

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD SUITE 500
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT AMENDMENT

TO:	DATE ISSUED:	June 6, 2017
Culpepper Garden III Assisted Living	AGREEMENT NO:	306-10
4435 N. Pershing Drive	AGREEMENT TITLE:	Assisted Living Program
Arlington, Virginia 22203		

THIS IS A NOTICE OF A CONTRACT AMENDMENT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE
VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS

The contract term covered by this Notice of Amendment is effective July 1, 2017 thru June 30, 2018.

The above referenced contract is amended as follows:
See Amendment No.16

The contract documents consist of the terms and conditions of the Agreement No. 306-10 including Amendments 1-15, Exhibits and Attachments.

EMPLOYEES NOT TO BENEFIT:

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

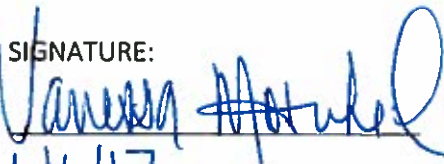
VENDOR CONTACT: Hunter Moore	TELEPHONE NO.:	(703) 528-0162
	EMAIL ADDRESS:	hmoore@culpeppergarden.org
COUNTY CONTACT: Jim Baker	TELEPHONE NO.:	703-228-1713
	EMAIL ADDRESS:	jbaker@arlingtonva.us

CONTRACT AUTHORIZATION

NAME: Vanessa Moorehead

TITLE: Procurement Officer

SIGNATURE:


6/6/17 Date

ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 306-10

AMENDMENT NUMBER 16
REFERENCE NUMBER 359-01

This Amendment Number 16 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 306-10 as amended by Amendments No. 1 through 15 ("Main Agreement") made between The Board of Directors, Culpepper Garden I & III, 4435 N. Pershing Drive, Arlington, VA ("Contractor") and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the Contract Term, Scope of Work, and the Contract Amount, the Contractor and the County, in consideration of the promises and other good and valuable consideration specified in this Amendment, amend the Main Agreement as amended as follows:

REVISED THE CONTRACT TERM AND PARAGRAPH TO READ AS FOLLOWS:

The Contract Term shall be from July 1, 2017 through June 30, 2018 (Fiscal Contract Year) and will continue thereafter until the County board of Arlington County no longer authorizes funds for the services covered by this Contract. Each successive Contract Year in which the County Board authorizes funds shall cover the period from July 1 through June 30.

REVISED THE CONTRACT AMOUNT PARAGRAPH TO READ AS FOLLOWS:

The Contract Amount may vary year-to-year based on the amount of funds appropriated by the County Board of Arlington County for the services covered by this Contract. The Contractor will be notified of the approved budget amount, and continuation of the Contract, not less than thirty (30) days prior to start of a new Contract Year through issuance of a Purchase Order.

The amount appropriated by the County Board of Arlington is \$658,845.00.

If funds are not appropriated for the continuation of this Contract, the Contractor will be giving notice pursuant to the contract Non-Appropriation paragraph.

All other terms and conditions shall remain the same.

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

SIGNED
BY:

PRINT NAME: MICHAEL E. BEVIS

AND TITLE: PURCHASING AGENT

DATE:

6/6/17

CULPEPPER GARDEN I & III

SIGNED

BY:

PRINT NAME:

AND TITLE:

DATE:

5/3/17



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/12/2016

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 Rutherford, A Marsh & McLennan Agency LLC Co. P.O. Box 12748 Roanoke VA 24028	CONTACT NAME: PHONE (A/C, No, Ext): 540-982-3511 FAX (A/C, No): 540-777-1574 E-MAIL: ADDRESS:																					
INSURED Culpepper Gardens I, II, III, Incorporated Arlington Retirement Housing 4435 N. Pershing Drive Arlington VA 22203	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Columbia Casualty Company</td><td>31127</td></tr><tr><td>INSURER B:</td><td>Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER C:</td><td>Key Risk Insurance Company</td><td>10885</td></tr><tr><td>INSURER D:</td><td>Great Northern Insurance Company</td><td>20303</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Columbia Casualty Company	31127	INSURER B:	Continental Casualty Company	20443	INSURER C:	Key Risk Insurance Company	10885	INSURER D:	Great Northern Insurance Company	20303	INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: 612790016

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		2082548640	7/1/2016	7/1/2017	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COMP/OP AGG	\$
							\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		2082548623	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	2082548685	7/1/2016	7/1/2017	EACH OCCURRENCE	\$15,000,000
						AGGREGATE	\$15,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	900000004081116	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Property/Inland Marine Professional Liability		35834424 2082548640	7/1/2016 7/1/2016	7/1/2017 7/1/2017	\$284,959,296 Spec Form/RC/AA \$1,000,000 Eac Occ	Bklt Bldg & PP \$5,000 Ded \$3,000,000 Agg

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

CERTIFICATE HOLDER

CANCELLATION 30

Information Only

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

Paula Hutchison

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