

**MASTER ENABLING AGREEMENT (02/2021)**

**PROPERTY APPRAISAL SERVICES**

This AGREEMENT is made and entered into this 20 day of March, 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 hereafter referred to as Trustees, and Service Provider, Newmark Knight Frank Valuation & Advisory LLC Address of Service Provider 3055 Olin Avenue, Suite 2200, San Jose, CA 95128	Agreement No: 20-414	Amendment No: N/A	Project No: Systemwide	Project Name: Appraisal Services
	CSU Vendor ID No. N/A	Federal ID No:	License No:	
		Telephone No: 408-987-4192	Fax No:	

WITNESSETH: That the Service Provider in consideration of the covenants, conditions and agreements of the Trustees 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:

The Service Provider is to provide **Property Appraisal services for California State University development projects**. This Agreement is a Master Enabling Agreement (MEA) under which each campus and administrative office of the California State University campus may engage the services of the Service Provider as provided herein. CSU Auxiliary Organizations may also utilize this MEA for services under the terms set forth in this Service Agreement. Campuses or CSU Auxiliary Organizations shall execute a Service Order & Authorization to Proceed to secure services under this Agreement. The Service Provider shall provide the required services necessary in accordance with the following Riders, which by this reference are incorporated herein and made part of this Agreement.

- Rider A – Agreement General Provisions, consisting of four (4) pages;
- Rider B – Agreement Specific Provisions, consisting of two (2) pages;
- Rider C – Organizational Chart, consisting of one (1) page;
- Rider D – Billing Rates, consisting of two (2) pages;
- Rider E – Sample Service Order, consisting of one (1) page.

The term shall begin upon receipt of a fully executed Agreement and written authorization to proceed from the Trustees. The term shall end upon the acceptance of completion by the Trustees. The term shall be from March 20, 2021 to June 30, 2022 with the option of the CSU to extend the agreement with the same terms and conditions for two (2) additional three-year periods.

The Service Provider shall not perform services in excess of the Agreement without prior written authorization to proceed from the Trustees' Representative, CSU Auxiliary Representative or University Project Administrator. The total amount to be expended under this Agreement shall be determined by the overall usage by each participating campus and administrative office of the California State University. Payment shall be made in accordance with the Riders herein.

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).

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 electronic 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.

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 Newmark Knight Frank Valuation & Advisory LLC							
By (Trustees' Authorized Signature) <i>Amy Forte</i> (Jun 4, 2021 14:29 PDT) 06/04/2021					By (Service Provider's Authorized Signature) <i>Robby D. Perrino</i> (Jun 3, 2021 16:34 PDT) 06/03/2021							
Printed Name and Title of Person Signing for Trustees Elvyra F. San Juan, Assistant Vice Chancellor, CPDC					Printed Name and Title of Person Signing for Service Provider Robby D. Perrino, MAI, CRE, CCIM, Senior Managing Director							
Capital Planning, Design and Construction 401 Golden Shore Long Beach, CA 90802-4210					Check appropriate box below that best describes Service Provider: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other (specify)							
<b>SCO Account Data:</b>		Fund	Sub Fund	Agency	Yr	Ref/Item	Category	Program Element	Component	Chapter	Fiscal Yr	Legal Reference
Fund Name		0948	000	6620		613001	54209	1089			2020-21	
TF – Capital Project Management					PS Account	PS Fund	PS Dept ID	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 4, 2021 11:12 PDT)		
Amount of Increase \$0					<b>No Signature from Accounting required for \$0.00 MEA. Accounting Office signs "Service Order &amp; Authorization to Proceed" as required</b>					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.							
Total Amount Encumbered \$0					By Attorney: <i>Christopher C. Fowler</i> Christopher C. Fowler (Jun 15, 2021 11:25 PDT)					06/15/2021 Date		

## Rider A - Agreement General Provisions

1. Trustees (or CSU Auxiliary) agree to pay for the services and materials to be furnished by Service Provider as provided by this Agreement. Payment in arrears shall be made upon Service Provider's completion of the services required by this Agreement to the satisfaction of the Trustees (or CSU Auxiliary) and upon Service Provider's submission of billings as shall be prescribed by the Trustees (or CSU Auxiliary).
2. Service Provider, in the performance of this Agreement, is an independent contractor and is not an employee, agent, or officer of the Trustees (or CSU Auxiliary).
3. Trustees may cancel this Agreement should Service Provider fail to perform as herein provided. In the event of such cancellation, Trustees shall be relieved of the obligation to make any payment to Service Provider and Trustees (or CSU Auxiliary) may proceed with the work in any manner the Trustees (or CSU Auxiliary) deem proper.
4. Trustees may terminate this Agreement either upon giving fifteen (15) days written notice or upon the immediate notice with payment of \$25.00 to Service Provider. Payment shall be complete by mailing payment to Service Provider at the address appearing on the face of this Agreement. In the event of such termination, Service Provider shall be paid only for the work satisfactorily completed.
5. Service Provider shall not assign benefits or delegate duties under this Agreement in whole or in part without the prior written approval of the Trustees. Thus, Service Provider may not assign any moneys due or to become due hereunder without the written consent of Trustees.
6. The provisions of this Agreement shall extend to and be binding upon and inure to the benefit of the heirs, executors, administrators, successors and assigns to the parties hereto.
7. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties. Oral understandings or other agreements not incorporated herein shall not be binding.
8. Trustees (or CSU Auxiliary) may issue a written order with respect to the services to be performed under this Agreement at any time before the completion of the services. Trustees (or CSU Auxiliary) shall pay Service Provider an amount for such services as provided in this Agreement, or if not so provided, Trustees (or CSU Auxiliary) shall pay Service Provider a reasonable amount, which shall be agreed upon by the parties.
9. Any notice, which may be proper or necessary for either of the parties hereto to serve on the other, in case of Trustees (or CSU Auxiliary), may be served effectually upon Trustees (or CSU Auxiliary) by delivering it in writing, addressed to the Trustees of the California State University, attention of the official executing this Agreement for Trustees, at CSU Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802, or by depositing it in a United States mail deposit box with first class postage thereon fully prepaid and addressed to Trustees at the above-mentioned address. If a CSU Auxiliary Organization utilizes this MEA, it will also be served to them directly. In the case of Service Provider, notice may be served effectually upon Service Provider by delivering it in writing to Service Provider at the address appearing on the first page of this Agreement or depositing it in a United States mail deposit box with first class postage thereon fully prepaid, and addressed to Service Provider at the Service Provider's above-mentioned address. Any notice may also be served effectually by delivering or mailing it, as in this section provided, addressed to Trustees (or CSU Auxiliary) or Service Provider at any other place or places which Trustees (or CSU Auxiliary) or Service Provider, by written notice served upon the other, may designate, provided, however, that nothing herein shall preclude the giving of notice by personal service.
10. In the performance of this Agreement, the Service Provider will not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, age, national origin, physical handicap, medical condition, or marital status. The Service Provider will take action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, ancestry, sex, age, national origin, physical handicap, medical condition, or marital status as prohibited by the California Fair Employment and Housing Act (Government Code Section 12900 *et seq.*).
11. Service Provider shall not utilize any information, not a matter of public record, which is received by reason of this Agreement, for pecuniary gain not contemplated by the terms of this Agreement, regardless of whether Service Provider is or is not under contract at the time such gain is realized (Education Code Section 89006).
12. The following provisions relate to Conflict of Interest:

- (A) Service Provider shall act in the best interest of Trustees (or CSU Auxiliary) at all times during the performance of this Agreement. Service Provider shall not engage in any business dealings that may be in actual or potential conflict with the performance of this Agreement without the prior written approval of Trustees (or CSU Auxiliary).
  - (B) Should any actual or potential conflicts of interest arise that could impact Service Provider's ability to act in the best interest of Trustees (or CSU Auxiliary), Service Provider agrees to immediately disclose the actual or potential conflict of interest to Trustees (or CSU Auxiliary) for evaluation.
  - (C) Service Provider agrees that it will not submit a bid for the provision of services, the procurement of goods or supplies, or any other related action that is required, suggested, or otherwise deemed appropriate in the end product of this consulting Agreement except as authorized by law. (Public Contract Code Section 10830).
13. The report, survey, or other product developed by Service Provider pursuant to this Agreement is the property of Trustees (or CSU Auxiliary), and shall not be used in any manner by Service Provider unless authorized by Trustees (or CSU Auxiliary).
14. In executing this service agreement, Service Provider swears, under penalty of perjury, that no more than one final unappealable finding of contempt of court by a federal court has been issued against Service Provider within the immediately preceding two-year (2) period because of Service Provider's failure to comply with an order of a federal court which orders Service Provider to comply with an order of the National Labor Relations Board. Trustees (or CSU Auxiliary) may rescind this contract if Service Provider falsely swears to this statement (Public Contract Code Section 10296).
15. If the Agreement exceeds \$10,000, the contracting parties shall be subject to the examination and audit of the State Auditor of the State of California for a period of three (3) years after final payment under the Agreement. This examination and audit shall be confined to those matters connected with the performance of this contract, including, but not limited to, the cost of administering this Agreement (Government Code Section 8546.7).
16. The Service Provider hereby certifies compliance with Government Code Sections 8355, 8356, and 8357 in matters relating to providing a drug-free workplace. In accordance with Government Code Section 8355, the Service Provider shall:
- A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations;
  - B. Establish a Drug-Free Awareness Program to inform employees about all of the following:
    - (1) The dangers of drug abuse in the workplace,
    - (2) The Service Provider's policy of maintaining a drug-free workplace,
    - (3) Any available counseling, rehabilitation, and employee assistance programs, and
    - (4) Penalties that may be imposed upon employees for drug abuse violations;
  - C. Require that each employee engaged in the performance of the Agreement be given a copy of the statement required by subpart A, and require that each employee, as a condition of employment on the Agreement, agree to abide by the terms of the statement.
17. Responsive to direction from the State Legislature (Public Contract Code Section 10115 *et seq.*), the Trustees (or CSU Auxiliary) are seeking to increase the statewide participation of disabled veteran business enterprises in contract awards. To this end, Service Provider shall inform the Trustees (or CSU Auxiliary) of any contractual arrangements with consultants or suppliers that are certified disabled veteran business enterprises.
18. If the Service Provider is a natural person, the Service Provider certifies by signing this Agreement that s/he is a citizen or national of the United States or otherwise qualified to receive public benefits under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193; 110 STAT. 2105, 2268-69), State of California Governor's Executive Order W-135-96.
19. If the Service Provider is a corporation, the Service Provider certifies and declares by signing this Agreement that it is eligible to contract with the State of California pursuant to the California Taxpayer and Shareholder Protection Act of 2003 (Public Contract Code Section 10286 *et seq.*).
20. The Service Provider shall not commence work until it has obtained all the insurance required in this Article, and such insurance has been approved by the Trustees (or CSU Auxiliary).
- A. Service Provider shall obtain and maintain the following policies and coverage. The insurance furnished by the Service Provider under this Article shall provide coverage in amounts not less than the following, unless a different amount is stated on the Cover Page of this Agreement:

- (1) Comprehensive or Commercial Form General Liability Insurance: on an occurrence basis, covering work done or to be done by or on behalf of the Service Provider and providing insurance for bodily injury, personal injury, property damage, and contractual liability. The aggregate limit shall apply separately to the work. Limits of Liability:  
\$2,000,000.00            General Aggregate  
\$1,000,000.00            Each Occurrence—combined single limit for bodily injury and property damage.
  - (2) Business Automobile Liability Insurance: on an occurrence basis, covering owned, scheduled, hired, and non owned automobiles used by or on behalf of the Service Provider and providing insurance for bodily injury, property damage, and contractual liability. Limits of Liability:  
\$1,000,000.00            Each Accident—combined single limit for bodily injury and property damage.
  - (3) Workers' Compensation: including Employers Liability limits of \$1,000,000.00 and other limits as required under California law.
  - (4) Errors and Omissions Insurance: on an occurrence basis is preferred, covering work done or to be done by or on behalf of the Service Provider and providing insurance for errors and omissions in the amount of \$1,000,000.00 each occurrence. At a minimum, Service Provider shall obtain and maintain errors and omissions insurance on a claims-made basis for no less than \$1,000,000.00 each claim and \$2,000,000.00 annual aggregate, and certification of coverage shall be submitted to the Trustees (or CSU Auxiliary) upon signing of this Agreement. If the total contract amount exceeds \$1,000,000, Service Provider shall renew and keep such insurance in effect for at least five (5) years after the recordation of the notice of completion.
- B. Service Provider shall submit to the Trustees (or CSU Auxiliary) certificates of insurance and original endorsements to the policies of insurance required by the agreement as evidence of the insurance coverage. The scope of coverage and deductible shall be shown on the certificate of insurance. The certificates of insurance and endorsements shall provide for no cancellation of coverage without thirty (30) days written notice to the Trustees (or CSU Auxiliary), as specified in Section 19-C (3). Renewal certifications and endorsements shall be timely filed by the Service Provider for all coverage until the work is accepted as complete. The Trustees (or CSU Auxiliary) reserve the right to require the Service Provider to furnish the Trustees (or CSU Auxiliary) complete, certified copies of all required insurance policies. The Service Provider shall notify the Trustees (or CSU Auxiliary) in writing of any material change in insurance coverage.
- C. The insurance policies shall contain, or be endorsed to contain, the following provisions:
- (1) 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 shall be covered as additional insureds.
  - (2) For any claims related to the work, the Service Provider's insurance coverage shall be primary insurance as respects the State of California, the Trustees of the California State University, (or CSU Auxiliary), the University, their officers, employees, representatives, volunteers, and agents. Any insurance or self-insurance maintained by the State of California, the Trustees of the California State University, (or CSU Auxiliary), the University, their officers, employees, representatives, volunteers, and agents shall be in excess of the Service Provider's insurance and shall not contribute with it.
  - (3) Each insurance policy required by this Article shall state that coverage shall not be canceled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Trustees (or CSU Auxiliary).
  - (4) The State of California, the Trustees of the California State University, (or CSU Auxiliary), 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.
- D. Insurers shall be licensed by the State of California to transact insurance and shall hold a current A.M. Best's rating of no less than A:VII or equivalent carrier otherwise acceptable to the Trustees (or CSU Auxiliary).
- E. Miscellaneous:
- (1) Any deductible under any policy of insurance required in this Article shall be Service Provider's liability.
  - (2) Acceptance of certificates of insurance by the Trustees (or CSU Auxiliary) shall not limit the Service Provider's liability under the agreement.
  - (3) In the event the Service Provider does not comply with these insurance requirements, the Trustees (or CSU Auxiliary) may, at its option, provide insurance coverage to protect the Trustees (or CSU Auxiliary). The Service Provider shall pay the cost of the insurance and, if prompt payment is not received by the insurance carrier from the Service Provider, the Trustees (or CSU Auxiliary) may pay for the insurance from agreement sums otherwise due the Service Provider.
  - (4) If the Trustees (or CSU Auxiliary) are damaged by the failure of Service Provider to provide or maintain the required insurance, the Service Provider shall pay the Trustees (or CSU Auxiliary) for all such damages.
  - (5) The Service Provider's obligations to obtain and maintain all required insurance are non-delegable duties under this agreement.

21. The Service Provider agrees to hold harmless, defend, and indemnify the State of California, the Trustees (or CSU Auxiliary) of the California State University, the University, and the officers, employees representatives, and agents of each of them from any and all claims, damages, losses, causes of action and demands, and all costs and expenses incurred in connection therewith, resulting from or in any manner arising out of or in connection with any negligent act or omission or willful misconduct on the part of the Service Provider, its officers, agents, and employees, in the performance of this Agreement. This provision shall survive the expiration or termination of this Agreement.
22. In accordance with Labor Code Section 1720, Service Provider must pay employees the minimum prevailing rate wages for inspection, surveying, or similar work during the design, preconstruction, and construction phases of a public works project.

**End of Rider A**

## Rider B – Agreement Specific Provisions

- 1.0. **Description of Services:** The Service Provider shall provide advisory and consulting services as set forth in the attachments to Rider E. The Service Provider agrees that should it perform work outside the scope of this Agreement, as such may be amended from time to time, such work shall be deemed a gratuitous effort by the Service Provider and Service Provider shall have no claim to any compensation for such work unless the authorized signatory for University or CSU Auxiliary staff have agreed in writing to pay for such work.
- 2.0. **Standard of Care:** The Service Provider acknowledges that this MEA is administered by the Contract Administrator in the California State University Office of the Chancellor. Service Provider shall keep both the Contract Administrator and any CSU Auxiliary Representative or University Project Administrator who enter into a campus or project specific scope of work based off this MEA equally apprised of Service Provider's efforts and services being rendered under this MEA and any campus or project specific scope of work. Additionally, Service Provider shall promptly advise the Contract Administrator within a reasonable time after actual or constructive knowledge of an actual or potential conflict of interest that may arise or has arisen during Service Provider's performance of services hereunder. When such actual or perceived conflict of interest exists, Service Provider must obtain the Contract Administrator's written approval to continue providing services notwithstanding the actual or apparent conflict.

The Service Provider shall maintain a staff of competent professionals capable of providing advisory services. All work performed by the Service Provider shall be subject to review and approval of the Contract Administrator or his or her designated representative at all times.

All appraisal reports shall be approved and signed by a professional with MAI designation.

- 3.0. **Authorization of Work:**

Individual campuses may participate in this Agreement. Only the University or CSU Auxiliary Project Administrator (CSU Office of the Chancellor staff, campus staff, or CSU Auxiliary staff) may authorize a specific scope of work under this Agreement. 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.

The University or Auxiliary Project Administrator shall issue a Service Order Authorization to authorize work to the Service Provider under this Agreement. All work, extra services, and reimbursable expenses require pre-authorization. Hourly rates of the Service Provider are required and shall be attached. Any proposed adjustment to hourly rates requires pre-approval by the Trustees.

The Agreement identifies the time period that the Service Order Authorizations may be issued under this Agreement. Once authorized, work shall be completed under this Agreement irrespective of the Agreement term unless otherwise terminated in writing by the Trustees.

- 4.0. **Inspection and Final Acceptance.**

The Trustees may inspect and accept or reject any of the Service Provider's work under this Agreement, either during performance or when completed. Upon completion of performance of any services hereunder, the Trustees may reject any such work within sixty (60) days following the Trustees' receipt of such work by giving written notice to the Service Provider, otherwise such work shall be deemed accepted. Acceptance of any of the Service Provider's work by the Trustees shall not constitute a waiver of any provision of this MEA, including but not limited to the insurance and indemnity provisions herein.

- 5.0. **Extra Services:**

Extra services will require pre-authorization in writing by the Trustees (or CSU Auxiliary) and are authorized as a separate Service Order Authorization.

- 6.0. **Work Reporting:**

The Service Provider shall submit an annual report on August 1 of each year for work done during the previous fiscal year under this Agreement. The report shall include an Excel readable spreadsheet with the following headings: Campus; project name; type of assignment; current status; and service order value. In addition, the Service Provider will notify the Trustees' (and CSU Auxiliary, when applicable) Representative when commencing work on campus projects.

The Service Provider shall arrange a call with the Contract Administrator on a quarterly basis to provide updates and full disclosure on any new or potential services under consideration with the campuses or CSU Auxiliaries.

The advisory scope of work, report and copies of deliverables (if requested) shall be sent to the Contract Administrator Francis X. Freire, Director of Real Estate Development, Capital Planning, Design and Construction, The California State University, Office of the Chancellor, 401 Golden Shore, 4thFloor, Long Beach, California 90802, [ffreire@calstate.edu](mailto:ffreire@calstate.edu).

7.0. Reimbursable Expenses:

The following are not reimbursable: Shipping charges, incidental office supplies, letter postage, telephone calls, faxes and similar attendant expenses occurring in the course of providing services under this Agreement.

Unless otherwise stated in the Service Order, in addition to the fees for services, the Trustees (or CSU Auxiliary) will reimburse certain project-related expenditures.

Claims for reimbursable expenses shall reflect actual expenditures without a markup made by Service Provider, employees, or consultants working on the project and be documented by appropriate billing and supporting receipts. Unless otherwise stated within an individual Service Order, reimbursable expenses may be paid as follows:

- a.) *Travel and Mileage:*  
Trips from Service Provider's office to the project site or to the Chancellor's Office are not reimbursable. However, when pre-authorized by the Trustees, other travel expenses in connection with the services may be reimbursable. The amounts of reimbursement shall be limited to the amounts pre-authorized by the Trustees' representative.
- b.) *Reprographics as Deliverables:*  
Reproductive instruments presented as a deliverable to the Trustees (or CSU Auxiliary) are reimbursable.
- c.) *Reprographics for Development of Deliverables:*  
Reproduction for internal use by Service Provider and Service Provider's consultants is not reimbursable.
- d.) *Package Delivery/ Courier Services:*  
Express package deliveries (USPS, FedEx, UPS or similar carriers) and judicious use of courier services for design deliverables to campus are reimbursable.

**End of Rider B**

## Rider C - Organizational Chart

### LEAD CONTACT



**Robby D. Perrino, MAI, CRE, CCIM**

Senior Managing Director  
Northern CA

**Team Role & Responsibilities**

- Project Manager
- Local Market Expert



**Berick Treidler**

Senior Managing Director  
Southern CA, HI

**Team Role & Responsibilities**

- General Commercial & Special Use Expert
- Local Market Expert



**James Myers, MAI**

Executive Vice President  
Southern CA, HI

**Team Role & Responsibilities**

- Special Use & Office Expert
- Local Market Expert

**Christopher Myers, MAI**

Senior Vice President

**Team Role & Responsibilities**

- Special Use Asset Expert
- Local Market Expert

**Miles Loo, Jr., MAI**

Executive Vice President

**Team Role & Responsibilities**

- Data Center Expert
- Local Market Expert

**Donna Bradley, MAI, MRICS**

Senior Vice President

**Team Role & Responsibilities**

- Hospitality Expert
- Local Market Expert

**Michael G. Davis, MAI, MRICS**

Senior Vice President

**Team Role & Responsibilities**

- Office & Industrial Expert
- Local Market Expert

**Michelle Swallow MAI, MAI, MRICS**

Senior Vice President

**Team Role & Responsibilities**

- Multifamily, Retail, Office, Industrial & Self Storage Expert
- Local Market Expert



### Rider D - Billing Rates

Property Type	Standard Appraisal Report	Restricted Appraisal Report
<b>Vacant Land</b>		
< 1 Acre	\$4,000	\$3,000
1 – 5 Acres	\$4,500	\$3,500
5 – 10 Acres	\$5,000	\$4,000
<b>Office Building</b>		
< 10,000 SF	\$5,000	\$3,500
10,000 – 50,000 SF	\$6,000	\$4,500
50,000 – 100,000 SF	\$7,000	\$5,500
100,000 – 200,000 SF	\$8,000	\$6,500
> 200,000 SF	\$10,000	\$8,500
<b>Parking Garage</b>	\$8,000	\$5,000
<b>Parking Lot</b>	\$6,000	\$5,000

Newmark Knight Frank’s hourly fee schedule

Fee structure to be used as a rough guideline and can vary per assignment.

NKF will provide updated appraisal reports at 70% of the original fees if ordered within 12 months of the original preparation date, or at 80 – 90% of the fee if ordered within 12 – 24 months of the original preparation date.

Alternatively, hourly fees can be charged based on the following schedule:

### Hourly Fee Schedule

<b>NKF Team Market Specialist</b>	<b>Hourly Rate</b>
Senior Managing Director and above	\$400/hour
Vice President	\$300/hour
Senior Analyst (State Certified General R.E. Appraisers)	\$200/hour
Analyst/Researcher	\$150/hour

**Rider E – Sample Service Order**

**THE CALIFORNIA STATE UNIVERSITY**  
**Property Appraisal Services Master Enabling Agreement**  
***Service Order & Authorization to Proceed***

[Date]

To: Newmark Knight Frank Valuation & Advisory LLC  
3055 Olin Avenue, Suite 2200  
San Jose, CA 95128

Subject: [Project Name], [Project Number]  
[Campus]  
Provide Service Order & Authorization to Proceed Number: [insert]

In accordance with the provisions of the Systemwide Master Enabling Agreement Number 20-414, you are hereby authorized to provide Property Appraisal services for California State University development projects.

The Service Provider shall not perform services in excess of this Service Order without prior written authorization to proceed from the University.

Service Provider shall report to:

[CSU Campus Name]  
[Campus Department]  
[Executive Facility Officer or designated campus Project Manager]  
[Campus Address]  
[Campus Project Manager's Phone Number]

The total amount to be expended under this Service Order shall not exceed **[written and numerical dollar value]** inclusive of reimbursables, regardless of Service Provider's cost in performing these services. To invoice, submit a single signed invoice per project. On each invoice identify the Agreement Number and Service Order & Authorization to Proceed Number. Direct invoices to the project manager named above.

Questions regarding this authorization shall be directed to the above named project manager.

Approved:

Fund Certified:

\_\_\_\_\_  
Executive Facilities Officer  
Campus Department and Address

\_\_\_\_\_  
Campus Accounting/Purchasing Agent

Attachment: Scope of Work, Schedule, and Fee

c: Francis Freire, Director Real Estate Development, Chancellor's Office  
File



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2021

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 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> Hub International Northeast Limited- LI 100 Sunnyside Blvd Woodbury NY 11797	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 516-677-4700		<b>FAX (A/C. No):</b> 516-496-4040
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A :</b> Great American Alliance Insurance Company			26832
<b>INSURED</b> Newmark Group, Inc. 125 Park Avenue New York NY 10017	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1238878616

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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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	Professional Liability (Excludes Technology)			TER2860975	7/15/2020	7/15/2021	Each Claim Aggregate SIR	15,000,000 15,000,000 See Below

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

Evidence of Insurance. Policy is not location specific.  
 Self Insured Retention: \$250,000 Each Claim except; \$250,000 Each Claim/\$750,000 Aggregate for Construction Management Services.  
 Named Insured: Newmark Knight Frank Valuation & Advisory, LLC  
 Re: Appraisal Services

**CERTIFICATE HOLDER****CANCELLATION**

California State University Attn: 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2021

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 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> Hub International Northeast Limited- LI 100 Sunnyside Blvd Woodbury NY 11797	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 516-677-4700	<b>FAX (A/C. No):</b> 516-496-4040
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Zurich American Insurance Company		16535
<b>INSURED</b> G&E Real Estate Management Services Inc. 110 E. 59th Street, 6th Floor New York NY 10022	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 955604994

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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC552501708	7/15/2020	7/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)

Evidence of Insurance  
 \*Excludes Operations in NY, ND, OH, WA, WY\*  
 Stop Gap Employers' Liability coverage where applicable.  
 Workers Compensation policy includes a Waiver of Subrogation if required by written contract.  
 Named Insured: Newmark Knight Frank Valuation & Advisory, LLC  
 Re: Appraisal Services

**CERTIFICATE HOLDER****CANCELLATION**

California State University Attn: 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/02/2021

**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 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> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: RealEstate.CertRequest@marsh.com  CN102154204-STND-GAU-20-21	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <span style="float: right;"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td><b>INSURER A :</b> Indemnity Insurance Company of North America</td> <td style="text-align: center;">43575</td> </tr> <tr> <td><b>INSURER B :</b> N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Indemnity Insurance Company of North America	43575	<b>INSURER B :</b> N/A	N/A	<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A :</b> Indemnity Insurance Company of North America	43575														
<b>INSURER B :</b> N/A	N/A														
<b>INSURER C :</b>															
<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															

**COVERAGES** **CERTIFICATE NUMBER:** NYC-011125718-01 **REVISION NUMBER:** 6

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		OGLG71444752	07/15/2020	07/15/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>POLICY AGGREGATE</td><td style="text-align: right;">\$ 500,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	POLICY AGGREGATE	\$ 500,000,000
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E.L. DISEASE - POLICY LIMIT		\$																			

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Re: appraisal services.  
 Named Insured: Newmark Knight Frank Valuation & Advisory, LLC  
 State of California, the Trustees of the California State University, the University, (or CSU Auxiliary), their officers, employees, representatives, volunteers, and agents are included as additional insured where required by written contract with respect to General Liability and Auto Liability.  
 \$0 deductible applies to General Liability policy.

<b>CERTIFICATE HOLDER</b>  California State University Office of the Chancellor 401 Golden Shore Long Beach, CA 90802-4210	<b>CANCELLATION</b>  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.  Manashi Mukherjee <i>Manashi Mukherjee</i>
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