

AMENDMENT NO. 1

TO AGREEMENT FOR CONTRACT SERVICES

180-02-01
THIS AMENDMENT TO THE AGREEMENT FOR CONTRACT SERVICES (“Amendment No. 1”) by and between the CITY OF CARSON, a California municipal corporation (“City”), and MEDIASTAR INC., a California corporation (“Consultant”), is entered into effective as of the 5th day of May, 2020.

RECITALS

A. City and Consultant entered into that certain Agreement for Contract Services dated March 17, 2020 (“Agreement”) whereby Consultant agreed to provide City services to maintain and operate certain audio/visual equipment and software used for City Council meetings, including those concerning remote interfacing capabilities that became necessary due to the COVID-19 pandemic and State issued guidelines.

B. City and Consultant now desire to amend the Agreement to add services for remote management of City Council Special Meetings increasing compensation by \$11,250 for a total Contract Sum not to exceed \$74,222.

TERMS

1. **Contract Changes.** The Agreement is amended as provided herein (new text in *bold italics* and deleted text in strikethrough).

a. Section 2.1, “Contract Sum,” of the Agreement is hereby amended to read as follows:

“Subject to any limitations set forth in this Agreement, City agrees to pay Consultant the amounts specified in the “Schedule of Compensation” attached hereto as Exhibit “C” and incorporated herein by this reference. The total compensation, including reimbursement for actual expenses, shall not exceed *Seventy Four Thousand Two Hundred Twenty Two Dollars (\$74,222)* ~~Sixty Two Thousand Nine Hundred Seventy Two Dollars (\$62,972)~~ (“Contract Sum”), unless additional compensation is approved pursuant to Section 1.8.”

b. Section V of Exhibit “A” of the Agreement, “Scope of Services,” is hereby amended to read in its entirety as follows:

~~V. Consultant will perform all Services (whether pursuant to Section I, Section II, Section III or Section IV above) for the City pursuant to the following conditions, requirements and/or warranties:~~

~~A. This Agreement covers all of the equipment identified in Exhibit “A-1,” Covered Equipment List, which list may be amended by the City from time to time.~~

~~B. Consultant, not a subcontractor, or Consultant’s authorized employees listed in~~

~~Section VI. of this Exhibit "A" will perform all service labor covered by this Agreement.~~

- ~~C. The Consultant Service Group can be reached anytime by calling the office number (530) 828-8772.~~
- ~~D. The Consultant Service Group is also available by email at *DaveP2006@Mediastar-SG.com*.~~
- ~~E. A Return Material Authorization ("RMA") number for repair can be requested through calling the office number (530) 828-8772 or through the RMA request form provided by Consultant.~~
- ~~F. Consumables, including lamps, are not covered under this proposal. To procure any such items, the City shall submit a request to Consultant. Consultant will promptly provide a quote for approval, as per Section 1.8 of this Agreement or by purchase order.~~
- ~~G. Consultant has provided all system control, and audio DSP programming for the existing audio visual system supported for the City Council chamber located at 701 East Carson St., Carson, CA. Consultant supports the system hardware, system architecture, and programming as currently installed and integrated. Any future changes or upgrades to hardware, system architecture, and/or programming functionality shall be supplied on a time and materials basis. Work shall be estimated in advance of execution and will require a purchase order to execute.~~
- ~~H. The City must provide lifts and ladders needed to safely access all covered equipment.~~
- ~~I. All equipment must be in working condition at the time this Agreement is executed. If any equipment is not in working condition at the time the proposal is executed, any and all expenses and costs incurred to repair such faulty equipment (not in working condition at the time the proposal is executed) will be the responsibility of City.~~
- ~~J. Equipment that is end of life or deemed unrepairable by the manufacturer can be replaced or upgraded on a time and materials basis.~~
- ~~K. Expert technicians are assigned to City's location for all of the City's Audio-Visual support needs. Expert technicians shall be reached by calling Consultant's Help Desk.~~

"V. Consultant shall deploy two staff members to provide remote meeting management services for each City Council Special Meeting. The services will involve pre-meeting setup of recording, audio and external source equipment (currently a Zoom capable PC in the new studio). During the meeting, Consultant's operators will manage the video switching, muting and audio levels. Consultant will also create lower 1/3 graphics to be overlaid on the meeting video and slides for the

beginning of the meetings, end of meetings, and closed session meetings, if needed. After the meetings, Consultant shall post-edit the meetings, and trim and fix audio and video issues with the recording and re-encode the meetings. Consultant will send the finished video to the City's video server and will modify the existing schedule to add the meeting to the existing schedule as directed by the Contract Officer."

c. Section V of Exhibit "A" of the Agreement, "Scope of Services," is hereby renumbered to Section VI and the first paragraph is amended to read in its entirety as follows:

"Consultant will perform all Services (whether pursuant to Section I, Section II, Section III, ~~or~~ Section IV, **or Section V** above) for the City pursuant to the following conditions, requirements and/or warranties:"

d. Sections VI, VII and VIII of Exhibit "A" of the Agreement, "Scope of Services," are hereby renumbered to Sections VII, VIII and IX, respectively.

e. Section VI of Exhibit "C" of the Agreement, "Schedule of Compensation," is hereby amended to read as follows:

~~VI. The total compensation for the Services (inclusive of Section I, Section II, Section III, and Section IV of Exhibit "A," Scope of Services) shall not exceed \$62,972, as provided in Section 2.1 of this Agreement.~~

"VI. With respect to the remote Special Meeting services to be provided pursuant to Section V of Exhibit "A," Scope of Services, the City will compensate Consultant for the services performed in an amount not to exceed \$11,250."

f. Section VI of Exhibit "C" of the Agreement, "Schedule of Compensation," is hereby renumbered to Section VII and amended to read in its entirety as follows:

"The total compensation for the Services (inclusive of Section I, Section II, Section III, ~~and~~ Section IV, **and Section V** of Exhibit "A," Scope of Services) shall not exceed ~~\$74,222~~**\$62,972**, as provided in Section 2.1 of this Agreement."

g. Section VII of Exhibit "C" of the Agreement, "Schedule of Compensation," is hereby renumbered to Section VIII.

h. Section IE of Exhibit "D" of the Agreement, "Schedule of Performance," is hereby added as follows:

"E. All tasks listed under Section V of Exhibit "A" will be performed by Consultant for each designated City Council Special Meeting currently anticipated to be held twice per month."

2. **Continuing Effect of Agreement.** Except as amended by this Amendment, all provisions of the Agreement shall remain unchanged and in full force and effect. From and after the date of this Amendment, whenever the term "Agreement" appears in the Agreement, it shall mean the Agreement, as amended by this Amendment to the Agreement.

3. **Affirmation of Agreement; Warranty Re Absence of Defaults.** City and Consultant each ratify and reaffirm each and every one of the respective rights and obligations arising under the Agreement. Each party represents and warrants to the other that there have been no written or oral modifications to the Agreement other than as provided herein. Each party represents and warrants to the other that the Agreement is currently an effective, valid, and binding obligation.

Consultant represents and warrants to City that, as of the date of this Amendment, City is not in default of any material term of the Agreement and that there have been no events that, with the passing of time or the giving of notice, or both, would constitute a material default under the Agreement.

City represents and warrants to Consultant that, as of the date of this Amendment, Consultant is not in default of any material term of the Agreement and that there have been no events that, with the passing of time or the giving of notice, or both, would constitute a material default under the Agreement.

4. **Adequate Consideration.** The parties hereto irrevocably stipulate and agree that they have each received adequate and independent consideration for the performance of the obligations they have undertaken pursuant to this Amendment.

5. **Authority.** The persons executing this Amendment on behalf of the parties hereto warrant that (i) such party is duly organized and existing, (ii) they are duly authorized to execute and deliver this Amendment on behalf of said party, (iii) by so executing this Amendment, such party is formally bound to the provisions of this Amendment, and (iv) the entering into this Amendment does not violate any provision of any other agreement to which said party is bound.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the date and year first-above written.



ATTEST
Donesia Gause-Aldana, City Clerk

APPROVED AS TO FORM:
ALESHIRE & WYNDER, LLP

Sunny K. Soltani, City Attorney
(rjl)

CITY:
CITY OF CARSON, a municipal corporation
Albert Robles, Mayor

CONSULTANT:
MEDIASTAR INC., a
California corporation

See Attached California All-Purpose Acknowledgement 5/1/2020

VF

By: [Signature]
Name: DAVE PERRAS
Title: PRESIDENT
By: [Signature]
Name: LESLIE CLAVEY
Title: SECRETARY
Address: MEDIASTAR INC
702 MANLOVE AVE #221
CHICO CA 95926

Two corporate officer signatures required when Consultant is a corporation, with one signature required from each of the following groups: 1) Chairman of the Board, President or any Vice President; and 2) Secretary, any Assistant Secretary, Chief Financial Officer or any Assistant Treasurer. CONSULTANT'S SIGNATURES SHALL BE DULY NOTARIZED, AND APPROPRIATE ATTESTATIONS SHALL BE INCLUDED AS MAY BE REQUIRED BY THE BYLAWS, ARTICLES OF INCORPORATION, OR OTHER RULES OR REGULATIONS APPLICABLE TO CONSULTANT'S BUSINESS ENTITY.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

STATE OF CALIFORNIA

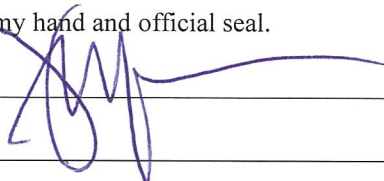
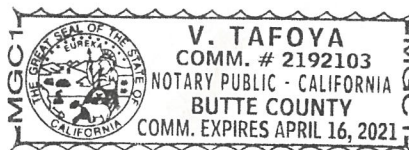
COUNTY OF BUTTE

On MAY 1, 2020 before me, V. TAFOYA, NOTARY PUBLIC, personally appeared DAVE E. PETTAS, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

- CAPACITY CLAIMED BY SIGNER**
- INDIVIDUAL
 - CORPORATE OFFICER

- TITLE(S)
- PARTNER(S) LIMITED GENERAL
 - ATTORNEY-IN-FACT
 - TRUSTEE(S)
 - GUARDIAN/CONSERVATOR
 - OTHER _____

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES))

DESCRIPTION OF ATTACHED DOCUMENT

CONTACT SERVICES
TITLE OR TYPE OF DOCUMENT

5
NUMBER OF PAGES

05-01-2020
DATE OF DOCUMENT

LESLIE CUNNEY
SIGNER(S) OTHER THAN NAMED ABOVE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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STATE OF CALIFORNIA

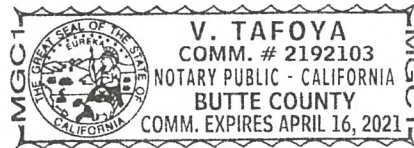
COUNTY OF BUTTE

On MAY 1, 2020 before me, V. TAFOYA, Notary Public personally appeared LESLIE CLAVEY, proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]



OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

- CAPACITY CLAIMED BY SIGNER**
- INDIVIDUAL
 - CORPORATE OFFICER

- TITLE(S)
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 - OTHER _____

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES))

DESCRIPTION OF ATTACHED DOCUMENT

CONTACT SERVICES
TITLE OR TYPE OF DOCUMENT

5
NUMBER OF PAGES

05.01.2020
DATE OF DOCUMENT

DAVE E. PETTAS
SIGNER(S) OTHER THAN NAMED ABOVE



CERTIFICATE OF LIABILITY INSURANCE

Approved RB
3-18-2020
DATE (MM/DD/YYYY)
10/22/2019

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 Jeff Fowler Insurance Services, INC 426 Broadway #205 Chico, CA 95928 License #: 0L07979	CONTACT NAME: Jeff Fowler
	PHONE (A/C, No, Ext): (530)267-6268 FAX (A/C, No): (530)267-5555
	E-MAIL ADDRESS: jeff@jowlerins.com
INSURED MEDIASTAR INC 702 MANGROVE AVE STE 221 CHICO, CA 95925	INSURER(S) AFFORDING COVERAGE
	INSURER A: Hartford Insurance Company
	INSURER B: MARKEL INSURANCE COMPANY
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: 00000000-33550 REVISION NUMBER: 4

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	57SBABM0907	07/12/2019	07/12/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E# occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		57SBABM0907	07/12/2019	07/12/2020	COMBINED SINGLE LIMIT (E# accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	MWC0154455-01	08/15/2019	08/15/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

1. City of Carson, its elected and appointed officers, employees, volunteers and agents are additional insureds on GL and Auto policies.
2. GL policy is Primary and Non-contributory.
3. Waiver of Subrogation endorsement in favor of City of Carson OR in favor of additional insured.

CITY OF CARSON 701 E Carson Street CARSON, CA 90745	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 (JRF)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 57 SBA BM0907 SC

Named Insured and Mailing Address: MEDIASTAR INC

702 MANGROVE AVE STE 221
CHICO CA 95926

Policy Change Effective Date: 10/23/19

**Effective hour is the same as stated in the
Declarations Page of the Policy.**

Policy Change Number: 002

Agent Name: NETWORKED INSURANCE AGENTS LLC

Code: 121637

POLICY CHANGES:

SENTINEL INSURANCE COMPANY, LIMITED

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.

THIS IS NOT A BILL.

ADDITIONAL PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE: \$28.00
*INCLUDES ADDITIONAL TERRORISM PREMIUM OF: \$1.00

LOCATION 001 BUILDING 001 IS REVISED

PRO RATA FACTOR: 0.721

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T
Process Date: 10/23/19

Page 001 (CONTINUED ON NEXT PAGE)
Policy Effective Date: 07/12/19
Policy Expiration Date: 07/12/20

POLICY CHANGE (Continued)

Policy Number: 57 SBA BM0907

Policy Change Number: 002

BUSINESS LIABILITY OPTIONAL COVERAGES ARE REVISED

WAIVER OF SUBROGATION IS ADDED: FORM SS 12 15
LOCATION 001 BUILDING 001
CITY OF CARSON
701 E CARSON ST CARSON, CA 90745

FORM NUMBERS OF ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

FORM NUMBERS OF ENDORSEMENTS ADDED AT ENDORSEMENT ISSUE:

SS 12 15 03 00

POLICY NUMBER: 57 SBA BM0907



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

THE CITY OF TRACY (INCLUDING ITS ELECTED OFFICIALS, OFFICERS,
EMPLOYEES, AGENTS, AND VOLUNTEERS)
333 CIVIC CENTER PLAZA
TRACY, CA 95376

CITY OF CARSON
701 E CARSON ST
CARSON, CA 90745



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

We waive any right of recovery we may have against:

1. Any person or organization shown in the Declarations, or
2. Any person or organization with whom you have a contract that requires such waiver.

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- Insured's Name (WC 89 06 01)
- Policy Number (WC 89 06 02)
- Effective Date (WC 89 06 03)
- Expiration Date (WC 89 06 04)
- Insured's Mailing Address (WC 89 06 05)
- Experience Modification (WC 89 04 06)
- Producer's Name (WC 89 06 07)
- Change in Workplace of Insured (WC 89 06 08)
- Insured's Legal Status (WC 89 06 10)
- Item 3.A. States (WC 89 06 11)
- Item 3.B. Limits (WC 89 06 12)
- Item 3.C. States (WC 89 06 13)
- X Item 3.D. Endorsement Numbers (WC 89 06 14)
- Item 4. Class, Rate, Other (WC 89 04 15)
- Interim Adjustment of Premium (WC 89 04 16)
- Carrier Servicing Office (WC 89 06 17)
- Interstate/Intrastate Risk ID Number (WC 89 06 18)
- Carrier Number (WC 89 06 19)
- Issuing Agency/Producer Office Address (WC 89 06 25)

is changed as follows:

Action	Type	Previous Value	New Value
Add	Waiver of Subrogation	N/A	Type Individual State CA Class Code 8859 Payroll 0 Subrogant Name CITY OF CARSON Subrogant Address 701 E Carson Street Subrogant City CARSON State CA Postal Code 90745 Effective Date 10/22/2019 Expiration Date 08/15/2020

Total Estimated Annual Premium \$625.00 Premium Adjustment \$362.00
 Minimum Premium \$ 23.00 Deposit Premium \$643.00

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 10/22/2019 Policy No. MWC0154455-01 Endorsement No.

Insured: mediastar inc Premium (See Attached)

Insurance Company Market Insurance Company Countersigned by _____

WC890600B
Ed. 7-01

© 2001 National Council on Compensation Insurance, Inc





MARKEL INSURANCE COMPANY

A STOCK COMPANY
 TEN PARKWAY NORTH
 DEERFIELD, IL 60015
 800-431-1270

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

NCCI No. 22616 Policy No. MWC0154455-01
 New No. Renewal of Policy Number New

State Unemployment I.D. No. or Identifying Number as Required: FEIN: 205785590

1. Insured: mediastar inc dba Producer: Jeff Fowler Insurance Services
 Mailing 702 Mangrove Ave Mailing 426 Broadway St Ste 205
 Ste 221
 Address Chico, CA 95926-3948 Address Chico, CA 95928
 Email Address: davep2006@mediastar-sg.com

Individual Partnership Corporation or

Other workplace not shown above: See Attached Location Schedule

2. Policy Period: The policy is from 08/15/2019 to 08/15/2020 [12.01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here: CALIFORNIA

B. Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 1,000,000 each accident
 Bodily Injury by Disease: \$ 1,000,000 policy limit
 Bodily Injury by Disease: \$ 1,000,000 each employee

C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:

All states except those listed in Item 3A of the Information Page and the following states or territories: District of Columbia, ID, MT, NY, ND, OH, OR, WA, WY, Puerto Rico and US Virgin Islands.

D. This Policy includes these endorsements and schedules: MDWC1000A, MJWC1000, MPIL 1007, MPIL 1083, MPWC10000510, MWC 1202-CA, MWC12000510, MWC14030510, MWC14040510, PN049901G, PN049902B, PN049904, WC000000C, WC000419, WC000422B, WC040002, WC040003, WC040004, WC040005, WC040301D, WC040303C, WC040306, WC040360B, WC040601A, WC890600B

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See WC 04 00 05 Extension of Information Page

MINIMUM PREMIUM	\$23.00	TOTAL ESTIMATED ANNUAL PREMIUM	\$625.00
		TAXES & ASSESSMENTS	\$18.00

IF INDICATED BELOW, INTERIM ADJUSTMENTS OF PREMIUM SHALL BE MADE: X Annually
 Semi-Annually Quarterly Monthly \$643.00 Deposit Premium \$Per Installment Endr

Issuing Office: Omaha, Nebraska

Countersigned by:

MDWC 1000A (06/15)

EXTENSION OF INFORMATION PAGE

Schedule of Name Insured

ITEM 1

Policy No. MWC0154455-01

Name Insured

mediastar inc

FEIN

205785590

EXTENSION OF INFORMATION PAGE

Schedule of Locations

ITEM 1

Policy No. MWC0154455-01

Location	FEIN	PHONE	SIC CODE	ENTITY TYPE
1 702 Mangrove Ave Ste 221 Chico, CA 95926-3948	205785590	530-898-9588	7371	Corporation

EXTENSION OF INFORMATION PAGE

Schedule of Forms

ITEM 3D

Policy No. MWC0154455-01

Form Numbers

Applicable States

MDWC1000A, MJWC1000, MPIL 1007, MPIL 1083,
MPWC10000510, MWC 1202-CA, MWC12000510,
MWC14030510, MWC14040510, PN049901G, PN049902B,
PN049904, WC000000C, WC000419, WC000422B,
WC040002, WC040003, WC040004, WC040005,
WC040301D, WC040303C, WC040306, WC040360B,
WC040601A, WC890600B

CALIFORNIA

EXTENSION OF INFORMATION PAGE

Classifications

ITEM 4

Policy No. MWC0154455-01

Code	Classification	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
8859	Computer Programming Or Software Development	\$0.00	0.130	\$0.00
	Total Amount Due			\$0.00

If you elect a payment plan, then you will be subject to installment fees for each payment ranging from \$3-\$10 depending on the state. If you elect electronic funds transfer, these fees will not apply.

EXTENSION OF INFORMATION PAGE

Classifications

ITEM 4

Policy No. MWC0154455-01

Code	Classification	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
8859	Computer Programming Or Software Development	\$0.00	0.130	\$0.00
0930	Waiver		5.000	\$250.00
	Subject Premium			\$250.00
	Total Subject Premium			\$250.00
	Modified Premium			\$250.00
9889	Schedule Rating		0.500	\$125.00
	Standard Premium			\$375.00
0900	Expense Constant			\$250.00
	Estimated Annual Premium			\$625.00
	WC Admin Revolving Assessment		1.448	\$9.00
	Fraud Surcharge		0.288	\$2.00
	UEBTFA		0.083	\$1.00
	Subsequent Injury Fund		0.274	\$2.00
	Occupation Safety and Health Fund Surcharge		0.377	\$2.00
	Labor Enforcement and Compliance Fund Surcharge		0.343	\$2.00
	Total Amount Due			\$643.00

If you elect a payment plan, then you will be subject to installment fees for each payment ranging from \$3-\$10 depending on the state. If you elect electronic funds transfer, these fees will not apply.

MARKEL INSURANCE COMPANY

Installment Endorsement

It is hereby agreed and understood that the premium is to be paid on an installment basis as follows:

Premium: \$625.00
Fees: \$ 18.00
Deposit: \$643.00

	<u>Installments</u>		<u>Taxes & Surcharges</u>
1. 08/15/2019		\$643.00	included

If you elect a payment plan, then you will be subject to installment fees for each payment ranging from \$3-\$10 depending on the state. If you elect electronic funds transfer, these fees will not apply.

This endorsement is effective: 10/22/2019 forms a part of

Policy: MWC0154455-01

Dated: 10/23/2019

Issued to: mediastar inc

By: Markel Insurance Company

All other terms and conditions of this policy remain unchanged.

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 5 % of the California workers' compensation premium otherwise due on such remuneration.

Work performed by

mediastar inc at
702 Mangrove Ave
Chico, CA 95926-3948

Schedule

Subrogant Information	Class Code	Description	Payroll
CITY OF CARSON 701 E Carson Street CARSON, CA 90745	8859	Computer Programming Or Software Development	\$0.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 10/22/2019 Policy No. MWC0154455-01 Endorsement No.

Insured mediastar inc Premium (See Attached)

Insurance Company: Market Insurance Company Countersigned by _____

WC040306
(Ed. 04-84)

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