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	20-414	Systemwide
Service Provider, hereafter referred to as Service Provider. Newmark Knight Frank Valuation & Advisory LLC	Telephone No.: (408) 987-4192	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. 20-414, 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 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. 20-414. 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>.

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					Firm Name							
California State University, Offi	ce of the Ch	ancellor		Newmark Knight Frank Valuation & Advisory LLC								
By (Truster' Authorized Signature)					Robby Perino (Jul 12, 2022 10:31 PDT)							
Printed Name and Title of Person Signin	g			Prin	ted Name and Tit	le of Person Sign	ing					
Elvyra F. San Juan, Assistant V	ice Chance	llor		Rob	by D. Perrino	, MAI, CRE,	CCIM, Senior	Managing Director				
Address of Campus Project Administrator					Address of Service Provider							
401 Golden Shore, Long Beach, CA 90802					3055 Olin Avenue, Suite 2200, San Jose, CA 95128							
Fund Name PS Account PS F					PS Dept. ID PS Program PS Class		PS Project/Grant					
TF – Capital Project Manage	ement											
Amount Encumbered	I hereby cer	tify upon my persond	al knowled	dge that budgeted funds are available for the period and purpose of								
\$0	expenditure	s stated above.				Kelly Cox (Jul 03, 2022 08:17 PDT)						
Amount of Increase												
\$0	Signature	of Accounting Off	icer		Date							
Amount of Decrease	I hereby certify that I have examined the written Agreement and find the same to be in accordance with the requirements							with the requirements				
\$0	of Californi	a State University C	ontract La	w. G. A	07/21/2022							
Total Amount Encumbered												
\$0	By Attorn	ey Ronnie Gomez						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.

JXJ-~



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/26/2022

							5/2022				
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).											
-	DUCER				CONTA		•				
March USA Inc		NAME: PHONE FAX									
	1166 Avenue of the Americas New York, NY 10036				PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
	Attn: RealEstate.CertRequest@marsh.com				ADDRE	SS:				1	
								IDING COVERAGE		NAIC #	
-	02154204-STND-GAU-21-22				INSURE	RA: Indemnity I	nsurance Compa	ny of North America		43575	
INSU	IRED Newmark Group, Inc.				INSURE	r b : N/A				N/A	
	125 Park Avenue				INSURE	RC:					
	New York, NY 10017				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CEF	RTIFI	CATE	NUMBER:	NYC	-011125718-03		REVISION NUMBER: 8			
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PER1	REMEI TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	of an' Ed by	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	X	WVD	OGLG72493515		07/15/2021	07/15/2022	EACH OCCURRENCE	\$	1.000.000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		1,000,000	
								PREMISES (Ea occurrence)	\$	10,000	
								MED EXP (Any one person)	\$	1,000,000	
]							PERSONAL & ADV INJURY	\$	2,000,000	
								GENERAL AGGREGATE	\$		
	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
A	OTHER:	V		CAL H25554954		07/15/2021	07/15/2022	POLICY AGGREGATE COMBINED SINGLE LIMIT	\$		
A		X		GAL 020004904		07/15/2021	07/15/2022	(Ea accident)	\$	1,000,000	
								BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
								E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
\vdash											
Re: a Nam State requ	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: appraisal services. Named Insured: Newmark 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.										
CE	RTIFICATE HOLDER				CANO	ELLATION					
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					

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ACORD 25 (2016/03)

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL	Y AND CONFERS			5/26/2022		
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	, EXTEND OR ALT	ER THE CO	VERAGE AFFORDED BY TH	E POLICIES		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WAIVED, subject to the terms and conditions of the terms are the terms and conditions of the terms are the terms	he policy, certain p	olicies may ı	•			
this certificate does not confer rights to the certificate holder in lieu of s	CONTACT	5).				
Hub International Northeast Limited- LI 100 Sunnyside Blvd	NAME: FAX PHONE [A/C, No, Ext): 516-677-4700 (A/C, No, Ext): 516-496-4040					
Woodbury NY 11797	ADDRESS:					
	INSURER(S) AFFORDING COVERAGE N INSURER A : Zurich American Insurance Company 1					
INSURED	INSURER A : Zurich American Insurance Company INSURER B :					
G&E Real Estate Management Services Inc.	INSURER C :					
125 Park Ave New York NY 10017	INSURER D :					
	INSURER E :					
	INSURER F :					
COVERAGES CERTIFICATE NUMBER: 234557017			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	I OF ANY CONTRACT DED BY THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
			MED EXP (Any one person) \$			
			PERSONAL & ADV INJURY \$			
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE \$			
POLICY PRO- JECT LOC			PRODUCTS - COMP/OP AGG \$			
OTHER:			\$			
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO OWNED SCHEDULED			BODILY INJURY (Per person) \$			
AUTOS ONLY AUTOS HIRED NON-OWNED			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
			(Per accident) \$			
EXCESS LIAB CLAIMS-MADE			EACH OCCURRENCE \$ AGGREGATE \$			
DED RETENTION \$			AGGREGATE \$			
A WORKERS COMPENSATION WC552501709	7/15/2021	7/15/2022	X PER OTH-			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				00,000		
OFFICER/MEMBEREXCLUDED?			E.L. DISEASE - EA EMPLOYEE \$ 1,00	00,000		
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$1,00	00,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu 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 w Named Insured: Newmark Valuation & Advisory, LLC Re: Appraisal Services		e space is require	əd)			
CERTIFICATE HOLDER	CANCELLATION					
California State University Attn: Office of the Chancellor		N DATE THE	ESCRIBED POLICIES BE CANCEI EREOF, NOTICE WILL BE D Y PROVISIONS.			
401 Golden Shore Long Beach CA 90802-4210	AUTHORIZED REPRESENTATIVE Wendy Planello					
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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Premium \$

Endorsement No.

Insurance Company

Insured

WC 00 03 13 (Ed. 4-84) Copyright 1983 National Council on Compensation Insurance Countersigned By_____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/26/2022

									5/2	26/2022	
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.									POLICIES		
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 t	o the	cert	ificate holder in lieu of su	UCH EN).				
PRODUCER Hub International Northeast Limited- LI					NAME:	-		FAX			
100 Sunnyside Blvd					p, Ext): 516-67	7-4700	FAX (A/C, No):	<u>516-49</u>	6-4040		
Woodbury NY 11797					E-MAIL ADDRE	SS:					
						INSURER(S) AFFORDING COVERAGE					
					INSURE	RA: Great Ar	merican Insur	ance Company		16691	
INSURED					INSURE	RB:					
Newmark Group, Inc. 125 Park Avenue					INSURE	RC:					
New York NY 10017					INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
COVERAGES	CER	TIFIC		NUMBER: 1106846427				REVISION NUMBER:			
	THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE FOR TH			
INDICATED. NOTWITHST CERTIFICATE MAY BE ISS EXCLUSIONS AND CONDIT	SUED OR MAY	PERT. POLIC	AIN, [·] CIES.	THE INSURANCE AFFORD	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS.				
INSR LTR TYPE OF INSUR	ANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERA								EACH OCCURRENCE	\$		
CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT AF	PPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:									\$		
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO								BODILY INJURY (Per person)	\$		
OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY	AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB	000110							EACH OCCURRENCE	\$		
EXCESS LIAB											
	CLAIMS-MADE							AGGREGATE	\$		
DED RETENTIO	N \$							PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY	Y/N										
ANYPROPRIETOR/PARTNER/E OFFICER/MEMBER EXCLUDED	?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIO	NS below			TED2064050		7/15/0001	7/15/0000	E.L. DISEASE - POLICY LIMIT	<u>\$</u> 15,00	0.000	
A Professional Liability (Excludes Technology)				TER2861258		7/15/2021	7/15/2022	Each Claim Aggregate Retention	15,00 15,00 350,0	0,000	
DESCRIPTION OF OPERATIONS / L				101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Evidence of Insurance. Poli	cy is not location	n spe	cific.								
Named Insured: Newmark	Valuation & Adv	/isorv	. LLC								
Re: Appraisal Services		,	-								
CERTIFICATE HOLDER					CAN	CELLATION					
								ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E			
California Sta	ate University							Y PROVISIONS.			
Attn: Office of	of the Chance	llor									
401 Golden Shore					AUTHORIZED REPRESENTATIVE						
Long Beach	CA 90802-421	10			Wendy Pennello						
					wend	y reamello					

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