

MASTER ENABLING AGREEMENT (4-22-21)

This MASTER ENABLING AGREEMENT is made and entered into this **1st** day of **June, 2021** pursuant to the Public Contract Code 10700 *et seq.*, by and between the Trustees of The California State University on behalf of

University The California State University, Office of the Chancellor	Agreement No: 170717	Amendment No: 2	Project No: Systemwide	Project Name: Appraisal Services
hereafter referred to as Trustees, and Service Provider, Cushman & Wakefield	CSU Vendor ID No. 10952		Federal ID No:	License No:
Address of Service Provider 900 Wilshire Blvd., Suite 2400, Los Angeles, CA 90017			Telephone No: (213) 955-6495	Fax No:

WITNESSETH: That the Service Provider in consideration of the statements and conditions herein contained, does hereby agree to furnish all labor, materials, and equipment and to perform all work necessary to complete, in a skillful manner, the following:

Agreement No. 170717, dated June 1, 2018 is hereby amended as follows:

1. This amendment exercises the option to extend the term for an additional one (1) year. The term of this agreement shall be from June 1, 2021 through May 31, 2022 with no options remaining.
2. The Service Provider agrees that no purchase order or scope of work for services by the University or CSU Auxiliary shall be executed without prior review and approval of the scope of work by the Contract Administrator Francis Freire.

Except as amended herein, all terms and conditions of the original Agreement remain unchanged.

The total amount to be expended under this agreement shall be determined by the overall usage by each participating campus an administrative office of the CSU. Payment shall be made in accordance with Rider C. The Service Provider shall not perform services in excess of the Agreement without prior written authorization to proceed from the University Contract Administrator of Trustees' Representative.

Service Provider shall report to Contract Administrator Francis Freire, Director of Real Estate Development, Office of the Chancellor, Long Beach, CA, (562) 951-4204.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto, upon date first above written.

THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY					SERVICE PROVIDER							
Campus The California State University, Office of the Chancellor					Full Legal Name of Service Provider Cushman & Wakefield							
By: Amy Foster (Authorized Signature) Amy Förte (Jun 2, 2021 12:56 PDT)					06/02/2021		By: (Service Provider's Authorized Signature) 05/27/2021					
Printed Name and Title of Person Signing for Trustees Elvyra F. San Juan, Assistant Vice Chancellor					Printed Name and Title of Person Signing for Service Provider Michele Kauffman, MAI; Executive Managing Director							
Capital Planning, Design and Construction Capital Planning, Design and Construction 401 Golden Shore, Long Beach, CA 90802					Check appropriate box below that best describes Service Provider: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other (specify) _____							
SCO Account Data:		Fund 0948	Sub Fund 000	Agency 6620	Yr	Ref/Item	Category	Program Element	Component	Chapter	Fiscal Yr 2014-15	Legal Reference
Fund Name TF – Capital Project Management					PS Account 613001	PS Fund 485C1	PS Dept ID 1089	PS Program	PS Class	PS Project/Grant		
Amount Encumbered \$0	I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditures stated above.											
Amount of Increase \$0	No Signature from Accounting required for \$0.00 MEA. Accounting Office signs "Service Order & Authorization to Proceed" as required											
Amount of Decrease \$0	I hereby certify that I have examined the written Agreement and find the same to be in accordance with the requirements of the California State University Contract Law. G. ANDREW JONES, General Counsel.											
Total Amount Encumbered \$0	By Attorney: <u>Andy Maiorano</u> Andy Maiorano (Jun 7, 2021 11:19 PDT)					06/07/2021					Date	

This agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same Agreement. The exchange of copies of this Agreement and of signature pages by electron mail in "portable document format" (".pdf") form or by any other electronic means shall constitute effective execution and delivery of this Agreement and shall have the same effect as copies executed and delivered with original signatures.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2020

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 Marsh USA Inc. 540 W. Madison Chicago, IL 60661	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Travelers Property Cas Co of America		25674
INSURER C: Charter Oak Fire Ins Co		25615
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 880146 **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. Limits shown are as requested

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"/> 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:			XSL G71571993	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ NA PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 SIR \$ 500,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			TC2JCAP-4286L417-TIL -21	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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	N/A	TC2OUB-4286L362-21 (AOS)	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B				TRJUB-4286L398-21 (AZ, WI)	1/1/2021	1/1/2022	E.L. EACH ACCIDENT \$ 1,000,000
B				TWXJUB-4286L405-21 (OH)	1/1/2021	1/1/2022	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
				Policy above includes \$500,000 SIR			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)
 State of California, the Trustees of the California State University, the campus and the officers, employees, volunteers and agents of each of them as Additional Insured, except for Professional Liability and Workers' Compensation insurance.

CERTIFICATE HOLDER	CANCELLATION 21-22 GLALWC (Cush&Wake Inc.) 880146
California State University Office of the Chancellor Attn: Karisa Katsuki 401 Golden Shore Long Beach,, CA 90802 USA	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 of Marsh USA Inc. <i>Karisa Katsuki</i>

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12/30/2020

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PRODUCER Aon UK Limited 122 Leadenhall Street London EC3V 4AN United Kingdom	CONTACT NAME: Elliott Williams
	PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INSURED Cushman & Wakefield, Inc. 225 West Wacker Drive, Suite 3000 Chicago, IL 60606	INSURER(S) AFFORDING COVERAGE
	INSURER A: See Attached
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

CERTIFICATE NUMBER: 895968

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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$
	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	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	E&O - MPL - Primary			PSDEF2000578 Claims-Made Policy; SIR applies per policy terms & conditions	12/31/2020	12/31/2021	Each Claim \$2,000,000 Aggregate \$2,000,000 SIR \$ 350,000

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

As respects Errors and Omissions Liability policy PSDEF2000578, Aon Risk Services Central, Inc. is generating and distributing this certificate in an administrative capacity. Aon UK Limited is the broker for the defined policy.

CERTIFICATE HOLDER**CANCELLATION**

20-21 Cush & Wake E&O

895968

California State University
 Office of the Chancellor
 Attn: Karisa Katsuki
 401 Golden Shore
 Long Beach, CA 90802 USA

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

Aon UK Limited

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ADDITIONAL REMARKS SCHEDULE

AGENCY Aon UK Limited		NAMED INSURED See Below	
POLICY NUMBER See Below			
CARRIER See Below	NAIC CODE	EFFECTIVE DATE: 12/31/2020 to 12/31/2021	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Evidence of Professional Indemnity Insurance

PROFESSIONAL INDEMNITY COVERAGE – PRIMARY

NAMED INSURED:
 Cushman & Wakefield, Inc.
 Cushman & Wakefield U.S., Inc.
 C&W Facility Services dba C&W Services
 Cushman & Wakefield Solutions, LLC
 Cushman & Wakefield ULC

Policy No. PSDEF2000578

- Liberty Mutual Insurance Co. – 15.88%
- Great Lakes Insurance SE (Munich RE group) – 28.57%
- XL Insurance Company SE – 15.88%
- Greenwich Insurance Co. – 19.03%
- Allied World Assurance Co. Ltd. Australia Branch – 15.88%
- Lloyd's of London Syndicate 1274 – 4.76%