### **EXHIBIT A**

# CITY OF ST. HELENA PUBLIC WORKS PROJECT WORK ORDER NO. 17-020-RGH4

PROJECT NAME: Wastewater Treatment Plant Levee Repairs

Attachments:

CITY PROJECT MANAGER: Tobias Barr CONSULTANT PROJECT MANAGER: Eric Chase
SCOPE OF SERVICE: See Consultant's Scope of Services/Proposal for Services and Fee Schedule date July 5, 2017 attached as Exhibit B-1.
START DATE: July 17, 2017 COMPLETION DATE: October 16, 2017
NOT-TO-EXCEED AMOUNT FOR THIS PROJECT: \$2,400
TERMS AND CONDITIONS: This Project Work Order is issued and entered into as of the last date writte below in accordance with the terms and conditions set forth in the "Master Professional Services Agreement with RGH Consultants, dated August 11, 2015, which is hereby incorporated and made part of this Project Work Order. In the event of a discrepancy or conflict between the terms and conditions of the Project work Order and the Master Agreement, the Master Agreement shall govern.
By: Date: 727 Date: 127 Da
[CONSULTANT] A California corporation (or name other state, or LLC, sole proprietor, etc.)  By:
APPROVED AS TO FORM:  By:  Name:/Thomas B. Brown  Title: City Attorney

 $\underline{Exhibit\,B\text{--}1}$  - Consultant's proposal and fee for services for this Project Work Order

Work Order #	Vendor Name		<u>Amount</u>	<u>Balance</u>	Comments
15-001-GV1	Green Valley (GV)	lizellis@gvalley.com	\$17,950.00	\$250,000.00	Fully Executed Scan to File 9.16
15-002-CL1	Coastland (CL)	wanger@coastlandcivil.com	\$44,783.00	\$232,050.00	Fully Executed Scan to File 9.30
15-003-IW1	Interwest (IW)	mkashiwagi@interwestgrp.com	\$2,600.00	\$187,267.00	Fully Executed Scan to File 9.30
15-004-RGH1	RGH (RGH)	kgregory@rghgeo.com	\$8,533.00	\$184,667.00	Fully Executed Scan to File 10.7
15-005-GHD1	GHD (GHD)	ted.whiton@ghd.com	\$29,824.00	\$176,134.00	Fully Executed Scan to File 10.13
15-006-GV2	Green Valley (GV)	lizellis@gvalley.com	\$5,000.00	\$146,310.00	To April for signature 11.23
15-007-CL2	Coastland (CL)	wanger@coastlandcivil.com	\$42,000.00	\$141,310.00	Fully Executed Scan to File 12.28
16-001-GV3	Green Valley (GV)	lizellis@gvalley.com	\$1,550.00	\$99,310.00	
16-002-IW2	Interwest (IW)	mkashiwagi@interwestgrp.com	\$10,600.00	\$97,760.00	Fully Executed Scan to File 4/18/16
16-003-GV4	Green Valley (GV)	lizellis@gvalley.com	\$10,700.00	\$87,160.00	Fully Executed Scan to File 4/18/16
16-004-RGH2	RGH (RGH)	echase@rghgeo.com	\$8,700.00	\$76,460.00	Fully Executed Scan to File 4/18/16
16-005-CL3	Coastland (CL)	wanger@coastlandcivil.com	\$48,500.00	\$67,760.00	
16-006-CL4	Coastland (CL)	wanger@coastlandcivil.com	\$16,890.00	\$19,260.00	
16-007-WY1	West Yost (WY)	gnakano@westyost.com	\$2,000.00	\$2,370.00	
Council Appr	oved Total Sum incre	ase of \$250,000 for new fiscal year	-\$250,000.00	\$370.00	Per RESO 2016-85
16-008-RGH3	RGH (RGH)	echase@rghgeo.com	\$3,653.75	\$250,370.00	
16-009-GV5	Green Valley (GV)	lizellis@gvalley.com	\$3,910.00	\$246,716.25	
16-010-CL5	Coastland (CL)	wanger@coastlandcivil.com	\$24,500.00	\$242,806.25	
16-011-IW3	Interwest (IW)	mkashiwagi@interwestgrp.com	\$2,980.00	\$218,306.25	11/14 Recv'd back from IW, Finance I
17-012-GHD2	GHD (GHD)	ted.whiton@ghd.com	\$1,637.00	\$215,326.25	
16-011-CL6	Coastland (CL)	wanger@coastlandcivil.com	\$41,900.00	\$213,689.25	2/23 Submit to Finance for Ex sigs
17-016-GV6	Green Valley (GV)	lizellis@gvalley.com	\$16,745.00	\$171,789.25	
17-017-GV7	Green Valley (GV)	lizellis@gvalley.com	\$48,500.00	\$155,044.25	
17-018-GHD3	GHD (GHD)	Alex.Culick@ghd.com	\$45,000.00	\$106,544.25	
17-019-GHD4	GHD (GHD)	Alex.Culick@ghd.com	\$6,442.00	\$61,544.25	
17-020-RGH4	RGH (RGH)	echase@rghgeo.com	\$2,400.00	\$55,102.25	
				\$52,702.25	
			Total	\$52,702.25	

**RGHGEOTEC** 

#### Client#: 1172

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/2016

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).

PRODUCER	CONTACT Doris A. Chambers				
Dealey, Renton & Associates	PHONE (A/C, No, Ext): 510 465-3090 FAX (A/C, No): 510	452-2193			
P. O. Box 12675	E-MAIL ADDRESS: dchambers@dealeyrenton.com				
Oakland, CA 94604-2675	INSURER(S) AFFORDING COVERAGE	NAIC#			
510 465-3090 - David C. Eckman	INSURER A: Hartford Casualty Insurance Co.	29424			
INSURED	INSURER B: Hartford Ins. Co of Midwest	37478			
RGH Geotechnical &	INSURER C: Trumbull Insurance Company	27120			
Environmental Consultants Inc	INSURER D:				
1305 North Dutton Avenue	INSURER E:				
Santa Rosa, CA 95401	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

	DICATED. NOTWITHSTANDING ANY RE							
	ERTIFICATE MAY BE ISSUED OR MAY P (CLUSIONS AND CONDITIONS OF SUCH							ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
Α	X COMMERCIAL GENERAL LIABILITY	Х	X	57SBWBH2703	11/18/2016	11/18/2017		\$2,000,000
	CLAIMS-MADE X OCCUR				,		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
						-	PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:		,					\$
С	AUTOMOBILE LIABILITY	X	X	57UEGFM0938	11/18/2016	11/18/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS				6		PROPERTY DAMAGE (Per accident)	\$
							5 · · ·	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	57WEGGI2854	11/18/2016	11/18/2017	PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000
<b>2</b> 010	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Charles Proper	ž.							
E Charles		1						
		100						

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

PROJECT NAME: Wastewater Treatment Plant Pond 1A Repair

The City of St. Helena, its agents, officers, officials, employees and volunteers are Additional Insured to General Liability and Auto per policy form wording. Waiver of Subrogation applies to Worker's Compensation coverage per policy form wording.

CI	Е	रा	IFI	CA	ΓΕ	HO	LDE	R

City of St. Helena Department of Public Works Christina Hartley, Office Assistance 1480 Main Street Saint Helena, CA 94574-0000

#### CANCELLATION

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

**BUSINESS AUTOMOBILE LIABILITY** 

POLICY NUMBER: 57UEGFM0938

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY DESIGNATED INSURED ENDORSEMENT (CA 20 48)

Name of Person(s) or Organization(s)

City of St. Helena

#### **BUSINESS AUTO COVERAGE**

Each person or organization indicated above is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in SECTION II of the Coverage Form.

PROJECT NAME: Wastewater Treatment Plant Pond 1A Repair The City of St. Helena, its agents, officers, officials, employees and volunteers

Insured:

RGH Geotechnical &

Insurer:

Hartford Casualty Insurance Co.

Policy Number:

57SBWBH2703

Additional Insured:

PROJECT NAME: Wastewater Treatment Plant Pond 1A Repair The City of St. Helena, its agents, officers,

officials, employees and volunteers

Policy Effective Date: 11/18/2016

EXCERPTS FROM: Hartford Form SS 00 08 04 05

## **BUSINESS LIABILITY COVERAGE FORM**

#### C. WHO IS AN INSURED

6. Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit. A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

#### f. Any Other Party

- (1) Any other person or organization who is not an insured under Paragraphs a. through e. above, but only with respect to liability for "bodily injury, "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - (a) In the performance of your ongoing operations;
  - (b) In connection with your premises owned by or rented to you; or
  - (c) In connection with "your work" and included within the "products- completed operations hazard, but only if
  - (i) The written contract or written agreement requires you to provide such coverage to such additional insured; and
  - (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to: "Bodily injury, "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including: inspection, or engineering

#### E.5. Separation of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this policy to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom a claim is made or "suit" is brought.

## E.7.b.(7).(b) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract, written agreement or permit that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

#### E.8.b. Waiver Of Rights Of Recovery (Waiver Of Subrogation)

If the insured has waived any rights of recovery against any person or organization for all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, we also waive that right, provided the insured waived their rights of recovery against such person or organization in a contract, agreement or permit that was executed prior to the injury or damage.

Insured:

**RGH Geotechnical &** 

Policy Number:

57WEGGI2854

Effective Date:

11/18/2016

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be otherwise due on such remuneration.

% of the California workers' compensation premium

#### **SCHEDULE**

#### Person or Organization

**Job Description** 

PROJECT NAME: Wastewater Treatment Plant Pond 1A Repair The City of St. Helena, its agents, officers, officials, employees and volunteers

City of St. Helena

Department of Public Works

Christina Hartley, Office Assistance

1480 Main Street

Countersigned by Mile

Authorized Representative

Form WC 04 03 06 Process Date:

(1) Printed in U.S.A.

**Policy Expiration Date:**