



compensation, including reimbursement for actual expenses, shall not exceed ***One Hundred Sixteen Thousand Three Hundred Seventy One Dollars and Eighty Six Cents (\$116,371.86)*** (the "Contract Sum"), unless additional compensation is approved pursuant to Section 1.8."

b. **Section II. of Exhibit C, "Schedule of Compensation," is hereby amended as follows:**

"II. Consultant shall perform all Ad Hoc Services described in Section II of Exhibit "A," Scope of Services at the rate of \$100/hour, for a maximum annual amount of \$10,000 ***except that between March 17, 2020 through September 30, 2020, an additional \$12,800 may be incurred by Consultant,*** following submission of a monthly invoice, in accordance with Section 2.4 and paragraph III, below."

c. **Section IV. of Exhibit C, "Schedule of Compensation," is hereby amended as follows:**

"The total compensation for Regular Services pursuant to Section I of Exhibit "A," Scope of Services, for all four (4) years, shall not exceed \$63,571.86. The total compensation for Ad Hoc Services pursuant to Section II of Exhibit "A," Scope of Services for all four (4) years, shall not exceed ***\$52,800.*** Thus, the overall total compensation for Regular ***Services*** and Ad Hoc Services for all four (4) years shall not exceed ***\$116,371.86,*** as provided in Section 2.1 of this Agreement."

2. **Continuing Effect of Agreement.** Except as amended by this Agreement, 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.

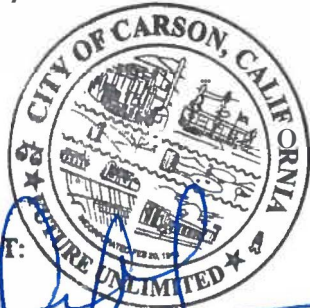
City represents and warrants to Consultant that, as of the date of this Amendment, Consultant is not in default of any material term of the Agreement and that there have been no events that, with the passing of time or the giving of notice, or both, would constitute a material default under the Agreement.

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:

Doocsa Gause-Aldana, City Clerk

APPROVED AS TO FORM:  
ALESIRE & WYNDER, LLP

& - 1 / ipf, i,,

Sunny K. Soltani, City Attorney  
[rjl]

CITY:

CITY OF CARSON, a  
Corporation

Albert Robles, Mayor

CONSULTANT:

Intelli-Flex, Inc.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Name: b, 6.f

Title: CEO

Address: Intelli-Flex, Inc.

5696-Cg, pg. 11a

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Two corporate officers required when Consultant is a corporation, with one signature from each of the following groups: 1) Chairman of the Board, President or any Vice President; and 1) 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 LOS ANGELES

On \_\_\_\_\_, 2020 before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, 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: \_\_\_\_\_

### 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	DESCRIPTION OF ATTACHED DOCUMENT
<input type="checkbox"/> INDIVIDUAL	
<input type="checkbox"/> CORPORATE OFFICER	
<div><div>TITLE(S)</div><div><input type="checkbox"/> PARTNER(S) <input type="checkbox"/> LIMITED <input type="checkbox"/> GENERAL</div></div>	<div>TITLE OR TYPE OF DOCUMENT</div>
<input type="checkbox"/> ATTORNEY-IN-FACT	
<input type="checkbox"/> TRUSTEE(S)	<div>NUMBER OF PAGES</div>
<input type="checkbox"/> GUARDIAN/CONSERVATOR	
<input type="checkbox"/> OTHER _____	
<b>SIGNER IS REPRESENTING:</b> (NAME OF PERSON(S) OR ENTITY(IES)) _____ _____	<div>DATE OF DOCUMENT</div>
	<div>SIGNER(S) OTHER THAN NAMED ABOVE</div>

## 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 LOS ANGELES

On \_\_\_\_\_, 2020 before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, 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: \_\_\_\_\_

### 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	DESCRIPTION OF ATTACHED DOCUMENT
<input type="checkbox"/> INDIVIDUAL	
<input type="checkbox"/> CORPORATE OFFICER	
<div><div>TITLE(S)</div><div><input type="checkbox"/> PARTNER(S) <input type="checkbox"/> LIMITED <input type="checkbox"/> GENERAL</div><div><input type="checkbox"/> ATTORNEY-IN-FACT</div><div><input type="checkbox"/> TRUSTEE(S)</div><div><input type="checkbox"/> GUARDIAN/CONSERVATOR</div><div><input type="checkbox"/> OTHER _____</div></div>	<div>TITLE OR TYPE OF DOCUMENT</div> <div>NUMBER OF PAGES</div> <div>DATE OF DOCUMENT</div>
<b>SIGNER IS REPRESENTING:</b> (NAME OF PERSON(S) OR ENTITY(IES)) _____ _____	SIGNER(S) OTHER THAN NAMED ABOVE



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

January 23, 2020

CITY OF CARSON  
701 E CARSON ST  
CARSON CA 90745-2224

#### Account Information:

<b>Policy Holder Details :</b>	INTELLI-FLEX INC.
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#### Contact Us

Business Service Center

**Business Hours:** Monday - Friday  
(7AM - 7PM Central Standard Time)

**Phone:** (866) 467-8730

**Fax:** (888) 443-6112

**Email:** [agency.services@thehartford.com](mailto:agency.services@thehartford.com)

**Website:** <https://business.thehartford.com>

Enclosed please find a for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

c-c-,Nlf

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THIS 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>CBIA INC/PHS</b> <b>33750118</b> <b>The Hartford Business Service Center</b> <b>3600 Wiseman Blvd</b> <b>San Antonio, TX 78251</b>	<b>CONTACT</b> <b>PHONE</b> (866) 467-8730 <b>FAX</b> (888) 443-6112 <b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>INTELLI-FLEX INC.</b> <b>17315 STUDEBAKER RD STE 332</b> <b>CERRITOS CA 90703-2508</b>	<b>INSURER A:</b>	<b>Sentinel Insurance Company Ltd.</b>
	<b>INSURER B:</b>	<b>Hartford Fire and Its P&amp;C Affiliates</b>
	<b>INSURER C:</b>	<b>Hartford Accident and Indemnity Company</b>
	<b>INSURER D:</b>	
	<b>INSURER E:</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.

TYPE OF INSURANCE	ADDITIONAL INSURED	INSURED	POLICY NUMBER	POLICY EFFECT DATE	POLICY EXPIRATION DATE	LIMITS
<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability <input checked="" type="checkbox"/> PERSONAL AGGREGATE <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> OTHER	X	X	33 SBA GC4358	02/21/2020	02/21/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$1,000,000 MED EXP (Any one) \$10,000 PERSONAL & M N INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS & COMP/OP AGG \$4,000,000
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> NON-AUTO <input checked="" type="checkbox"/> ALL COVERED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	33 UEC FU6839	02/21/2020	02/21/2021	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) PROPERTY DAMAGE (Per accident)
<b>UMBRELLA EXCESS</b> <input checked="" type="checkbox"/> RETENTION \$10,000	X		33 SBA GC4358	02/21/2020	02/21/2021	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> RETRO/RETRO/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> If yes, describe below		NIA	33 WEE ID3533	08/01/2019	08/01/2020	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
<b>FAILSAFE TECHNOLOGY</b>			33 SBA GC4358	02/21/2020	02/21/2021	Each Glitch Aggregate \$2,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES (ACORD 101, Additional Remarks Schedule, may be required if more space is required)  
 Those usual to the Insured's Operations. Please see Additional Remarks Schedule ACORD Form 101 attached.

CITY OF CARSON  
 701 E CARSON ST  
 CARSON CA 90745-2224

Afl&amp;, &amp;

4-14--2--0

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORITY TO REPRESENT

6'6.1.) Ca:J

©1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC#: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY CBIA INC/PHS		NAMED INSURED INTELLI-FLEX INC.	
POLICY NUMBER SEE ACORD 25		17315 STUDEBAKER RD STE 332 CERRITOS CA 90703-2508	
CARRIER SEE ACORD 25	NAICCODE	EFFECTIVE DATE: SEE ACORD 25	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM****FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Certificate holder is an additional insured per the Business Liability Coverage Form SS000B, the Umbrella Liability Provisions Form SX8002, and the Commercial Auto Broad Form Endorsement HA9916, attached to this policy. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SS000B, and Commercial Auto Broad Form Endorsement HA9916, attached to this policy. Notice of Cancellation will be provided in accordance with Forms SS1223, Form IH0313, and WC990394, attached to these policies. Coverage is primary and noncontributory per the Business Liability Coverage Form SS000B, attached to this policy.

**POLICY NUMBER:** 33 SBA GC4 358



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

ADDITIONAL INSURED - OWNER, LESSEES OR CONTRACTOR

THE CITY OF LONG BEACH, ITS OFFICIALS, EMPLOYEES AND AGENTS  
333 W OCEAN BLVD FL 12  
LONG BEACH, CA 90802

THE CITY OF LONG BEACH, THE BOARD OF WATER COMMISSIONERS,  
AND THEIR OFFICIALS, EMPLOYEES AND AGENTS  
1800 E WARDLOW RD  
LONG BEACH, CA 90807

THE COUNTY OF LOS ANGELES, ITS SPECIAL DISTRICTS, ITS OFFICIALS  
OFFICERS, AND EMPLOYEES  
1100 N EASTERN AVE RM G11S  
LOS ANGELES, CA 90063

RISK MANAGEMENT  
CITY OF CARSON  
701 E CARSON ST  
CARSON, CA 90745-2224

POLICY NUMBER: 33 UEC FU6839



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**ADDITIONAL INSURED**

**COMMERCIAL AUTO COVERAGE PART**

LOS ANGELES DEPARTMENT OF WATER  
AND POWER RISK MANAGEMENT SECTION  
P.O. BOX 51111 RM 465  
LOS ANGELES, CA 90051-0100

MMCA LTD  
PO BOX 390909  
MINNEAPOLIS, MN 55439

CITY OF SIMI VALLEY  
2929 TAPO CANYON RD  
SIMI VALLEY, 93063

DEPT. OF WATER & POWER RISK MANAGEMENT SECTION  
RM. 465  
111 N. HOPE ST.  
LOS ANGELES, CA 90012

THE CITY OF SIMI VALLEY AND ITS RESPECTIVE BOARDS, DISTRICTS,  
OFFICERS, AGENTS AND EMPLOYEES  
2929 TAPO CANYON RD  
SIMI VALLEY, CA, 93063

RISK MANAGEMENT  
CITY OF CARSON  
701 E CARSON ST  
CARSON, CA 90745

CARUSO MANAGEMENT COMPANY, LTD  
GFM, LLC



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

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

**Policy Number:** 33 WEC ID3533

**Endorsement Number:**

**Effective Date:** 08/01/19

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** INTELLI-FLEX INC  
5696 CORPORATE AVE  
CYPRESS CA 90630

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.

**SCHEDULE**

**Person or Organization**

**Job Description**

City of Carson, 701 E Carson St. Carson CA 90745

002

Countersigned by -----

Authorized Representative

**THEX  
HARTFORD**

Select Customer Insurance Center

8711 UNIVERSITY EAST DRIVE

CHARLOTTE NC 28213

Policyholder, please call us at: (866) 467-8730

Agent, please call us at: (866) 467-8730

**INSURANCE ENDORSEMENT  
ATTACHED**

**\*\*\* PLEASE REVIEW THE CHANGE\*\*\***

Enclosed is an endorsement for your business insurance policy. Please review it at your convenience. If you have questions or need to make further changes:

Policyholder, please call us at: (866) 467-8730

Agent, please call us at: (866) 467-8730 between 7 A.M. and 7 P.M. CST.

The premium billing will be mailed to you separately. You can expect to receive it soon.

Thank you for allowing us to service your business needs.

**CBIA INC/PHS**

**THE HARTFORD SELECT CUSTOMER INSURANCE CENTER**



**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:** 33 SBA GC4 358 DV

**Named Insured and Mailing Address;** INTELLI-FLEX INC.

17315 STUDEBAKER RD STE 332  
CERRITOS CA 90703

**Policy Change Effective Date:** 02/21/20

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

**Policy Change Number:** 002

**Agent Name:** CBIA INC/PHS

**Code:** 75011s

### **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: \$37.00

RATES AND PREMIUMS ARE CHANGED.

FORM NUMBERS OF ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE:

IH12001185 WAIVER OF SUBROGATION

PRO RATA FACTOR: 1.000

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

**Form SS 12 11 04 05 T**

**Process Date:** 03/25/20

**Page** 001

**Policy Effective Date:** 02/21/20

**Policy Expiration Date:** 02/21/21

**POLICY NUMBER:** 33 SBA GC4358



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

WAIVER OF SUBROGATION

730 AVE F STE 210  
PLANO, TX 75074210

RE: AFFILIATED TELEPHONE, INC., COM-NET, INC., AFFILIATED TELEPHONE-  
AUSTIN, INC., AFFILIATED TELEPHONE-HOUSTON, INC., NORTH AMERICA  
CONNECTION, INC., AND AFFILIATED COMMUNICATIONS, INC.

COUNTY OF KERN  
ATTN: PURCHASING  
1115 TRUXTUN AVE FL 3  
BAKERSFIELD CA 93301

THE DISTRICT OF COLUMBIA  
ATTEN: OFFICE OF THE CHIEF TECHNOLOGY OFFICER  
200 I ST. SE  
WASHINGTON, D.C. 20003

CITY OF CARSON  
701 E CARSON ST  
CARSON, CA 90745-2224

**THEX  
HARTFORD**

Select Customer Insurance Center

8711 UNIVERSITY EAST DRIVE

CHARLOTTE NC 28213

Policyholder, please call us at (866) 467-8730

Agent, please call us at: (877) 853-2582

**INSURANCE ENDORSEMENT  
ATTACHED**

**\*\*\* PLEASE REVIEW THE CHANGE\*\*\***

Enclosed is an endorsement for your business insurance policy. Please review it at your convenience. If you have questions or need to make further changes:

Policyholder, please call us at (866) 467-8730

Agent, please call us at: (877) 853-2582 between 7 A.M. and 7 P.M. CST.

The premium billing will be mailed to you separately. You can expect to receive it soon.

Thank you for allowing us to service your business needs.

**CBIA INC/PHS**

THE HARTFORD SELECT CUSTOMER INSURANCE CENTER

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## MISCELLANEOUS CHANGE ENDORSEMENT

**POLICY NUMBER:** 33 UEC FU6B39 DV  
**CHANGE NUMBER:** 003A

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

**THE.  
HARTFORD**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below. (Premium adjustment, if any, for the addition, deletion or other change described in this endorsement is shown in the Premium Column below.)

**Effective Date:** 03/11/20

**Named Insured:** INTELLI-FLEX INC.

**Producer's Name:** CBIA INC/PHS

**Pro Rata Factor:** .951

**Description of Change:**

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.

HARTFORD ACCIDENT AND INDEMNITY COMPANY

NO CHANGE IN PREMIUM

THE FOLLOWING ENDORSEMENT (S) IS/ARE ADDED:

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

Countersigned by  
(Where required by law)

*Susan S. Castaneda*  
Authorized Representative

03/25/20  
Date

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

**AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:**

**Endorsement Effective Date:**

### **SCHEDULE**

**Name(s) Of Person(s) Or Organization(s):**

CITY OF CARSON

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.