

**BOARD OF COUNTY COMMISSIONERS
COUNTY OF KITTITAS
STATE OF WASHINGTON**

RESOLUTION NO. 2016- 049

RESOLUTION TO AMEND BATTERY SYSTEMS INC. CONTRACT

WHEREAS: Kittitas County Solid Waste Department has responsibility for Maintaining a recycling program within Kittitas County; and

WHEREAS: Kittitas County has a contract with Battery Systems Inc. as to which notice of intent to terminate the contract or enter negotiate a price change was provided on February 22nd 2016, and

WHEREAS: The market value of the materials subject to the contract has substantially decreased; and

WHEREAS: This contract may be amended by the written agreement of the parties; and

WHEREAS: Battery Systems Inc. and Kittitas County Solid Waste have agreed to renew this contract until March 3, 2017, pursuant to Article XVII of the original Agreement; and

WHEREAS: The parties have also agreed to change the price term of the contract as shown in the Amendment document,

NOW, THEREFORE, BE IT RESOLVED: That the Kittitas County Board of County Commissioners accepts and approves of the proposed amendment.

DATED THIS 5th day of April, 2016

BOARD OF COUNTY COMMISSIONERS
KITTITAS COUNTY, WASHINGTON

Obie O'Brien

Obie O'Brien- Chairman

Paul Jewell

Paul Jewell - Vice Chairman

Vacant

Gary Bernick - Commissioner



[Signature]
Clerk of the Board

APPROVED AS TO FORM:

Douglas R. Mitchell, WSBA # 22877
(Deputy) Prosecuting Attorney

**AMENDMENT TO THE AGREEMENT FOR THE REMOVAL AND RECYCLING OF
LEAD BATTERIES FROM THE KITTITAS COUNTY TRANSFER STATION**

This Agreement effective as of March 3, 2016, is made by and between Kittitas County (hereinafter "the County") and Battery Systems Incorporated, a Washington corporation ("Contractor"). The County and Contractor agree as follows:

That the Agreement for the Removal and Recycling of Lead Batteries from the Kittitas County Transfer Station ("Agreement") previously entered between the parties for the period ending March 3, 2016 is amended pursuant to Article XVII of that Agreement. The purpose of this Amendment is to allow for the continuation of that Agreement for the below described period, and to amend the compensation paid by Contractor to the County set in Attachment "B" to the agreement from \$0.30 per pound to \$0.23 per pound, as requested in the letter of February 22, 2016.

All terms, conditions, attachments, documents and exhibits as described in the original Grant are incorporated herein by this reference as fully as if set forth herein.

The term of this Agreement shall commence on March 3, 2016, and continue until March 3, 2017, subject to automatic renewal for successive one year terms as provided in Article II of the original Agreement.

This Amendment is entered into under the Authority of Kittitas County Board of County Commissioners Resolution # 2016-049

IN WITNESS WHEREOF, the parties have executed this Agreement this 16th day of March, 2016.

APPROVED:

BATTERY SYSTEMS INC.



Signature of Signatory
(Date 03/16/2016)

Pam Cox - Bids Supervisor
Printed Name and Title of
Above Signatory

BOARD OF COUNTY COMMISSIONERS
KITITAS COUNTY, WASHINGTON



Chairman

4/5/16



Vice-Chairman

Vacant

Commissioner

Attest:

Clerk of the Board

Approved as to Form:

By: _____
D. R. Mitchell, WSBA # 22877
Deputy Prosecuting Attorney



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2016

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 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 MARSH USA INC. ATTN: RAFFLES 248-945-5600 ONE TOWNE SQUARE, SUITE 1100 SOUTHFIELD, MI 48076 R00325-00325-RAF-15/16	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Zurich American Insurance Company</td><td>16535</td></tr><tr><td>INSURER B : Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td>INSURER C : Illinois Union Insurance Co</td><td>27960</td></tr><tr><td>INSURER D : American Zurich Insurance Company</td><td>40142</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A : Zurich American Insurance Company	16535	INSURER B : Travelers Property Casualty Company of America	25674	INSURER C : Illinois Union Insurance Co	27960	INSURER D : American Zurich Insurance Company	40142	INSURER E :		INSURER F :	
INSURER	NAIC #														
INSURER A : Zurich American Insurance Company	16535														
INSURER B : Travelers Property Casualty Company of America	25674														
INSURER C : Illinois Union Insurance Co	27960														
INSURER D : American Zurich Insurance Company	40142														
INSURER E :															
INSURER F :															
INSURED BATTERY SYSTEMS INC. 12322 MONARCH ST. GARDEN GROVE, CA 92841-2909															

COVERAGES **CERTIFICATE NUMBER:** CHI-006561417-01 **REVISION NUMBER:** 2

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"/>	COMMERCIAL GENERAL LIABILITY			GLO3487040-09	04/01/2015	04/01/2016	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/>							MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000
<input type="checkbox"/>	OTHER:							\$	
A	AUTOMOBILE LIABILITY				BAP3487041-09	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>		<input type="checkbox"/>						\$
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	ZUP-10N70284-15-NF	04/01/2015	04/01/2016	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 5,000,000
	<input type="checkbox"/>	DED <input checked="" type="checkbox"/>	RETENTION \$0						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC3487039-09	04/01/2015	04/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	POLLUTION LEGAL LIABILITY				PPIG24544370 002	09/06/2014	09/06/2017	POLLUTION (RETENTION \$25,000)	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
WORKERS' COMPENSATION DOES NOT APPLY TO MONOPOLISTIC STATES (ND, OH, WA AND WY), PUERTO RICO OR THE VIRGIN ISLANDS.

CERTIFICATE HOLDER Kittitas County 925 S. Industrial Way Ellensburg, WA 98926	CANCELLATION 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. John C Hurley
---	--

© 1988-2014 ACORD CORPORATION. All rights reserved.