

**CITY OF OCEANSIDE  
AMENDMENT TO  
PROFESSIONAL SERVICES AGREEMENT**

**PROJECT: Workers' Compensation Third Party Administration**

THIS AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT (hereinafter "Amendment"), dated June 17, 2026, for identification purposes, is made and entered into by and between the CITY OF OCEANSIDE, a municipal corporation, hereinafter designated as "CITY", and ATHENS INSURANCE SERVICE, INC. hereinafter designated as "CONSULTANT."

**RECITALS**

WHEREAS, City and Consultant are the parties to that certain Professional Services Agreement dated April 30, 2026, hereinafter referred to as the "Agreement", wherein Consultant agreed to provide certain services to the City as set forth therein;

WHEREAS, the parties discovered an administrative error to the total compensation afforded per the Agreement which inadvertently omitted an administrative fee of \$7,500 for each year of the contract term.

WHEREAS, the parties desire to amend the Agreement to provide for changes and/or modifications to Section 8 of the Agreement for compensation to address this administrative oversight and conform the Agreement to the bid price.

**AMENDMENT**

NOW, THEREFORE, the parties hereto do mutually agree that the Agreement shall be amended as follows:

1. **8. COMPENSATION.** CONSULTANT'S compensation for all work performed in accordance with this Agreement shall not exceed the total contract price as set forth in the pricing agreement. For FY 26/27, that amount is \$603,830; FY 27/28, \$623,211; FY28/29, \$643,222; Optional Year 1 is not to exceed \$663,883; and, Optional Year 2 is not to exceed \$685,215.

2. Except as expressly set forth in this Amendment, the Agreement shall remain in full force and effect and is hereby ratified and reaffirmed.

**Workers' Compensation Third Party Administration**

**SIGNATURES.** The individuals executing this Amendment represent and warrant that they have the right, power, legal capacity and authority to enter into and to execute this Amendment on behalf of the respective legal entities of the CONSULTANT and the CITY.

IN WITNESS WHEREOF, the parties hereto being duly authorized on behalf of their respective entities to execute this Amendment, do hereby agree to the covenants contained in the Agreement, including this Amendment, and have caused this Amendment to be executed by setting hereunto their signatures on the dates set forth below.

ATHENS INSURANCE SERVICE, INC.

By:   
Jane Catelan, CEO

Date: 6/9/20

CITY OF OCEANSIDE

By: \_\_\_\_\_  
Jonathan Borrego, City Manager

Date: \_\_\_\_\_

APPROVED AS TO FORM:

68-0177136  
\_\_\_\_\_  
Tax ID No.

  
T. Steven Burke, City Attorney

**NOTARY ACKNOWLEDGMENTS OF CONSULTANT MUST BE ATTACHED.**

**Workers' Compensation Third Party Administration**

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of CONTRA COSTA }

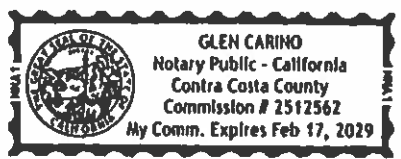
On 6/9/2020 before me, GLEN CARINO, NOTARY PUBLIC  
Date Here Insert Name and Title of the Officer

personally appeared JANE CATELANI  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Glen Carino  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: PROFESSIONAL SERVICE AGREEMENT

Document Date: 6/9/2020 Number of Pages: 3

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: JANE CATELANI

Corporate Officer - Title(s): CFO

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer - Title(s): \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: G.C.

Signer is Representing: \_\_\_\_\_

