

EC-20-87



Mayor Timothy M. Keller

# CITY OF ALBUQUERQUE

Albuquerque, New Mexico

Office of the Mayor

## INTER-OFFICE MEMORANDUM

05/11/20

**TO:** Pat Davis, President, City Council

**FROM:** Timothy M. Keller, Mayor

A handwritten signature in dark ink, appearing to be 'TK' or a stylized 'K', is written over the printed name of the Mayor.

**SUBJECT:** Approval of the First Supplemental Agreement to add monies for FY20 Outside Counsel Legal Services between Kennedy, Moulton, & Wells, P.C and the City of Albuquerque

Transmitted herewith for City Council consideration and approval is a proposed First Supplemental Agreement to add monies for FY20 Outside Counsel Legal Services Kennedy, Moulton & Wells, P.C and the City of Albuquerque for continuing representation of the City and/or City officials in the following Risk Management cases:


Chavez, Reynaldo v City of Albuquerque, D-202-CV-0086  
McClendon, et.al. v City of Albuquerque, 6:95-cv-00024 JAP-KBM  
Loggins v City of Albuquerque, D-202-cv-2017-00296  
Jason Lopez & Christine Atencio, D-202-cv-2020-00502  
And other Risk cases as assigned

The first supplemental agreement adds ten thousand dollars to the original Agreement, bringing the aggregate total of the agreement to one hundred twenty thousand dollars.

Council approval is required pursuant to § 5-5-19, Approval of Contracts, ROA 1994 of the City's Public Purchasing Ordinance. I am forwarding this Supplemental Agreement for your consideration and action.

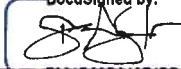
**SUBJECT: Approval of the First Supplemental Agreement to add monies for FY20 Outside Counsel Legal Services between Kennedy, Moulton & Wells P.C and the City of Albuquerque**

Approved:

  
\_\_\_\_\_  
Sarita Nair  
Chief Administrative Officer

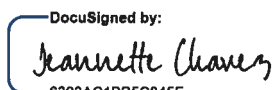
5/25/20  
\_\_\_\_\_  
Date

Approved as to Legal Form:

  
\_\_\_\_\_  
Esteban A. Aguilar, Jr.  
City Attorney

5/21/2020  
\_\_\_\_\_  
Date

Recommended:

  
\_\_\_\_\_  
Jeannette Chavez  
Risk Manager

5/11/2020  
\_\_\_\_\_  
Date

## **Cover Analysis**

### **1. What is it?**

Approval of the First Supplemental Agreement to add monies for FY20 Outside Counsel Legal Services between Kennedy, Moulton & Wells, P.C and the City of Albuquerque.

### **2. What will this piece of legislation do?**

This piece of legislation provides the approval required by § 5-5-19, Approval of Contracts, ROA 1994 of the City's Public Purchasing Ordinance and allows the continuation of representation in the Risk Management cases assigned to the Legal Department.

### **3. Why is this project needed?**

This is needed to continue with the litigation process for the cases referenced. These cases were referred to outside counsel for the special expertise of the firm and workload management.

### **4. How much will it cost and what is the funding source?**

This First Supplemental Agreement adds ten thousand dollars to the Original Agreement, bringing the aggregate total of the Agreement to one hundred twenty thousand dollars. The Risk Management liability program funds this Legal Services Agreement.

### **5. Is there a revenue source associated with this Plan? If so, what level of income is projected?**

N/A

FISCAL IMPACT ANALYSIS

TITLE:                   FY20 Outside Counsel for Legal Services Agreement between  
Kennedy, Moulton & Wells, P.C. and the City of Albuquerque

EC  
FUND: 705

DEPT: Finance and Admin Svc

- [x]           No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.
- [ ]           (If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

	2020	Fiscal Years 2021	2022	Total
Base Salary/Wages				-
Fringe Benefits at	-	-	-	-
Subtotal Personnel	-	-	-	-
Operating Expenses		-		-
Property		-	-	-
Indirect Costs	-	-	-	-
Total Expenses	\$ -	\$ -	\$ -	\$ -
[ ] Estimated revenues not affected				
[ ] Estimated revenue impact				
Revenue from program				0
Amount of Grant		-	-	
City Cash Match				
City Inkind Match				
City IDOH	-	-	-	-
Total Revenue	\$ -	\$ -	\$ -	\$ -

These estimates do not include any adjustment for inflation.  
\* Range if not easily quantifiable.

Number of Positions created

COMMENTS: This piece of legislation provides the approval required by § 5-5-19, Approval of Contracts, ROA 1994 of the City’s Public Purchasing Ordinance and allows the continuation of representation in the Risk Management cases assigned to the Legal Department.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

PREPARED BY:

DS  
KH   5/11/2020

DocuSigned by:  
Alan P. Gutierrez

CD78BE9533434F3...

FISCAL ANALYST

APPROVED:

DocuSigned by:  
Renee Martinez

03ECD26AD26748C...

DIRECTOR                   5/20/2020 (date)

REVIEWED BY:

DocuSigned by:  
Michael King

5/11/2020

DocuSigned by:  
Lawrence L. Davis

BD22ED7BFD9344E...

DocuSigned by:  
Christine Boerner

5/20/2020

E02C282348CC47D...

EXECUTIVE BUDGET ANALYST                   BUDGET OFFICER (date)                   CITY ECONOMIST

**FIRST SUPPLEMENTAL AGREEMENT  
TO LEGAL SERVICES AGREEMENT  
BETWEEN  
KENNEDY, MOULTON & WELLS, P.C.  
AND THE CITY OF ALBUQUERQUE**

THIS FIRST SUPPLEMENTAL AGREEMENT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between the City of Albuquerque, New Mexico, a municipal corporation (hereinafter referred to as the "City"), and Kennedy, Moulton & Wells, P.C., A New Mexico professional corporation, whose address is 2201 San Pedro NE, Bldg. 3, Suite 200, Albuquerque, NM 87110 (hereinafter referred to as the "Contractor").

**RECITALS**

WHEREAS, the City and Contractor entered into an Agreement, dated July 1, 2019 hereinafter referred to as the "Original Agreement", whereby the Contractor agreed to render certain professional services to the City; and

WHEREAS, the City has determined that additional services are required; and

WHEREAS, the Contractor is agreeable to providing additional services in accordance with the terms of the Original Agreement as amended herein.

NOW, THEREFORE, in consideration of the premises and mutual obligations herein, the parties hereto do mutually agree as follows:

1. Section 3A of the Original Agreement is hereby amended to read as follows:

Compensation. For performing the Services specified in Section 1 hereof, the the City agrees to pay the Contractor an additional Twenty Thousand Dollars (\$20,000.00) up to the amount of One Hundred Twenty Thousand and No/100 Dollars (\$175,000.00), for Services performed (the "Compensation"), plus reimbursement of expenses as provided in Section 3.C. below and any applicable gross receipts taxes on such amounts. Such amounts shall constitute full and complete compensation for the Contractor's Services under this Agreement. Both Parties shall be responsible for assuring that the Contractor does not bill for Services in an amount exceeding the contract amount. The Contractor shall provide monthly ledger reports to the City Attorney identifying the total amount the Contractor has billed for Services under this Agreement. The required monthly ledger reports can be included in the Contractor's monthly invoice. If at any time the Contractor determines that payment for Services may exceed the contract amount, the Contractor shall notify the City Attorney's Office in writing.

2. Except as herein expressly amended, the terms and conditions of the Original Agreement shall remain unchanged and shall continue in full force and effect unless there is a conflict between the terms and conditions of the Original Agreement and this First Supplemental Agreement, in which event, the terms and conditions of this First Supplemental Agreement shall control.

3. This Agreement shall not become effective or binding until all required signatures have been obtained.

4. Electronic Signatures: Authenticated electronic signatures are legally acceptable pursuant to Section 14-16-7 NMSA 1978. The Parties agree this First Supplemental Agreement may be electronically signed and that the electronic signatures appearing on the agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

THIS SPACE INTENTIONALLY LEFT BLANK

**IN WITNESS WHEREOF**, the City and the Contractor have executed this Agreement as of the date first above written

**CONTRACTOR:**

Company: \_\_\_\_\_

Approved By:\_\_\_\_\_ Date:\_\_\_\_\_

Name: \_\_\_\_\_ Title:\_\_\_\_\_

**CITY OF ALBUQUERQUE:**

Approved By:\_\_\_\_\_ Date:\_\_\_\_\_

Name: \_\_\_\_\_ Title:\_\_\_\_\_

Approved By:\_\_\_\_\_ Date:\_\_\_\_\_

Name: \_\_\_\_\_ Title:\_\_\_\_\_

Approved By:\_\_\_\_\_ Date:\_\_\_\_\_

Name: \_\_\_\_\_ Title:\_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/30/2020

**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).**

<b>PRODUCER</b>  DANIELS-HEAD INSURANCE AGENCY INC P O BOX 160730 AUSTIN, TX 787160730 (888) 661-3938	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): (888) 661-3938 <b>FAX</b> (A/C, No): (877) 872-7604 <b>E-MAIL</b> ADDRESS: service.center@travelers.com  <table style="width: 100%;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A : THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT</td> <td></td> </tr> <tr> <td>INSURER B : THE CHARTER OAK FIRE INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A : THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT		INSURER B : THE CHARTER OAK FIRE INSURANCE COMPANY		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
INSURER A : THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT															
INSURER B : THE CHARTER OAK FIRE INSURANCE COMPANY															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b>  KENNEDY, MOULTON & WELLS, P.C. 2201 SAN PEDRO DR NE BLDG 3, #200 ALBUQUERQUE, NM 87110															

## COVERAGES

**CERTIFICATE NUMBER:** 551597548411121

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON OWNED AUTO GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		680-6945L785-19	11/01/2019	11/01/2020	<table style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
EACH OCCURRENCE	\$1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000																				
MED EXP (Any one person)	\$5,000																				
PERSONAL & ADV INJURY	\$1,000,000																				
GENERAL AGGREGATE	\$2,000,000																				
PRODUCTS - COMP/OP AGG	\$2,000,000																				
	\$																				
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						<table style="width: 100%;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<table style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																				
AGGREGATE	\$																				
	\$																				
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-6J490410-19	11/01/2019	11/01/2020	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 100,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 100,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 500,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$ 100,000	E.L. DISEASE - EA EMPLOYEE		\$ 100,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER																				
E.L. EACH ACCIDENT		\$ 100,000																			
E.L. DISEASE - EA EMPLOYEE		\$ 100,000																			
E.L. DISEASE - POLICY LIMIT		\$ 500,000																			

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

AS RESPECTS TO GENERAL LIABILITY, CERTIFICATE HOLDER IS ADDITIONAL INSURED - BLANKET ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS, CG D1 05, BUT ONLY AS RESPECTS TO WORK PERFORMED BY THE INSURED.

## CERTIFICATE HOLDER

THE CITY OF ALBUQUERQUE  
PO BOX 470  
ALBUQUERQUE, NM 87103

## 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

*Mary Kuckelmann*

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/30/2020

**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).**

<b>PRODUCER</b> LAI Professional Insurance Programs 810 Calle Mejia Suite 104  Santa Fe NM 87501	<b>CONTACT NAME:</b> Brenda Wooster <b>PHONE (A/C, No, Ext):</b> (505) 471-0088 <b>FAX (A/C, No):</b> (505) 471-4358 <b>E-MAIL ADDRESS:</b> brenda.wooster@lai-insurance.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Axis Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
--	---

**COVERAGES** **CERTIFICATE NUMBER:** CL2043007918 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			001896-0119	11/01/2019	11/01/2020	Per Claim 2,000,000 Aggregate 4,000,000

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

<b>CERTIFICATE HOLDER</b>  City of Albuquerque P. O. Box 470  Albuquerque NM 87103	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
---	---