

**MASTER ENABLING AGREEMENT** (04/2021)

This AGREEMENT is made and entered into this **16** day of **June, 2022** pursuant to the Public Contract Code 10700 *et seq.*, by and between the Trustees of The California State University on behalf of

<i>Campus, hereafter referred to as Trustees, and</i> <b>The California State University, Office of the Chancellor</b>	Amendment No.: <b>1</b>	Agreement No.: <b>20-413</b>	Project No.: <b>Systemwide</b>
<i>Service Provider, hereafter referred to as Service Provider.</i> <b>The Dore Group, Inc.</b>	Telephone No.: <b>(619) 933-5040</b>	CO Vendor ID No.:	License or DIR 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: ***Property Appraisal services for California State University development projects.***

Agreement No. 20-413, dated March 20, 2021 is hereby amended as follows:

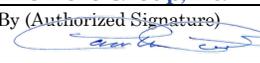
1. This amendment exercises the option to extend the term for an additional three (3) years. The term of this agreement shall be from July 1, 2022 through June 30, 2025 with one (1) renewal option remaining.

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 D, attached to Agreement No. 20-413. 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 Real Estate Development, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802, (562) 951-4204, [ffreire@calstate.edu](mailto:ffreire@calstate.edu) or Elvyra F. San Juan, Assistant Vice Chancellor (562) 951-4090, [esanjuan@calstate.edu](mailto:esanjuan@calstate.edu).

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

Trustees of the California State University			Service Provider				
Campus <b>California State University, Office of the Chancellor</b>			Firm Name <b>The Dore Group, Inc.</b>				
By (Trustees' Authorized Signature)  <small>Elvyra San Juan (Jul 12, 2022 17:54 PDT)</small>			By (Authorized Signature) 				
Printed Name and Title of Person Signing <b>Elvyra F. San Juan, Assistant Vice Chancellor</b>			Printed Name and Title of Person Signing <b>Lance W. Dore, MAI, FRICS, President</b>				
Address of Campus Project Administrator <b>401 Golden Shore, Long Beach, CA 90802</b>			Address of Service Provider <b>3990 Old Town Avenue, Suite B104, San Diego, CA 92110</b>				
Fund Name <b>TF - Capital Project Management</b>	PS Account	PS Fund	PS Dept. ID	PS Program	PS Class	PS Project/Grant	
Amount Encumbered <b>\$0</b>	I hereby certify upon my personal knowledge that budgeted funds are available for the period and purpose of expenditures stated above.					 <small>Kelly Cox (Jul 20, 2022 08:15 PDT)</small>	
Amount of Increase <b>\$0</b>	Signature of Accounting Officer				Date		
Amount of Decrease <b>\$0</b>	I hereby certify that I have examined the written Agreement and find the same to be in accordance with the requirements of California State University Contract Law. G. ANDREW JONES, General Counsel						
Total Amount Encumbered <b>\$0</b>	By Attorney 				<b>07/19/2022</b>		

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.







Those usual to the Insured's Operations. Certificate holder is an additional insured per form IH1200 attached to this policy. This policy has been endorsed with BP 04 51 01 06 California Additional Insured - Automatic Status - Blanket Additional Insureds. This policy has been endorsed with CG20010413 This insurance is Primary and Non-Contributory  
30 days written notice shall be provided for cancellation.  
The State of California, the Trustees of the California State University, (or CSU Auxillary), the University, their officers, employees, representatives, volunteers, and agents shall not by reason of their inclusion as additional insureds incur liability to the insurance carriers for payment of premiums for such insurance.

**CERTIFICATE OF INSURANCE**

Producer:

LIA ADMINISTRATORS & INSURANCE SERVICES  
P.O. Box 1319  
Santa Barbara, CA 93102-1319

Issue Date: 11/01/2021

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policy below.

Insured: 163969  
DORE GROUP, INC., THE  
Lance W. Dore  
3990 Old Town Avenue, Suite B104  
San Diego, CA 92110

Fax Number: 000-000-0000

**COMPANY AFFORDING COVERAGE**

**Aspen American Insurance Company**



\_\_\_\_\_  
Authorized Representative

This is to certify that the policy of insurance listed below has been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term of condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Limits shown may have been reduced by paid claims.

**DISCLAIMER:** This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
Professional Liability	AAI002660-07	08/18/2021	08/18/2022	Each Claim General Aggregate	\$ 1,000,000 \$ 2,000,000

Description of Operations/Locations/Special Items:

**REAL ESTATE APPRAISERS PROFESSIONAL LIABILITY INSURANCE**

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

**Cancellation:**

**Should the above described policy be cancelled before the expiration date thereof, the issuing Company will mail 30 days notice, except 10 days notice for nonpayment of premium, to the certificate holder named to the left. However, failure to mail such notice shall impose no obligation or liability of any kind upon the Company, its agents or representatives.**