

OFFICE OF THE CITY ATTORNEY  
CHARLES PARKIN, City Attorney  
333 West Ocean Boulevard, 11th Floor  
Long Beach, CA 90802-4664

CONTRACT

**34037**

1  
2  
3 THIS CONTRACT is made and entered, in duplicate, as of July 24, 2015 for  
4 reference purposes only, pursuant to Resolution No. RES-15-0093, adopted by the City  
5 Council of the City of Long Beach at its meeting on July 21, 2015, by and between  
6 METER, VALVE & CONTROL, INC., a California corporation ("Contractor"), with a place  
7 of business at 1499 Sunnybrook Road, Alamo, California 94507, and the CITY OF LONG  
8 BEACH ("City"), a municipal corporation.

9 WHEREAS, the City requires gas meters and related equipment and parts  
10 in conjunction with the Advanced Metering Infrastructure Project, which includes the  
11 installation and/or retrofit of approximately 150,000 gas meters; and

12 WHEREAS, City did by Resolution No. RES-15-0093 determine that the  
13 City's need to purchase gas meters and related equipment and parts could only be met  
14 by Contractor and, by reason of the foregoing, no useful purpose would be served by  
15 advertising for bids to purchase such gas meters and related equipment and parts, and to  
16 do so would constitute an idle and useless act and an unnecessary expenditure of public  
17 funds;

18 NOW, THEREFORE, in consideration of the mutual terms and conditions  
19 contained herein, the parties agree as follows:

20 1. Contractor shall sell, furnish and deliver to City gas meters and  
21 related equipment and parts in conjunction with the Advanced Metering Infrastructure  
22 Project, attached hereto as Exhibit "A" and incorporated herein by reference, as  
23 authorized by Resolution No. RES-15-0093.

24 2. City shall pay Contractor in due course of payments, following  
25 receipt of an invoice from Contractor and upon acceptance from City, for gas meters and  
26 related equipment and parts, the prices shown in Exhibit "A", a sum not to exceed Two  
27 Hundred Thousand Dollars (\$200,000) annually.

28 3. The term of this Contract shall commence on August 1, 2015, and

OFFICE OF THE CITY ATTORNEY  
CHARLES PARKIN, City Attorney  
333 West Ocean Boulevard, 11th Floor  
Long Beach, CA 90802-4664

1 shall terminate at midnight on July 31, 2017 unless sooner terminated as provided herein.  
2 The Parties have the option to extend the term for one (1) additional one-year period.  
3 The City may terminate this Contract by giving thirty (30) days prior notice of termination  
4 to Contractor.

5 4. Neither this Contract nor any of the moneys that may become due  
6 Contractor hereunder may be assigned without the prior written consent of City.

7 5. Any notices required hereunder or desired to be given by either party  
8 shall be in writing and personally delivered or deposited in the U.S. Postal Service, first  
9 class postage prepaid, addressed to Contractor at the address stated herein, and to City  
10 at 333 West Ocean Boulevard, Long Beach, California 90802 Attn: City Manager. Notice  
11 shall be deemed given on the date personal delivery is made or on the date of deposit in  
12 the mail, whichever first occurs.

13 6. City shall have the benefit of any warranty from the manufacturer on  
14 the gas meters and related equipment and parts, and Contractor warrants that the gas  
15 meters and related equipment and parts are in good working order and free from defect  
16 at the time of delivery.

17 ///  
18 ///  
19 ///  
20 ///  
21 ///  
22 ///  
23 ///  
24 ///  
25 ///  
26 ///  
27 ///  
28 ///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

IN WITNESS WHEREOF, the parties have signed this document with all the formalities required by law as of the date first stated above.

METER, VALVE & CONTROL, INC., a California corporation

September 2, 2015

By [Signature]  
Name Scott K Hearold  
Title Vice President

September 2, 2015

By [Signature]  
Name Karen C. Hearold  
Title President

"Contractor"

CITY OF LONG BEACH, a municipal corporation

Oct. 5, 2015

By [Signature]  
City Manager  
Assistant City Manager

"City"

This Contract is approved as to form on September 16, 2015.

CHARLES PARKIN, City Attorney

By [Signature]  
Deputy

OFFICE OF THE CITY ATTORNEY  
CHARLES PARKIN, City Attorney  
333 West Ocean Boulevard, 11th Floor  
Long Beach, CA 90802-4664

# EXHIBIT "A"



# Meter, Valve & Control

1499 SUNNYBROOK ROAD  
ALAMO, CA 94507

# Quote

Date	Quote #
1/28/2015	4617

Name / Address
CITY OF LONG BEACH 2400 EAST SPRING STREET LONG BEACH, CA 90806

Ship To
LONG BEACH GAS AND OIL BUSINESS OPERATIONS BUREAU FIN SVCS DIV 2400 EAST SPRING STREET LONG BEACH, CA 90806

LEAD TIME	PAYMENT	FOB	SALES REP	FREIGHT TERMS
6 WEEKS ARO	NET 30	FACTORY	DW	PP&ADD

Item	Description	Qty	Cost	Total
	QUOTE FOR ERIC - CITY OF LONG BEACH - ITRON DIAPHRAGM METERS			
	QUANTITY 1-9			
GMC-400ANT-LB-M08183	**ITRON 400A GAS METER - QUANTITY 1-9** ITRON 400A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, #4 TOP, CIRCLE DIAL INDEX IN CF, 10 PSIG MAX CASE PRESSURE	1	170.00	170.00
GMI-675ANT-LB-M12082	**ITRON 675A GAS METER - QUANTITY 1-9** ITRON 675A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC,#4 TOP, CIRCLE DIAL INDEX, CASE PRESSURE 25 PSIG	1	624.00	624.00
GMI-800ANT-LB-TBD	**ITRON 800A GAS METER - QUANTITY 1-9** ITRON 800A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, TOP SIZE TBD, CIRCLE DIAL INDEX,CASE PRESSURE 25 PSIG.	1	657.00	657.00
GMI-1000ANT-LB-TBD	**ITRON 1000A GAS METER - QUANTITY 1-9** ITRON 1000A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, TOP SIZE TBD, CIRCLE DIAL INDEX, CASE PRESSURE 25 PSIG.	1	690.00	690.00
	QUANTITY 10+			
GMC-400ANT-LB-M08183	**ITRON 400A GAS METER - QUANTITY 10+** ITRON 400A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, #4 TOP, CIRCLE DIAL INDEX IN CF, 10 PSIG MAX CASE PRESSURE	10	160.00	1,600.00
GMI-675ANT-LB-M12082	**ITRON 675A GAS METER - QUANTITY 10+** ITRON 675A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC,#4 TOP, CIRCLE DIAL INDEX, CASE PRESSURE 25 PSIG	10	587.00	5,870.00

Prices are firm for 30 days, subject to change without notice after 30 days. Returns are subject to a 30% restocking charge, and must be in good condition and in original packaging for MV&C evaluation.

**Total**

Phone #	Fax #	E-mail	Sales Manager	Website
877-566-3837	(925) 407-2903	scott@mvandc.com	Scott Henrich	www.mvandc.com



# Meter, Valve & Control

1499 SUNNYBROOK ROAD  
ALAMO, CA 94507

## Quote

Date	Quote #
1/28/2015	4617

Name / Address
CITY OF LONG BEACH 2400 EAST SPRING STREET LONG BEACH, CA 90806

Ship To
LONG BEACH GAS AND OIL BUSINESS OPERATIONS BUREAU FIN SVCS DIV 2400 EAST SPRING STREET LONG BEACH, CA 90806

LEAD TIME	PAYMENT	FOB	SALES REP	FREIGHT TERMS
6 WEEKS ARO	NET 30	FACTORY	DW	PP&ADD
Item	Description	Qty	Cost	Total
GMI-800ANT-LB-TBD	**ITRON 800A GAS METER - QUANTITY 10+** ITRON 800A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, TOP SIZE TBD, CIRCLE DIAL INDEX, CASE PRESSURE 25 PSIG.	10	619.00	6,190.00
GMI-1000ANT-LB-TBD	**ITRON 1000A GAS METER - QUANTITY 10+** ITRON 1000A GAS METER PER CITY OF LONG BEACH STANDARDS, NTC, TOP SIZE TBD, CIRCLE DIAL INDEX, CASE PRESSURE 25 PSIG.	10	649.00	6,490.00
	SHIPPING CHARGES - TO BE DETERMINED Sales Tax Los Angeles Co and State Sales Tax		2,006.20	2,006.20
Prices are firm for 30 days, subject to change without notice after 30 days. Returns are subject to a 30% restocking charge, and must be in good condition and in original packaging for MV&C evaluation.				<b>Total</b> \$24,297.20
Phone #	Fax #	E-mail	Sales Manager	Website
877-566-3837	(925) 407-2903	scott@mvandc.com	Scott Henrich	www.mvandc.com



# General Endorsement

POLICY NUMBER  
**BZS (16) 55 91 62 40**  
Policy Period:  
**From 08/21/2015 To 08/21/2016**  
12:01 am Standard Time  
at Insured Mailing Location

This Endorsement Changes The Policy. Please Read it Carefully.

PRIMARY WORDING & NON-CONTRIBUTORY  
BP1488 (07/13) TO BE READ:  
CITY OF LONG BEACH, ITS BOARDS,  
COMMISSIONS, OFFICIALS, EMPLOYEES  
AND AGENTS  
2400 EAST SPRING STREET  
LONG BEACH, CA 90806

APPROVED AS TO SUFFICIENCY  
*Michael Altes*  
CITY OF LONG BEACH  
DATE: 9/9/15

To report a claim, call your Agent or 1-800-362-0000

BP 70 02 01 01

Page 1 of 2

55516240

000801

270

of 12

11





Coverage Is Provided In:  
Ohio Security Insurance Company - a stock company

Policy Number:  
**BZS (16) 55 91 62 40**  
Policy Period:  
**From 08/21/2015 To 08/21/2016**  
Endorsement Period:  
**From 08/21/2015 to 08/21/2016**  
12:01 am Standard Time  
at Insured Mailing Location

**Policy Change Endorsement**

**Named Insured & Mailing Address**

**Agent Mailing Address & Phone No.**

METER, VALVE & CONTROL, INC.  
1499 SUNNYBROOK RD  
ALAMO, CA 94507

(650) 964-8000  
HUB INTERNATIONAL INS SERVS INC  
2300 CLAYTON RD STE 300  
CONCORD, CA 94520-2175

**CHANGES TO POLICY - TRANSACTION # 3**

**This Policy Change Endorsement Results In A Change In The Charges As Follows:**

No Change in Premium

**Description of Change(s)**

Adding AI Name for Primary Wording &  
Non-Contributory per General Endorsement (BP7002)  
attached: City of Long Beach, Its Boards,  
Commissions, Officials, Employees and Agents.  
2400 East Spring Street, Long Beach, CA 90806.  
See The Revised Declarations and Declarations Schedule

Servicing Office Northern California  
and Issue Date 08/27/15

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000

DS 70 27 01 08  
55916240

N0161104 270

GCAFPNO

INSURED COPY

000801

PAGE 1 OF 12

08/27/15



55916240

000801

270

of 12

1

**DECLARATIONS EXTENSION (continued)**

**Additional Premium: INCLUDED**

**44-231 - PRIMARY & NON-CONTRIBUTORY WORDING**

**CITY OF LONG BEACH, ITS BOARDS, COMMISSIONS,  
OFFICIALS, EMPLOYEES AND AGENTS  
2400 EAST SPRING STREET  
LONG BEACH, CA 90806**

**Date Issued:07/31/2015**

**17-59 (06/94)**

08/21/2014

1067551

NN239747 3107

**AGENT COPY**

PGDM060D J05913

GEONLYST 00064750 Page

6



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/15/2015

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 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).

<b>PRODUCER</b> <b>SINCLAIR INSURANCE</b> PO Box 722 Danville, CA 94526	<b>CONTACT NAME:</b> PHONE (A.C. No. Ext): (888) 803-1790      FAX (A.C. No.): (888) 803-1790 EMAIL: andy@sinclairinsurance.com ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC#</b>	
<b>INSURED</b> Meter, Valve & Control, Inc 1499 Sunnybrook Rd Alamo, CA 94507	<b>INSURER A:</b> Farmers Insurance Exchange      21652	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	


**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	AGGL INSR	NON WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			605062130	11-18-14	11-18-15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			<b>APPROVED AS TO SUFFICIENCY</b> <i>M. Keel</i> <b>CITY OF LONG BEACH</b> DATE: 5/12/15			EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR-PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

The City of Long Beach, its boards, commissions, officials, employees, and agents, 2400 East Spring St., Long Beach, CA 90806

<b>CERTIFICATE HOLDER</b> City of Long Beach 2400 East Spring St. Long Beach, CA 90806	<b>CANCELLATION</b> 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 
---	--



# CERTIFICATE OF LIABILITY INSURANCE

METEVAL-01

MOSA

DATE (MM/DD/YYYY)  
5/18/2016

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 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).

<b>PRODUCER</b> Automatic Data Processing Insurance Agency, Inc 1 ADP Boulevard Roseland, NJ 07068	<b>CONTACT NAME:</b> PHONE: _____ FAX: _____ E-MAIL: _____ ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: AmGuard Insurance Company</td> <td>42390</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AmGuard Insurance Company	42390	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: AmGuard Insurance Company	42390														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> <b>METER, VALVE &amp; CONTROL INC</b> 1499 SUNNYBROOK RD Alamo, CA 94507															

**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.

TYPE OF INSURANCE	INDUSTRY (INSR)	CLASSIFICATION (WV)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (5% occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (E & BODILY) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MEWCS844063	12/23/2014	12/23/2016	<input checked="" type="checkbox"/> WC STATE-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYER \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>  City of Long Beach 2400 EAST SPRING STREET Long Beach, CA 90806	<b>CANCELLATION</b>  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 
--	--

© 1988-2010 ACORD CORPORATION. All rights reserved.