

**SECOND AMENDMENT TO THE AGREEMENT FOR PROJECT SERVICES  
BETWEEN  
THE CITY OF REDONDO BEACH  
AND  
CITY NET**

THIS SECOND AMENDMENT TO THE AGREEMENT FOR PROJECT SERVICES ("Second Amendment") is made between the City of Redondo Beach, a chartered municipal corporation ("City") and City Net, a California Nonprofit 501(c)(3) corporation ("Consultant").

WHEREAS, on November 7, 2023, the parties hereto originally entered into that certain Agreement for Project Services between the City and Consultant ("Agreement"); and

WHEREAS, on May 21, 2024, the parties hereto entered into the First Amendment to the Agreement for Project Services between the City and Consultant (the First Amendment); and

WHEREAS, City and Consultant desire to amend the Agreement pursuant to the terms and conditions set forth herein.

NOW, THEREFORE, the parties hereby agree to make the following amendments to the Agreement:

1. Term and time of Completion. Exhibit B is amended to include the following:  
The expiration of this Agreement shall be extended to October 30, 2024.
2. Modification. Except as expressly set forth herein, the Agreement shall continue in full force and effect. The Agreement and First Amendment together with this Second Amendment constitutes the entire agreement between the parties and supersede any previous oral or written agreement. In the event of any inconsistency between this Second Amendment, the First Amendment and the Agreement the terms of this Second Amendment shall prevail. This Second Amendment may be modified or amended only by a subsequent writing executed by all of the parties.

**[SIGNATURES ON FOLLOWING PAGE]**

IN WITNESS WHEREOF, the parties have entered into this Second Amendment as of this 30th day of July, 2024.

**CITY OF REDONDO BEACH**  
A chartered municipality

**CITY NET**  
a California Nonprofit 501(c)(3) Corporation

\_\_\_\_\_  
James A. Light, Mayor

DocuSigned by:  
*Matt Bates*  
337A3123BD0F495...  
By: \_\_\_\_\_  
Name: Matt Bates  
Title: Chief operating officer

ATTEST:

APPROVED:

\_\_\_\_\_  
Eleanor Manzano, City Clerk

DocuSigned by:  
*Diane Strickfaden*  
ABED8CF35EEF48C...  
\_\_\_\_\_  
Diane Strickfaden, Risk Manager

APPROVED AS TO FORM:

\_\_\_\_\_  
Michael W. Webb, City Attorney



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2024

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).

<b>PRODUCER</b> Digital Insurance LLC - Clayton, MO 8235 Forsyth Blvd #1200 Clayton MO 63105	<b>CONTACT</b> NAME: Tracey Bruce PHONE (A/C, No, Ext): 314-746-4700 E-MAIL ADDRESS: tracey.bruce@onedigital.com	<b>FAX</b> (A/C, No): 314-889-3700
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Philadelphia Indemn Insurance		18058
INSURER B: Service American Indemnity Co		39152
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES**

CERTIFICATE NUMBER: 50748872

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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2663022	3/1/2024	3/1/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2663022	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB903241	3/1/2024	3/1/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	<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 <input type="checkbox"/>	N/A	SATIS0488702	3/1/2024	3/1/2025	PER STATUTE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional			PHPK2663022	3/1/2024	3/1/2025	Limit 1,000,000 Aggregate 2,000,000

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

Sexual/Physical Abuse: Philadelphia Indemnity Ins. Co. Policy #PHPK2507706, Effective 3/1/24 - 3/1/25, Limits: Each Abusive Conduct Limit: \$1,000,000, Aggregate Limit: \$1,000,000

Cyber: Arch Specialty Insurance Company Policy #C4LPY047969CYBER2022A, Effective 3/1/24 - 3/1/25, Limit: \$2,000,000 Retention \$5,000  
10 Days Notice of Cancellation for non-payment/ 30 Days Notice other than non-payment- Coverage is Primary & Non-Contributory. Waiver of Subrogation  
Included when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Redondo Beach  
415 Diamond Street  
Redondo Beach CA 90277  
USA

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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