



## CONTRACT EXTENSION

**DATE:** June 21, 2016  
**TO:** MentorSource Training Corporation dba Workplace Safety Specialists  
c/o Joan Monroe  
**FROM:** City of Glendale  
c/o Anthony Weathersby  
**SUBJECT:** Contract Extension No. 1  
Contract No. C-10198

Dear Mrs. Monroe,

The current contract is expiring on June 30, 2016 and there is a one-year extension option available. Under the original contract, Section 3 under Special Terms and Conditions, the City of Glendale wishes to exercise its right to extend the contract for a one-year period from July 1, 2016 through June 30, 2017. This letter serves as the first extension. There is one (1) extension remaining. The City will inform you at a later date whether it wishes to exercise its option to extend the term of the contract further. All provisions of the contract remain in full force and effect unless and until the parties agree to a written amendment or modification.

AW  
7/5/16

Thank you for your consideration.

Sincerely,

Kevin R. Phelps  
City Manager

MentorSource Training Corporation dba Workplace Safety Specialists hereby acknowledges this contract extension and its intent to follow all terms of the original contract.

Name: Joan Monroe  
Title: Authorized Representative

Please return three signed copies and the new insurance certificate for the extended term to:

City of Glendale  
c/o Anthony Weathersby  
7070 West Northern Avenue  
Glendale, Arizona 85303

	<b>Contract Change Order Summary</b>		State of Arizona State Procurement Office 100 N. 15 <sup>th</sup> Avenue, Suite 201 Phoenix, AZ 85007
	Contract No.: <b>ADSP014-074363</b>		
	Change Order No.: 8	Amendment No.: 3	

**SAFETY TRAINING SERVICES**

**Workplace Safety Specialists**

In accordance with Uniform Terms and Conditions, Section 5.1 Amendments and Special Terms and Conditions Section 3b Contract Extension, this Contract is extended for the contract period July 1, 2016 through June 30, 2017 or until the period of transition of Safety Training Services to a new Managed Service Provider (MSP) takes place.

**ALL OTHER REQUIREMENTS, SPECIFICATIONS, TERMS AND CONDITIONS REMAIN UNCHANGED**

**ACKNOWLEDGEMENT AND AUTHORIZATION**

**This change order shall be fully executed upon the approval electronically in ProcureAZ by an authorized representative of the Contractor and applied to the contract in ProcureAZ by the Procurement Officer or delegate.**



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State of Arizona  
State Procurement Office  
100 N. 15<sup>th</sup> Avenue, Suite 201  
Phoenix, AZ 85007

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/6/2016

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> Frenkel & Company 350 Hudson Street, 4th Floor New York NY 10014	<b>CONTACT NAME:</b> Renee Molina <b>PHONE (A/C, No, Ext):</b> 212-488-0246 <b>E-MAIL ADDRESS:</b> rmolina@frenkel.com	<b>FAX (A/C, No):</b> 646-514-9597
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Mentorsource Training Corporation dba Workplace Safety Specialists 1122 S. Greenfield Road Mesa AZ 85206	<b>INSURER A:</b> Starr Indemnity & Liability Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

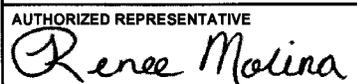
**COVERAGES**      **CERTIFICATE NUMBER:** 1872725375      **REVISION NUMBER:**

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 <input checked="" type="checkbox"/> Contr.Pollu.Lia. <input type="checkbox"/> -Occurrence Form GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	1000066227161	5/17/2016	5/17/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			1000066227161	5/17/2016	5/17/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	<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"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability -Claims Made Form	N	N	1000336916161	5/17/2016	5/17/2018	Each Claim: \$1,000,000 General Aggregate: \$2,000,000

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

\*\*\*Excess Liability is Follow-Form over the GL/CPL/PL Policy and the Insured's Commercial Auto (State Farm) & Employers Liability (AZ State Fund).

<b>CERTIFICATE HOLDER</b>  City of Glendale Materials Management 5850 W Glendale Ave, Suite 317 Glendale CA 85301	<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 
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