

**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>20-477</b>	Project No.: <b>Systemwide</b>
<i>Service Provider, hereafter referred to as Service Provider.</i> <b>BAE Urban Economics, Inc.</b>	Telephone No.: <b>(510) 547-9380</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: **Real Estate Financial Advisory Services.**

Agreement No. 20-477, dated July 1, 2021 is hereby amended as follows:


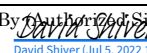
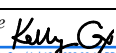

1. This amendment exercises the option to extend the term for an additional three (3) years. The term of this agreement shall be from July 1, 2022 through June 30, 2025 with one (1) renewal option remaining.

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. 20-477. 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>BAE Urban Economics, Inc.</b>				
By (Trustees Authorized Signature)  <small>Elvyra San Juan (Jul 12, 2022 17:55 PDT)</small>			By (Authorized Signature)  <small>David Shiver (Jul 5, 2022 13:37 PDT)</small>				
Printed Name and Title of Person Signing <b>Elvyra F. San Juan, Assistant Vice Chancellor</b>			Printed Name and Title of Person Signing <b>David L. R. Shiver, Principal</b>				
Address of Campus Project Administrator <b>401 Golden Shore, Long Beach, CA 90802</b>			Address of Service Provider <b>2560 9th Street, Suite 211, Berkeley, CA 94710</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 the  <small>Kelly Cox (Jul 13, 2022 08:54 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					<b>07/19/2022</b>	
Total Amount Encumbered <b>\$0</b>	By Attorney 					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)

04/15/2022

**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).**

<b>PRODUCER</b> Fidelity Insurance Service a member of United Valley 801 Allston Way Berkeley CA 94710		<b>CONTACT NAME:</b> Aliyyah Harvey <b>PHONE (A/C, No, Ext):</b> (510) 548-8200 <b>FAX (A/C, No):</b> (510) 548-6145 <b>E-MAIL ADDRESS:</b> aharvey@fidelityinsuranceservice.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Sentinel Insurance LTD <b>INSURER B:</b> Property & Casualty Insurance Company of Hartford <b>INSURER C:</b> Ironshore Specialty Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 11000 34690 25445
<b>INSURED</b> BAE Urban Economics, Inc., DBA: Bay Area Economics 2560 Ninth Street Suite 211 Berkeley CA 94710			

**COVERAGES****CERTIFICATE NUMBER:** 22-23 Prof L/WC Master**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		57SBABB3176	12/24/2021	12/24/2022	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							Employee Dishonesty	\$ 55,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		57SBABB3176	12/24/2021	12/24/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			57SBABB3176	12/24/2021	12/24/2022	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	57WBCNT0764	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Professional Liability-Retro Date 2/24/06 for \$1M Limits & 4/24/16 for \$2M Limits			PEO903737-02	04/24/2022	04/24/2023	Each Wrongful Act	\$2,000,000
							Aggregate	\$2,000,000
							SIR	\$ 100,000

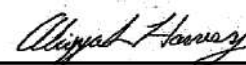
**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For the general and automobile liability policies, the State of California, the Trustees of the California State University, the University, (or CSU Auxiliary), their officers, employees, representatives, volunteers, and agents named additional insured with respect to the insured's operations. As respects to: Agreement No. 20-477 Systemwide TF-Capital Project Management.

**CERTIFICATE HOLDER****CANCELLATION**

CSU The California State University, Office of the Chancellor  
 Attn: Regina Coston  
 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  


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