

## **AMENDMENT NO. 2 TO CONTRACT FOR CIVIL ENGINEERING SERVICES**

This amendment is made and entered into this 2ND day of JULY, 2024 by and between The City of Oklahoma City, a municipal corporation, herein called "City", and Wallace Design Collective, PC, herein called "Engineer".

### **WITNESSETH:**

Project No. MC-0697-F  
Civil Engineering Services; and

**WHEREAS**, on August 30, 2022, the City engaged the Engineer to perform on-call city-wide civil engineering services; and

**WHEREAS**, subsequent to the execution of the original contract, it has been determined to be in the best interest of the City to include federal requirements to allow for funding of projects through the American Rescue Plan Act (ARPA); and

**WHEREAS**, the above was authorized under the auspices of Amendment No. 1; and

**WHEREAS**, subsequent to execution of the original contract as previously amended, and due to rising costs, it has been determined to increase the estimated construction cost to \$2,000,000 per project (an increase of \$500,000); and

**NOW, THEREFORE**, in consideration of the mutual covenants contained hereinafter relating to the project, the parties agree to amend the contract as follows:

I. Amend **Paragraph 2. Professional Services - Basic. Subsection A.** to read as follows:

**Professional Services - Basic.** The Engineer is hereby employed by the City to perform in accordance with good civil engineering practices and in the best interest of the City, all of the various professional services as follows, but not limited thereto:

A. The Engineer will provide services associated with research, development, design and construction, alteration, and/or repair of real property and improvements thereon, as well as incidental services that members of these professions and those in their employ may logically or justifiably perform, including but not limited to studies, investigations, surveys, evaluations, consultations, planning, programming, conceptual designs, design development, plans and specifications, cost estimates, observations, shop drawing reviews, sample recommendations, assemble operating and maintenance manuals, site visits and other related services, in addition to design, oversight and coordination of construction of streets or street widening, water, sanitary sewer or storm sewer facilities, and other civil engineering-related services, including normal and/or periodic preventative minor and major repairs, emergency

repairs and response thereto, **with an estimated construction cost of \$2,000,000 per project (an increase of \$500,000).** In conjunction with these duties, the Consultant Engineer may be required to perform services as outlined in Item 2.D. below.

**[the remainder of this page intentionally left blank.]**

IT IS UNDERSTOOD AND AGREED BY AND BETWEEN, the City and the Engineer that, as amended by this Instrument, all terms and conditions of the original Contract shall remain in full force and effect and the provisions of this Instrument shall become a part of the original Contract as if fully written herein.

IN WITNESS WHEREOF, this Amendment was executed and approved by the Engineer this 6<sup>th</sup> day of JUNE, 2024

WALLACE  
COLLECTIVE, PC DESIGN

  
President

ATTEST:

STATE OF OKLAHOMA           )  
  )  
COUNTY OF OKLAHOMA       )     SS

This instrument was acknowledged before me on this 6<sup>th</sup> day of JUNE, 2024 by DARREN BURNS as PRESIDENT of WALLACE DESIGN COLLECTIVE, PC

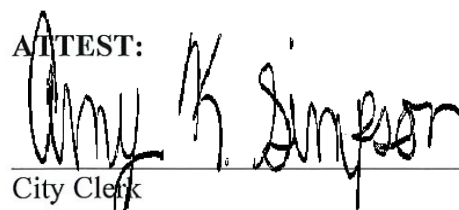
  
Notary Public

My Commission Expires/Commission Number:

1/10/2028 / 12000238 (Seal)

IN WITNESS WHEREOF, this Amendment was approved and executed by The City of Oklahoma City this 2ND day of JULY, 2024

ATTEST:


  
City Clerk



THE CITY OF OKLAHOMA CITY

  
Mayor

REVIEWED for form and legality.

  
Assistant Municipal Counselor



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/10/2024

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).

<b>PRODUCER</b> RESERVED RESOURCE INSURANCE LLC 9 W ARROWHEAD CIRCLE SANTA FE, NM 87506	<b>CONTACT NAME:</b> George J. Vogler <b>PHONE (A/C, No, Ext):</b> 505-780-5009 <b>E-MAIL ADDRESS:</b> george.vogler@ae-always.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Continental Casualty Company <b>INSURER B:</b> Aspen American Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 20443 43460
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**COVERAGES****CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>				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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	LX010NA24 Professional Liab.	04/25/2024	07/20/2024	EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROFESSIONAL LIABILITY AND POLLUTION INCIDENT COMBINED</b>	<input type="checkbox"/>	<input type="checkbox"/>	AEH-00-431-38-00	07/20/2023	07/20/2024	\$5,000,000 Per Claim (including defense cost) \$5,000,000 Aggregate (including defense cost)

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

Project: Project MC-0697-F

The policy deductible with respect to Oklahoma City and its participating public trusts is \$25,000 per claim.

Should the Insurer cancel the above described policy before the expiration date for reasons other than nonpayment of premium or deductible when due, the issuing Insurer will mail 30 days written notice to the certificate holder named below and if canceled for such nonpayment 10 days noticed will be given.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City and its participating public trusts Department of Public Works 420 West Main Street, Seventh Floor Oklahoma City OK 73102	<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> <b>AUTHORIZED REPRESENTATIVE</b>
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ACORD 25 (2010/05)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2024

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> Arthur J. Gallagher Risk Management Services, LLC 5314 South Yale Avenue Suite 900 Tulsa OK 74135	<b>CONTACT</b> <b>NAME:</b> Laura Evraets <b>PHONE</b> (A/C, No, Ext): 918-764-1657 <b>E-MAIL</b> ADDRESS: laura_evraets@ajg.com	<b>FAX</b> (A/C, No): 866-814-9487
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Phoenix Insurance Company		25623
<b>INSURER B:</b> Travelers Property Casualty Co of America		25674
<b>INSURER C:</b> Charter Oak Fire Insurance Company		25615
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 1196312352**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	P6308N961286PHX23	8/22/2023	8/22/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Y	Y	BA8N9599852343G	8/22/2023	8/22/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUP8N9687612343	8/22/2023	8/22/2024	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
C	<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	Y/N <input checked="" type="checkbox"/> N	Y N/A	UB8N96031A2343G	8/22/2023	8/22/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Certificate holder is included as Additional Insured on the General Liability as per Blanket Additional Insured – Automatic Status If Required By Written Contract (Contractors) Form CGD604 2/19.

Certificate holder is included as Additional Insured on the Automobile, as per "Blanket AI - Primary and Non-Contributory with Other Insurance" CA T4 74 2/16. Waiver of Subrogation applies to certificate holder, as respects General Liability per "XTEND Endorsement for Architects, Engineers and Surveyors" CG D3 79 02 19.

Waiver of Subrogation applies to certificate holder, as respects Automobile per "Business Auto Extension Endorsement - Oklahoma" CA F1 35 2/15.

Waiver of Subrogation applies to certificate holder, as respects Work Comp per "Waiver of Our Right to Recover from Others" WC 00 03 13 00.

The insurance provided in the General Liability and Automobile are primary and any other insurance shall be excess, as per "Blanket Additional Insured – See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City and its participating public trusts  
Department of Public Works  
420 West Main Street, Seventh Floor  
Attn: Eric J. Wenger, P.E., Director  
Public Works/City Engineer  
Oklahoma City OK 73102

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

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Wallace Design Collective, PC Wallace Engineering Structural Consultants Inc. 123 North Martin Luther King Jr. Blvd. Tulsa OK 74103
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Automatic Status If Required By Written Contract (Contractors) Form CGD604 2/19 and "Blanket AI - Primary and Non-Contributory with Other Insurance", CA T4 74 2/16.

Umbrella follows underlying form.

General Liability: No deductible HNOA: Comp/Collision Deductibles \$1K Re: Project MC-0697-F