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

Campus, hereafter referred to as Trustees, and	Amendment No.:	Agreement No.:	Project No.:
The California State University, Office of the Chancellor	1	20-413	Systemwide
Service Provider, hereafter referred to as Service Provider. The Dore Group, Inc.	Telephone No.: (619) 933-5040	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, <u>ffreire@calstate.edu</u> or Elvyra F. San Juan, Assistant Vice Chancellor (562) 951-4090, <u>esanjuan@calstate.edu</u>.

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

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

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.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 ADD/TIONAL INSURED, the policy(ies) must have ADD/TIONAL 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	5 the t	cerun	cate noider in neu or suci	CONTA		20		
Crown Island Insurance				NAME: PHONE	(610) 5		FAX (A/C, No): (619) 437-0129
1001 B Avenue, Suite 103				E-MAIL	vicki@cro	wniins.com	(A/C, No):	, 107 0120
				ADDRE	33: 0			
Coronado			CA 92118	-	Territory		RDING COVERAGE Co of America	19046
INSURED			GA 92110	INSURE	13040			
The Dore Group, Inc.				INSURE				
3990 Old Town Ave				INSURE				
Ste B104				INSURE				
San Diego			CA 92110	INSURE				
		ATE			RF:			
COVERAGES CEP THIS IS TO CERTIFY THAT THE POLICIES OF			NOMDER.				REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PA	IREME AIN, T OLICIE	ENT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT DHEREIN IS S AIMS.	WITH RESPECT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY							ENON OCCURRENCE	000,000
CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50	0,000
							MED EXP (Any one person) \$ 5,	000
A	Y		6801B296692		12/01/2021	12/01/2022	PERSONAL & ADV INJURY \$ 2,	000,000
GEN'LAGGREGATE LIMIT APPLIES PER:								000,000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 4,	000,000
OTHER:								000,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$ 2,1 (Ea accident)	000,000
ANY AUTO							BODILY INJURY (Per person) \$	
A OWNED AUTOS ONLY SCHEDULED AUTOS	Y		6801B296692		12/01/2021	12/01/2022	BODILY INJURY (Per accident) \$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$	
							\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
DED RETENTION \$	1						\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER	
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
	1							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule.	may be at	tached if more sp	ace is required)		
** the University, their officers, employees, rep	-							
			-					
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 are names additional insureds as respects the named insured, their business operations								
and jobs performed.								
**30 days notice of cancellation applies								
CERTIFICATE HOLDER CANCELLATION								
The State of California, CSU Auxiliary, the Trustees of the California State University,** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
401 Golden Shore,			01 0000		. 2	-	11	•
Long Beach			CA 90802	4	les	Leu	a Cite	A.

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ACORD	CERT	IFICATE OF LIA	BILITY INS	URANC	DOREG-1	OP ID: PM DATE (MM/DD/YYYY) 01/05/2022	
THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFI BELOW. THIS CERTIFICATE REPRESENTATIVE OR PRODU	FIRMATIVELY OF INSURANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED BY	THE POLICIES	
IMPORTANT: If the certificate the terms and conditions of the certificate holder in lieu of suc	e policy, certaiı	n policies may require an e					
PRODUCER Gateway Insurance Agency 207 North Ditmar St			CONTACT NAME: Paula M PHONE (A/C, No, Ext): 760-43		FAX (A/C, No): 7	760-439-6905	
Oceanside, CA 92054-			E-Mail ADDRESS:				
			INSURER A : The Ha		RDING COVERAGE	NAIC #	
INSURED The Dore Group, I Lance Dore	nc		INSURER B :				
3990 Old Town Av		94	INSURER C :				
San Diego, CA 92	110		INSURER D :				
			INSURER E : INSURER F :				
COVERAGES THIS IS TO CERTIFY THAT THE F		TE NUMBER:			REVISION NUMBER:		
INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED C EXCLUSIONS AND CONDITIONS C INSR TYPE OF INSURANCE COMMERCIAL GENERAL LIABIL	R MAY PERTAI F SUCH POLICIE ADDL SU INSD W	N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE JBR	ED BY THE POLICIE BEEN REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT TO	ALL THE TERMS,	
	UR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
						\$	
GEN'L AGGREGATE LIMIT APPLIES P	ER.					\$ \$	
PRO-					PRODUCTS - COMP/OP AGG	\$	
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$	
ANY AUTO					(Ea accident)	\$	
ALL OWNED SCHEDU AUTOS AUTOS	ILED				BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OV	/NED				PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCC						\$	
DED RETENTION \$	MS-MADE					\$ \$	
WORKERS COMPENSATION					X PER OTH- STATUTE ER	Þ	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIV		72WECGI9779	01/08/2022	01/08/2023		\$ 1,000,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS below	,				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
DESCRIPTION OF OPERATIONS / LOCATION	IS / VEHICLES (ACC	ORD 101, Additional Remarks Schedu	ile, may be attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER			CANCELLATION				
California State U Office of the Chan 401 Golden Shore			THE EXPIRATIO	N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI Y PROVISIONS.		
Long Beach, CA 90802-4210							

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NOTEPAD	INSURED'S NAME The Dore Group, Inc	DOREG-1 OP ID: PM	Date	PAGE 2 01/05/2022
additional ins This policy ha Insured - Auto This policy ha and Non-Contril 30 days writte The State of C (or CSU Auxill representative inclusion as a	the Insured's Operations. Certifications ured per form IH1200 attached to this s been endorsed with BP 04 51 01 06 matic Status - Blanket Additional In s been endorsed with CG20010413 This butory n notice shall be provided for cancer alifornia, the Trustees of the Calif ary), the University, their officers s, volunteers, and agents shall not dditional insureds incur liability of premiums for such insurance.	s policy. California Additional sureds. s insurance is Primary ellation. fornia State University, s, employees, by reason of their		

CERTIFICATE OF INSURANCE

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

Wie

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		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.