

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> The California State University, Office of the Chancellor	Amendment No.: 1	Agreement No.: 20-475	Project No.: Systemwide
<i>Service Provider, hereafter referred to as Service Provider.</i> Keyser Marston Associates, Inc.	Telephone No.: (415) 398-3050	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: **Real Estate Financial Advisory Services.**

Agreement No. 20-475, dated July 1, 2021 is hereby amended as follows:



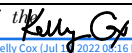

- This amendment exercises the option to extend the term for an additional three (3) years. The term of this agreement shall be from July 1, 2022 through June 30, 2025 with one (1) renewal option remaining.

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. 20-475. 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 or Elvyra F. San Juan, Assistant Vice Chancellor (562) 951-4090, 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 California State University, Office of the Chancellor				Firm Name Keyser Marston Associates, Inc.			
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 Elvyra F. San Juan, Assistant Vice Chancellor				Printed Name and Title of Person Signing Kathleen Head, President			
Address of Campus Project Administrator 401 Golden Shore, Long Beach, CA 90802				Address of Service Provider 2040 Bancroft Way, Suite 302, Berkeley, CA 94704			
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 personal knowledge that budgeted funds are available for the period and purpose of the  expenditures stated above. <small>Kelly Cox (Jul 10, 2022 09:16 PDT)</small>						
Amount of Increase \$0	Signature of Accounting Officer				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 California State University Contract Law. G. ANDREW JONES, General Counsel						
Total Amount Encumbered \$0	By Attorney  <small>Andy Maiorano (Jul 18, 2022 13:19 PDT)</small>				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)

11/28/2021

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 MOC Insurance Services License No. 0589960 101 Montgomery St., Suite 800 San Francisco CA 94104	CONTACT NAME: Halidee Callejas PHONE (A/C No. Ext): (415)957-0600 E-MAIL ADDRESS: hcallejas@mocins.com	FAX (A/C, No): (415)957-0577
	INSURER(S) AFFORDING COVERAGE	
INSURED Keyser Marston Associates, Inc. 1299 4th Sreet Suite 408 San Rafael CA 94901	INSURER A: Massachusetts Bay Ins. Co.	NAIC # 22306
	INSURER B: Allmerica Financial Benefit Co.	41840
	INSURER C: Hanover Insurance Company	22292
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2021-2022

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		ZDFA49104907	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll \$500 <input checked="" type="checkbox"/> Comp \$1,000	X		AWFA490049	12/1/2021	12/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined single \$ 1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	X		UHFA49117107	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 \$
C	Professional Liability Retention \$25,000			LHFD42616504 Retro Date: 11/11/1976	12/1/2021	12/1/2022	Each Wrongful Act \$1,000,000 Aggregate Limit \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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 named as Additional Insureds as respects their interests may appear per written contract. This insurance is primary and non contributory. Thirty (30) days notice of cancellation, Ten (10) days for non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

California State University Office of the Chancellor 401 Golden Shore Long Beach, CA 90802-4210	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 Halidee Callejas/HCA <i>Halidee Callejas</i>
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ACORD 25 (2014/01)

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INS025 (201401)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/27/2022

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 Affinity a division of Marsh USA Inc. PO Box 14404 Des Moines, IA 50306-9686	CONTACT NAME: Marsh Affinity	
	PHONE (A/C, No, Ext): 866-237-4079	FAX (A/C, No):
E-MAIL ADDRESS: ADPTotalSource@marsh.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: AIU Insurance Company		19399
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		
INSURED ADP TotalSource DE IV, Inc. 5800 Windward Parkway Alpharetta, GA 30005 L/C/F: Keyser Marston Associates, Inc. 1299 FOURTH ST. STE 408 San Rafael, CA 949010000		

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

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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 <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 \$ \$
A	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 <input type="checkbox"/>	N/A	WC 053418316 CA	07/01/2022 07/01/2023	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for KEYSER MARSTON ASSOCIATES, INC., paid under ADP TOTALSOURCE, INC's payroll, are covered under the above stated policy.

CERTIFICATE HOLDER**CANCELLATION**

California State University Office of the Chancellor 401 Golden Shore Long Beach, CA 90802	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>Jo Phillips</i>

ACORD 25 (2016/03)

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