

EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM

"AMENDMENT"

Contract# 32000179	Vendor# 28647
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CONTRACTOR NAME: Universal Protection Services dba Allied Universal Security Services

Berkeley Business License # : BLR - 2025 - 047876

Subject of Contract: Citywide Unarmed Security Services

This contract package contains:	With Original Contract	Attached	Waiver Attached	Not Required
2 Original Contracts (Vital Record and Vendor) in folder				
*The Vital Record contract MUST be in a folder. Vendor copy may be assembled with an Acco-fastener. * DocuSign Agreements only require 1 Original (Vital Record) copy.				
1. Scope of Services and Term	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Payment Provisions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Oppressive States Disclosure Contracts processed before 1/1/23 (Exception: Community-based, non-profit orgs.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Living Wage Certification (if not submitted with original contract) LWO use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Certification of Compliance with Equal Benefits Ordinance (if not submitted with original contract) EBO use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Federally Funded Project Requirement ONLY : Debarment status printout (\$25,000 and above) <u>SAM.gov</u>		<input type="checkbox"/>		<input checked="" type="checkbox"/>
8. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Authorizing Council Resolution # <u>72,029-N.S.</u>		<input checked="" type="checkbox"/>		<input type="checkbox"/>

Requisition # _____ (Hard copy attached) **Budget Code** See attached spreadsheet **Amt.** _____

Council Approved Amount \$ 5450000.00 **Amt.** _____

Purchase Order # _____ **Amt.** _____

_____ **Amt.** _____

Was there any advance payment? No **Yes** **If Yes, Advanced Amount \$** _____

Original contract amount	<u>\$3,550,000.00</u>
Amount/s added by previous amendment/s (if applicable)	<u>\$ \$900,000.00</u>
Amount added by this amendment	<u>\$1,000,000.00</u>
Total/cumulative contract amount after amendment	<u>\$5,450,000.00</u>
Contingency	<u>\$ _____</u>
TOTAL NOT TO EXCEED AMOUNT	<u>\$ 5,450,000.00</u>

Routing and signatures:

All elements of the contract package, including information provided above and on Amendment Data Transmittal form (page 2), have been reviewed for completeness and accuracy and evidenced by the following signatures:

1.	Aundra Richards <u>Aundra Richards</u>	Finance	510-981-7324	2/2/2026
	Project Manager (PRINT NAME/SIGN)	Department	Phone No.	Date
2.	Sandra Blain <u>Sandra Blain</u>	Office of Accounting		2/2/2026
	Department Administrative Officer (PRINT NAME/SIGN)			Date
3.	Henry Oyekanmi <u>Henry Oyekanmi</u>		2/17/2026	2/2/2026
	Department Head (PRINT NAME/SIGN)			Date
4.	Aundra Richards <u>Aundra Richards</u>			2/2/2026
	Contract Administrator (PRINT NAME/SIGN)			Date
5.	Maricar Dupaya <u>Maricar Dupaya</u>			2/11/2026
	Budget Manager (PRINT NAME/SIGN)			Date

Routing continues to the following persons, who sign directly on the contract: (Will not sign unless all signatures and dates appear above)

No VC

* For current vendor forms, go to City of Berkeley website: Vendor Forms & Requirements

**EXPENDITURE ON-CONSTRUCTION CONTRACT VIEW FORM
"AMENDMENT"**

City of Berkeley Contract Amendment Data Transmittal
(To be completed by Project Manager)

6. **City Manager**

7. **City Clerk:** Destruct _____ Review _____

EXPENDITURE ON-CONSTRUCTION CONTRACT REVIEW FORM

"AMENDMENT"

City of Berkeley Contract Amendment Data Transmittal

(To be completed by Project Manager)

Contractor

Address

City/State/Zip

Amended Contract Number: _____
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Contract Amendment Authority

Resolution # _____ Original Resolution # _____

Ordinance # _____ (if appropriate)

City Manager Authorization _____

Description of Amendment/s

Change of Services/Scope: _____

Change of Dollars: Original Amount: _____ Amended Not to Exceed Amount: _____

Change of Contract Term

Change as of This Amendment or Extension:

From: _____ To: _____

Change as of Prior Amendment (if any):

From: _____ To: _____

Original Term: From: _____ To: _____

Evidence of Insurance for Contract Amendment

Insurance	Waiver	Amount	Expiration Date	TICKLER DATE <i>(City Clerk)</i>
Professional Liability	<input type="checkbox"/>	\$ _____	_____	_____
General Liability	<input type="checkbox"/>	\$ _____	_____	_____
Automobile	<input type="checkbox"/>	\$ _____	_____	_____
Workers Comp.	<input type="checkbox"/>	\$ _____	_____	_____
Bond	<input type="checkbox"/>	\$ _____	_____	_____

Budget Code	Budget
673-54-624-697-0000-000-472-612990-	\$ 244,444.44
636-54-624-697-0000-000-472-612990-	\$ 144,444.44
601-54-627-734-3023-000-472-612990-	\$ 166,666.67
608-52-544-590-0000-000-472-612990-	\$ 83,333.33
158-51-503-520-0000-000-451-612990-	\$ 33,333.33
136-51-505-542-2038-000-444-612990-	\$ 7,777.78
158-51-503-520-0000-000-451-612990-	\$ 50,000.00
011-54-621-654-0000-000-412-612990-	\$ 11,111.11
142-54-621-654-0000-000-426-612990-	\$ 12,222.22
601-54-621-654-0000-000-472-612990-	\$ 111,111.11
611-54-621-654-0000-000-472-612990-	\$ 66,666.67
672-54-621-654-0000-000-472-612990-	\$ 55,555.56
631-54-621-654-0000-000-472-612990-	\$ 13,333.33

Total \$ 1,000,000.00

Contract #32000179

AMENDMENT TO CONTRACT

THIS CONTRACT AMENDMENT is entered into on December 11, 2025, between the CITY OF BERKELEY ("City"), a Charter City organized and existing under the laws of the State of California, and Universal Protection Services LP d/b/a Allied Universal Security Services "Contractor") a company, doing business at 333 Hegenberger Road, Suite #250, Oakland, CA 94621.

WHEREAS, City and Contractor previously entered Contract Number 32000179, dated March 1st, 2020, which Contract was authorized by the Berkeley City Council.

WHEREAS, on November 19, 2024, by Resolution No 71,584-N.S. the Berkeley City Council authorized amendment of said Contract.

WHEREAS, on November 19, 2025, by Resolution No. 72,029 -N.S., the Berkeley City Council authorized amendment of said Contract as set forth below.

THEREFORE, City and Contractor mutually agree to amend said Contract as follows:

1. Section 4.1 is amended to read as follows:

COMPENSATION

For services referred to in Section 1, City will pay Contractor a total amount not to exceed \$ 5,450,000. City shall make payments to Contractor in accordance with provisions described in Exhibit B1, which is attached to and made part of this Contract.

2. Section 2.1. is amended to read as follows:

TERM

This Contract shall begin on December 11, 2025, and end on June 30, 2026. The City Manager of the City may extend the term of this Contract by giving written notice.

In all other respects, the Contract dated March 1, 2020, shall remain in full force and effect.

IN WITNESS WHEREOF, City and Contractor have executed this Contract as of the date written in the first paragraph of this Contract.

CITY OF BERKELEY

Signed by:
By Paul Buddenhagen
City Manager

THIS CONTRACT HAS BEEN APPROVED AS TO FORM BY THE CITY ATTORNEY FOR THE CITY OF BERKELEY 07/2025

Registered on behalf of the City Auditor by:

Signed by:
Aundra Richards
Finance Department

Attest:

Signed by:
Mark Numainville, City Clerk
Deputy City Clerk

CONTRACTOR

Greg Feldman
Name (Printed)

By Greg Feldman Regional Vice President
Signature and Title

EXHIBIT B1

PAYMENT

GENERAL: Contract Amendment is \$ 1,000,000 for a new Not to Exceed (NTE) amount of \$ 5,450,000.

BILLING: Contractor will submit invoices for services rendered, Monthly

INVOICES: Invoices must be fully itemized and provide sufficient information to approve payment and audit. Invoices must be accompanied by receipt for services for payment to be processed. **Email invoices to Accounts Payable and cc' Project Manager email;** (List on invoice, Attn: Project Manager Name/Department) and reference contract number 32000179.

City of Berkeley
Accounts Payable
P.O. Box 700
Berkeley, CA 94710-700
Email: AccountsPayable@berkeleyca.gov
Phone: 510-981-7310

PAYMENTS: The city will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.

YEAR 6 SERVICE RATES MARCH 1, 2026, TO JUNE 30, 2026		
Service Location Facility Name	Monthly	Annually
1947 Center Street - Public Works Building	\$7,967.43	\$95,609.16
2180 Milvia Street - Civic Center	\$7,424.19	\$89,090.28
1326 Allston Way - Corporation Yard	\$24,336.87	\$292,042.44
1201 Second Street - Transfer Station	\$11,009.53	\$132,114.36
1901 Hearst Avenue - North Senior Center	\$7,967.43	\$95,609.16
201 University Avenue - Waterfront Marina	\$8,112.29	\$97,347.48
199 Seawall Drive	\$8,112.29	\$97,347.48
2640 MLK Jr. Way - Mental Health Clinic	\$5,070.18	\$60,842.16
Hourly Rate - Applicable to all location scopes	\$34.60	



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA LLC		NAMED INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Workers' Compensation
 Policy No.: RWE943548210
 Insurer: XL Specialty Insurance Company
 Effective Dates: 1/1/2026 - 1/1/2027
 Limit:
 Employers Liability Each Accident: \$1,000,000
 Employers Liability Disease-Policy Limit: \$1,000,000
 Employers Liability Disease-Each Employee: \$1,000,000
 SIR: \$1,000,000

Crime
 Policy No.: 04-173-05-05
 Insurer: National Union Fire Insurance Company of Pittsburgh, PA
 Effective Dates: 08/15/2025 - 08/15/2026
 Limit:
 Employee Theft or Dishonesty: \$2,000,000
 Clients' Property: \$2,000,000
 Deductible: \$750,000

Contractors Pollution Liability
 Policy No.: CPO13303734
 Insurer: Commerce and Industry Insurance Company
 Effective Dates: 01/01/2026 - 01/01/2028
 Limit: \$5,000,000
 Deductible: \$250,000

The General Liability and Professional Liability policies evidenced above share in the limits shown. The limits do not apply separately to the individual coverages

Allied Universal - List of Additional Insured
Last Updated October 21, 2025

Adesta LLC
Allied Universal Compliance and Investigations, Inc.
Allied Universal Compliance and Investigations, Inc. d/b/a Advize Health
Allied Universal Compliance and Investigations, Inc., fka G4S Compliance & Investigations, Inc.
Allied Universal Event Services, Inc.
Allied Universal Facility Solutions, LLC
Allied Universal Finance Corporation
Allied Universal Holdco LLC
Allied Universal Sideco, Inc.
AlliedBarton (NC) LLC
AlliedBarton (NC) LLC, dba Allied Universal Security Services
AMAG Technology, Inc.
American Security Programs, Inc.
CDA Incorporated
CDA Incorporated d/b/a MaxSent
Clean Sweep Building Services, LLC
Diversified Maintenance Systems, LLC
Diversified Maintenance-RWS, LLC
Diversified Maintenance-RWS, LLC d/b/a
Diversified Maintenance
DMS Management, LLC
DMS Parent, Inc.
DMS Parent, LLC
FJC Security Services, Inc.
FJC Security Services, Inc., dba Allied Universal Security Services
G4S Holding One LLC
G4S Retail Solutions (Canada) Inc.
G4S Retail Solutions (Canada) Inc. dba
Deposita, an Allied Universal Company
G4S Retail Solutions (USA) Inc.
G4S Retail Solutions (USA) Inc., dba Deposita, an Allied Universal Company
G4S Secure Integration LLC
G4S Secure Integration LLC dba Allied Universal Technology Services
G4S Secure Solutions International Inc.
G4S Secure Solutions (Puerto Rico) Inc.
G4S Secure Solutions (USA) Inc.
G4S Secure Solutions (USA) Inc., dba Allied Universal
G4S Technology Software LLC
Guardsmark (Puerto Rico), LLC
Guardsmark (Puerto Rico), LLC, dba Allied Universal Security Services, LLC
Guardsmark (Puerto Rico), LLC, dba Universal Protection Service, LLC
International Protective Service, Inc. d/b/a IPS

MG Security Services LLC
Michael Stapleton Associates, Ltd.
Michael Stapleton Associates, Ltd., dba MSA Security
Michael Stapleton Associates, Ltd. dba Allied Universal Enhanced Protection Services
MSA Investigations, Inc.
MSA Investigations, Inc. dba Allied Universal Enhanced Protection Services
MSA Security Canada Limited
MSA Security Limited
MSAS Parent Inc.
Mulligan Security Holdings LLC
Mulligan Security LLC
Naki Cleaning Services, LLC
Partners Group DMS Blocker I, LLC
Peoplémark, Inc.
Peoplémark Inc. dba Allied Universal Workforce Solutions
Renaissance Center Management Company
RONCO Consulting Corporation
Securadyne Systems Intermediate LLC
Securadyne Systems Intermediate LLC, dba Allied Universal Technology Services
SOS Security LLC
SOS Security LLC, dba Allied Universal Risk Advisory and Consulting Services
SOS Security LLC, dba Allied Universal Security Services
Spectaguard Acquisition LLC
Staff Pro Inc.
Staff Pro Inc., dba Allied Universal Event Services
Titania Insurance Co. of America
U.S. Security Associates Holding Corp.
Universal Building Maintenance, LLC
Universal Building Maintenance, LLC, dba Allied Universal Janitorial Services
Universal Building Maintenance, LLC, dba Allied Universal Landscaping Services
Universal Group Holdings LLC
Universal Protection GP, Inc.
Universal Protection Security Systems, LP
Universal Protection Security Systems, LP, dba Allied Universal Security Systems
Universal Protection Security Systems, LP, dba Allied Universal Technology Services
Universal Protection Service of Canada Corporation
Universal Protection Service of Canada Corporation, dba Allied Universal Security Services of Canada

Allied Universal - List of Additional Insured
Last Updated October 21, 2025

Universal Protection Service of Canada
Corporation, dba Allied Universal Technology
Services
Universal Protection Service, LLC
Universal Protection Service, LLC, dba Allied
Universal Risk Advisory and Consulting Services
Universal Protection Service, LLC, dba Allied
Universal Security Services
Universal Protection Service, LLC, dba Allied
Universal Security Services, LLC
Universal Protection Service, LP
Universal Protection Service, LP, dba Allied
Universal Risk Advisory and Consulting Services
Universal Protection Service, LP, dba Allied
Universal Security Services
Universal Protection Service, LP, dba Allied
Universal Security Services, LP
Universal Services of America, LP
Universal Services of America, LP, dba Allied
Universal
UPSH Inc.
USA GP Sub LLC
USA Intermediate, Inc.
USAGM Acquisition, LLC
Vance Executive Protection, Inc.
Vance International Consulting, Inc.

POLICY NUMBER: RAD943781809

XIC 414 1013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Schedule

Additional Insured(s)	Work
Any person or organization you have agreed to include as an additional insured under written contract, provided such contract was executed prior to the date of loss.	All Operations

COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured, is amended to include as an "insured" the person or organization listed in the Schedule above, but only with respect to liability for "bodily injury" or "property damage" otherwise covered under this policy caused, in whole or in part, by the negligent acts or omissions of:

1. You, while using a covered "auto"; or
2. Any other person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with your permission;

in the performance of your work as described in the Schedule above.

In no event shall any person or organization listed in the Schedule become an "insured" pursuant to this Endorsement if such person or organization is solely negligent.

IT IS FURTHER AGREED THAT IN NO EVENT SHALL ANY CONTRACT OR AGREEMENT ALTER THE CONDITIONS, COVERAGES OR EXCLUSIONS SET FORTH IN THIS POLICY.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: RAD943781809

COMMERCIAL AUTO
CA 04 44 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: ALLIED UNIVERSAL TOPCO, LLC

Endorsement Effective Date: January 1, 2026

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

ENDORSEMENT #049

This endorsement, effective on 01/01/2026 at 12:01 A.M. standard time, forms a part of
Policy No. RES943799406 of the INDIAN HARBOR INSURANCE COMPANY
Issued to ALLIED UNIVERSAL TOPCO, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. SECTION II - Who Is an Insured is amended to include as an additional insured a person(s) or organization(s) who is required to be added by written contract or written agreement which does not require that a specific form number be used.

B. The insurance provided to additional insureds applies only to "bodily injury", "property damage", "professional liability" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf
- In the performance of your ongoing operations for the additional insured; or "your work" performed for that additional insured and included in the "products-completed operations hazard"

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less. This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

D. The additional insured must see to it that:

1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim.
2. We receive written notice of a claim or "suit" as soon as practicable; and
3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured also has rights as an insured or additional insured.

E. This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

1. The additional insured is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

All other terms and conditions remain as written.

ENDORSEMENT #024

This endorsement, effective on 01/01/2026 at 12:01 A.M. standard time, forms a part of
Policy No. RES943799406 of the INDIAN HARBOR INSURANCE COMPANY
Issued to ALLIED UNIVERSAL TOPCO, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of person or Organization:

Where required by written contract.

(If no entry appears above, information required to complete this endorsement will be shown in the
Declarations as applicable to this endorsement)

The TRANSFER OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – CONDITIONS) is amended by
the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule
above because of payments we make for injury or damage arising out of your ongoing operations or "your
work" done under a contract with that person or organization and included in the "products-completed
operations hazard." This waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain as written.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

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

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

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 01-01-2026 Policy No. RWD3001203-10 Endorsement No.

Insured Allied Universal Topco, LLC

Insurance Company
XL Insurance America, Inc.

Countersigned by 

WC 00 03 13
(Ed. 4-84)

ENDORSEMENT #

This endorsement, effective 12:01 a.m., January 1, 2025 forms a part of
Policy No. RAD943781808 issued to ALLIED UNIVERSAL TOPCO, LLC
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION NOTIFICATION TO OTHERS ENDORSEMENT

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

Name of Person(s) or Entity(ies)	Mailing Address:	Number of Days Advanced Notice of Cancellation:
Per the most current schedule maintained by Marsh USA Inc. and furnished to AXA XL no less than 45 days prior to the effective date of cancellation.		30

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT #048

This endorsement, effective on 01/01/2025 at 12:01 A.M. standard time, forms a part of
Policy No. RES943799405 of the INDIAN HARBOR INSURANCE COMPANY
Issued to ALLIED UNIVERSAL TOPCO, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF CANCELATION CLAUSE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Section IV – CONDITION #12, Cancellation, is deleted in its entirety and replaced with the following:

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured, all additional named **insured's, and all certificate holder's written notice of cancellation at least:**
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment or premium: or
 - b. 90 days before the effective date of cancellation if we cancel for any other reason. It is further understood that ninety (90) will be given for material change.
3. **We will mail or deliver our notice to the first Named Insured's last mailing** address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is canceled, we will send the Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, earned premium will be calculated in accordance with the customary pro-rata table and procedure, or the Minimum Earned Premium at the inception of the policy shown in of the Declarations, whichever is greater. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.
7. If we decide to non-renew this policy, we will provide the first Named insured with 90-days written notice.
8. It is further agreed that notice of cancellation or non-renewal will be given, in writing, to the Risk management Department.

All other terms and conditions remain as written.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 06 57

(Ed. 12/10)

ENDORSEMENT #

This endorsement, effective 12:01 a.m., 01-01-2025 forms a part of
 Policy No. RWD3001203-09 issued to Allied Universal Topco, LLC
 by XL Insurance America, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION NOTIFICATION TO OTHERS ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

Name of Person(s) or Entity(ies)	Mailing Address:	Number of Days Advanced Notice of Cancellation:
Per the most current schedule maintained by Marsh USA Inc. and furnished to AXA XL no less than 45 days prior to the effective date of the cancellation.		30

All other terms and conditions of the Policy remain unchanged.

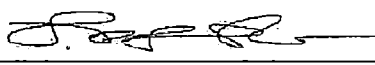
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

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

Endorsement Effective 01-01-2025 Policy No. RWD3001203-09 Endorsement No.

Insured Allied Universal Topco, LLC Premium

Insurance Company
 XL Insurance America, Inc.

Countersigned by  _____

RESOLUTION NO. 72,029-N.S.

CONTRACT AMENDMENT: ALLIED UNIVERSAL SECURITY SERVICE FOR
CITYWIDE UNARMED SECURITY SERVICES

Adopt a Resolution authorizing the City Manager to execute an amendment to Contract No. 32000179 with Allied Universal Security Service (formerly First Alarm Security & Patrol, Inc.) for citywide unarmed security services in the amount of \$1,000,000 for a new total not to exceed \$5,450,000 and extend the contract through June 30, 2026.

WHEREAS, unarmed security guard services are contracted by the City to perform routine patrol and access control duties at several City locations on a regularly scheduled basis and occasionally on an ad-hoc basis; and

WHEREAS, the City does not have qualified available staff to perform security services; and

WHEREAS, on July 22, 2019, the City released RFP Specification No. 19-11316-C-Reissued for unarmed security services. At the conclusion of this process, Allied Universal Security Service (formerly First Alarm Security & Patrol, Inc.) was selected as the most responsive proposer with the highest level of qualification and best value to meet the City's needs and was awarded Contract No. 32000179; and

WHEREAS, Contract No. 32000179 is set to expire on February 28, 2026; and

WHEREAS, to accommodate the contract's extension and before a new solicitation is completed, additional spending authority in the amount of \$1,000,000 is needed to cover anticipated expenditures; and

WHEREAS, funds are available within individual departmental budgets for the extended contractual term.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager is authorized to amend Contract No. 32000179 with Allied Universal Security Service (formerly First Alarm Security & Patrol, Inc.) for citywide unarmed security services in the amount of \$1,000,000 for a total not-to-exceed amount of \$5,450,000 and extend the contract through June 30, 2026.

The foregoing Resolution was adopted by the Berkeley City Council on November 18, 2025, by the following vote:

Ayes: Blackaby, Humbert, Kesarwani, Lunaparra, O'Keefe, Taplin, Tregub, and Ishii.

Noes: None.

Absent: Bartlett.



Adena Ishii, Mayor

Attest:


Mark Numairville, City Clerk