

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: 170718	Amendment No: 2	Project No: Systemwide	Project Name: Appraisal Services
hereafter referred to as Trustees, and Service Provider, Colliers International	CSU Vendor ID No. 10953		Federal ID No:	License No:
Address of Service Provider 865 S. Figueroa Street, Suite 3500, Los Angeles, CA 90017			Telephone No: (213) 417-3319	Fax No: (213) 327-3419

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. 170718, 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 Colliers International						
Authorized Signature) <i>Amy Forte</i> Amy Forte (Jun 21, 2021 13:56 PDT)						Authorized Signature) <i>David Williams</i> David Williams (Jun 21, 2021 09:35 PDT)						
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 David A Williams, MAI, AI-GRS						
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. <i>Kelly Cox</i> Kelly Cox (Jun 2, 2021 09:46 PDT)											
Amount of Increase \$0	No Signature from Accounting required for \$0.00 MEA. Accounting Office signs "Service Order & Authorization to Proceed" as required Date											
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. <i>GAJ</i> FF											
Total Amount Encumbered \$0	By Attorney: <i>Andy Maiorano</i> Andy Maiorano (Jun 22, 2021 13:03 PDT)						06/22/2021			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)
05/20/2021

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).

PRODUCER HUB International Ontario Limited 595 Bay Street, Suite 900 Toronto, ON M5G 2E3	1-416-619-8000	CONTACT NAME: Vanessa Chapin PHONE (A/C. No. Ext): 416-619-8000 E-MAIL ADDRESS: vanessa.chapin@hubinternational.com	FAX (A/C. No): 416-619-8001
INSURED Colliers International Valuation & Advisory Services, LLC 9820 Willow Creek Road, Suite 300 San Diego, CA 92131		INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance Company	NAIC #
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 62242819

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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						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"/> 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			PLVAABP3RJ003	12/01/20	12/01/21	Primary Layer USD 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Professional Liability Limit: \$1,000,000 Each Claim / \$2,000,000 Annual Aggregate

CERTIFICATE HOLDER

California State University Office of the Chancellor 401 Golden Shore Long Beach, CA 90802-4210 USA

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

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05/20/2021

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PRODUCER HUB International Ontario Limited 595 Bay Street, Suite 900 Toronto, ON M5G 2E3	1-416-619-8000	CONTACT NAME: Vanessa Chapin PHONE (A/C. No. Ext): 416-619-8000 E-MAIL ADDRESS: vanessa.chapin@hubinternational.com	FAX (A/C. No): 416-619-8001
INSURED Colliers International Valuation & Advisory Services, LLC 9820 Willow Creek Road, Suite 300 San Diego, CA 92131		INSURER(S) AFFORDING COVERAGE INSURER A: LIBERTY MUT INS CO INSURER B: Liberty Mutual Insurance Company INSURER C: Chubb Insurance Company of Canada INSURER D: INSURER E: INSURER F:	NAIC # 23043

COVERAGES

CERTIFICATE NUMBER: 62243595

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLTOABEC5R020	12/01/20	12/01/21	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			GLTOABEC5R020	12/01/20	12/01/21	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB 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						WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Crime			8132-4965	12/01/20	12/01/21	2,000,000

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

The State of California, the Trustees of the California State University, the University, (or CSU Auxiliary) their officers, employees, representatives, volunteers, and agents are added as additional insured under general and auto liability with respect to CIVAS gross negligence or willful misconduct, as required by written agreement.

CERTIFICATE HOLDER

California State University Office of the Chancellor 401 Golden Shore Long Beach, CA 90802-4210 USA

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AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)

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