/20/16
Project Manager (Date)
Ⓟ 9/20/16

Approved by:

[Signature] 09/19/16
Contractor (Date)

[Signature] 9/21/16
Deputy Director/City Engineer (Date)

Funds are available for this purpose:

[Signature] 9-20-16
Financial Management (Date)

Return completed certificates to:
 City of Long Beach, 10th floor
 333 W. Ocean Boulevard, Risk Mgmt
 Long Beach, California 90802

CERTIFICATE OF INSURANCE
CITY OF LONG BEACH, CA
 ("the City")
 A Municipal Corporation

Only this Certificate
 of Insurance Form
 will be Accepted

This certifies to the City that the following described policies have been issued to the Insured named below and are in force at this time.

Insured: Sequel Contractors, Inc.

Address: 13546 Imperial Highway, Santa Fe Springs, CA 90670

Description of project:

Approved as to Sufficiency: _____
 City Engineer

Approved as to Form: _____, 20____

ROBERT E. SHANNON, City Attorney

Named Insured: Sequel Contractors, Inc.

by _____ Deputy City Attorney

POLICIES AND INSURERS	LIMITS	POLICY NUMBER	EXPIRATION DATE
Workers' Compensation and Employer's Liability Old Republic General Ins. Corp (Name of Insurer)	Statutory workers comp <u>X</u> Employer's liability* \$ <u>1,000,000</u> * Minimum \$1,000,000 per accident	A1CW01471504	10/01/2016
General Liability* Policy form equivalent to: CG 00 01 <u>X</u> CG 00 02 _____ GL 00 02 _____ Old Republic General Ins. Corp (Name of Insurer)	\$ <u>1,000,000</u> per occurrence or \$ <u>N/A</u> per claim \$ <u>2,000,000</u> general aggregate * Minimum \$1,000,000 combined single limit per occurrence and \$2,000,000 General Aggregate	A1CG01471504	10/01/2016
Commercial Auto Liability* Symbol <u>1</u> Old Republic General Ins. Corp (Name of Insurer)	\$ _____ BI per accident \$ _____ PD per accident \$ _____ BI per person or \$ <u>1,000,000</u> combined single limit each accident * Minimum \$1,000,000 combined single limit per occurrence	A1CA01471504	10/01/2016
Excess/Umbrella Liability Claims-made _____ Occurrence <u>X</u> Umbrella _____ Excess <u>X</u> Endurance Risk Solutions Assurance Co. (Name of Insurer)	\$ <u>1,000,000</u> per occurrence or \$ _____ per claim \$ <u>1,000,000</u> general aggregate Self-insured retention \$ <u>None</u>	EXC10007877500	10/01/2016

**GENERAL LIABILITY ENDORSEMENT
CITY OF LONG BEACH
333 WEST OCEAN BLVD., LONG BEACH, CA 90802**

A. POLICY INFORMATION

1. Insurance Company Old Republic General Ins. Corp.; Policy Number A1CG01471504
2. Policy Term (from) 10/01/2015 (to) 10/01/2016 ; Endorsement Effective Date _____
3. Named Insured Sequel Contractors, Inc.
4. Address _____ of _____ Named _____ Insured 13546 Imperial Highway
Santa Fe Springs CA 90670
5. Limit of Liability* Any One Occurrence/Aggregate \$ 1,000,000 Per Occurrence / \$2,000,000 Aggregate
* Minimum \$1,000,000 combined single limit per occurrence with \$2,000,000 General Aggregate
6. Deductible or ~~Self-Insured Retention~~ (Nil unless otherwise specified): \$10,000 Bodily Injury & Property Damage Combined
- Per Occurrence:
7. Coverage is equivalent to:

Comprehensive General Liability Form GL 00 02 (Ed. 1/73)	_____
Commercial General Liability "occurrence" form CG 00 01	_____ X _____
Commercial General Liability "claims-made" form CG 00 02	_____
8. If this policy is "claims-made," the retroactive date is N/A

Note: The City's standard insurance requirements specify "occurrence" coverage. "Claims-made" coverage requires special approval.

B. POLICY AMENDMENTS

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. **INSURED.** The City, its elected or appointed officials, employees, and agents are included as insureds with regard to damages and defense of claims arising from (a) activities performed by or on behalf of the Named Insured, (b) products and completed operations of the Named Insured, or (c) premises owned, leased, or used by the Named Insured. Per attached policy endorsements CG 20 37 and CG 20 10.
2. **CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the Named Insured for or on behalf of the City; or (b) products sold by the Named Insured to the City; or (c) premises leased by the Named Insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its elected or appointed officials, employees, or agents; or stand in an unbroken chain of coverage excess of the Named Insured's schedule underlying primary coverage. In either event, any other insurance maintained by the City, its elected or appointed officials, employees or agents shall be in excess of this insurance and shall not contribute to it. Per attached policy endorsement CG EN GN 0029.
3. **SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
 Insurance Services Office form number GL 00 02 (Ed.1/73), Comprehensive General Liability Insurance and Insurance Services Office form number GL 04 04 Broad Form Comprehensive General Liability endorsement; or

**AUTO LIABILITY ENDORSEMENT
CITY OF LONG BEACH
333 WEST OCEAN BLYD., LONG BEACH, CA 90802**

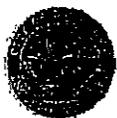
A. POLICY INFORMATION

1. Insurance Company Old Republic General Ins. Corp; Policy Number A1CA01471504
2. Policy Term (from) 10/01/2015 (to) 10/01/2016; Endorsement Effective Date
3. Named Insured Sequel Contractors, Inc.
4. Address of Named Insured 13546 Imperial Highway, Santa Fe Springs CA 90670
5. Limit of Liability* Any One Occurrence/Aggregate \$ 1,000,000 Combined Single Limit
* Minimum \$1,000,000 combined single limit per occurrence
6. Deductible of ~~\$0~~ (Nil unless otherwise specified): \$ 0 (Liability Deductible)

B. POLICY AMENDMENTS

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. **INSURED.** The City, its elected or appointed officials, employees, and agents are included as insureds with regard to damages and defense of claims arising from the ownership, operation, maintenance, use, loading or unloading of any auto owned, leased, hired, or borrowed by the Named Insured, regardless of whether liability is attributable to the Named Insured or a combination of the Named Insured and the City, its elected or appointed officials, employees, and agents. Per attached policy endorsement form CA 20 48.
2. **CONTRIBUTION NOT REQUIRED.** As respects work performed by the Named Insured for or on behalf of the City, the insurance afforded by this policy shall: (a) be primary insurance as respects the City, its elected or appointed officials, employees, or agents; or (b) stand in an unbroken chain of coverage excess of the Named Insured's primary coverage. In either event, any other insurance maintained by the City, its elected or appointed officials, employees, or agents shall be in excess of this insurance and shall not contribute to it. Per attached policy endorsement form CA EN GN 0044.
3. **SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
 - (1) Insurance Services Office form number CA 00 01 ~~0001~~, Code 1 ("Any Auto") ~~and endorsement CA 0001~~
 - (2) If excess, affords coverage which is at least as broad as the primary insurance forms referenced in the preceding section (1).
4. **SEVERABILITY OF INTEREST.** The insurance afforded by this policy applies separately to each insured which is seeking coverage or against whom a claim is made or a suit is brought, except with respects to the Company's limit of liability, as per the Business Auto Policy Form CA 00 01 10 13.



**WORKER'S COMPENSATION/EMPLOYERS LIABILITY ENDORSEMENT
CITY OF LONG BEACH
333 WEST OCEAN BLVD., LONG BEACH, CA 90802**

A. POLICY INFORMATION

1. Insurance Company Old Republic General Ins. Corp ("the Company");
Policy Number A1CW01471504
2. Effective date of this ~~Endorsement~~ Policy 10/01/2015 Expiration Date 10/01/2016
3. Named Insured Sequel Contractors, Inc.
4. Employer's Liability Limit*(Coverage B) \$ - Bodily Injury by Accident - Each Accident: \$1,000,000
* Minimum \$1,000,000 per accident - Bodily Injury by Disease - Each Employee: \$1,000,000
- Bodily Injury by Disease - Policy Limit: \$1,000,000

B. POLICY AMENDMENTS

This endorsement is issued in consideration of the policy premium and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. CANCELLATION NOTICE. The insurance afforded by this policy shall not be cancelled, nonrenewed, reduced in coverage, or materially changed in coverage or limits except after thirty (30) days' prior written notice by certified mail return receipt requested has been given to the City. Such notice shall be addressed as shown in the heading of this endorsement. **Except 10 Days Notice of Cancellation for Non-Payment of Premium.
2. WAIVER OF SUBROGATION. The Insurance Company agrees to waive all rights of subrogation against the City, its elected or appointed officials, agents, and employees for losses paid under the terms of this policy which arise from work performed by the Named Insured for the City. Per attached endorsement form WC 99031

C. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, William S. Wooditch (print/type name), warrant that I have authority to bind the below listed insurance company and by my signature hereon do so bind this company.

William S. Wooditch
SIGNATURE OF AUTHORIZED REPRESENTATIVE (original signature required on endorsement furnished to the City)

TITLE: President DATE: 10/01/2015

ADDRESS: 1 Park Plaza, Suite 400, Irvine, CA, 92614

TELEPHONE: (949) 553 - 9800 FAX NUMBER: (949) 553-0670