



C-8795-3  
Effective Date: October 31, 2016

## CONTRACT EXTENSION

**DATE:** September 22, 2016  
**TO:** TMMI - Technical Marketing MFG Inc - GE Intelligent Platforms  
c/o Christopher Shirley ~~JEFF BARTOLETTI~~  
**FROM:** City of Glendale  
c/o Anthony Weathersby  
**SUBJECT:** Contract Extension No. 3  
Contract No. C-8795  
SCADA Software Maintenance

Dear Christopher,

The above-mentioned contract is expiring on October 30, 2016. Under the original contract, Section 4.2, the City of Glendale wishes to exercise its right to extend the contract for a one-year period from October 31, 2016 through October 30, 2017. This letter serves as the third extension. There are two (2) one-year extensions 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.

Thank you for your consideration.

Sincerely,

Kevin R. Phelps  
City Manager

GE Intelligent Platforms, Inc. hereby acknowledges this contract extension and its intent to follow all terms of the original contract.

  
Name: Jeff Bartoletti

Title: Commercial Operations Leader

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

City of Glendale Water Services  
c/o Anthony Weathersby  
7070 W Northern Ave  
Glendale, Arizona 85303

8/30/16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/8/2016

**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> Electric Insurance Company 75 Sam Fonzo Drive Beverly, MA 01915-1000	<b>CONTACT NAME:</b> Tracy Darin <b>PHONE (A/C No. Ext.):</b> <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Electric Insurance Company* <b>NAIC #</b> 21261 <b>INSURER B:</b> * A.M. Best: "A", FSC X as of 8/12/14 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> GE Intelligent Platforms, Inc. 2500 Austin Drive Charlottesville, VA 22911 United States	

**COVERAGES**      **CERTIFICATE NUMBER: 174888**      **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.**

INSURER	TYPE OF INSURANCE	ADDITIONAL	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENT. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC OTHER:	X	GL 16-1	1/1/2016	1/1/2017	EACH OCCURRENCE \$ <b>\$2,500,000</b> DAMAGE TO RENTED PREMISES (Per occurrence) \$ <b>\$50,000</b> MED EXP (Any one person) \$ <b>\$10,000</b> PERSONAL & ADV INJURY \$ <b>\$2,500,000</b> GENERAL AGGREGATE \$ <b>\$5,000,000</b> PRODUCTS - COMPROP AGG \$ <b>Included in Gen Agg.</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	ML 16-2	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Per accident) \$ <b>\$2,500,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS	X	XS 16-1	1/1/2016	1/1/2017	EACH OCCURRENCE \$ <b>\$2,500,000</b> AGGREGATE \$ <b>\$5,000,000</b> \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>\$2,500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>\$2,500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>\$5,000,000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Should any of the above referenced policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days prior written notice to the certificate holder, however failure to do so shall not impose any obligation or liability of any kind upon the insurer affording coverage, or its agents or representatives.

Subject to the insurance policy terms and conditions, the above referenced insurances shall contain a waiver of subrogation, but only to the extent required by the underlying written contract with the Named Insured that is in place prior to an "occurrence" giving rise to a loss.

<b>CERTIFICATE HOLDER</b> City of Glendale Materials Management 5850 W. Glendale Ave Suite 317 Glendale, AZ 85301 United States	<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 <i>Tracy A. Darin</i>
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## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Electric Insurance Company 75 Sam Fonzo Drive Beverly, MA 01915-1000	<b>NAMED INSURED</b> GE Intelligent Platforms, Inc. 2500 Austin Drive Charlottesville, VA 22911 United States
<b>EFFECTIVE DATE: 1/1/2016</b>	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

**GL Coverages:**

- a. Premises-Operations
- b. Products/Completed Operations
- c. XCU
- d. Blanket Contractual Liability
- e. Personal and Advertising Injury Limit
- f. Independent Contractors
- g. Separation of Insureds / Cross Liability
- h. Clinical Trials
- i. Sudden and Accidental Pollution Liability

**Auto Coverages:**

- a. Symbol 1 - All Vehicles

**Excess Liability:**

- a. Following Form

**WC Coverages:**

- a. USL&H
- b. Jones Act / Maritime Liability
- c. Outer Continental Shelf Lands Act