

### **AMENDMENT NO. 3 TO CONTRACT FOR ENGINEERING SERVICES**

This amendment is made and entered into this 16th day of August, 2022, by and between The City of Oklahoma City, a municipal corporation, herein called "City", and MacArthur Associated Consultants, LLC, herein called "Engineer".

#### **WITNESSETH:**

**WHEREAS**, the Trust and the Engineer entered into an agreement on September 27, 2016 as follows:

Project No. BC-0219  
Northwest Highway Pedestrian Crossing at West Wilshire Boulevard; and

**WHEREAS**, this project provides for design and all other engineering services related to an alignment study, conceptual design and cost estimate for a Pedestrian Bridge connection trail at North MacArthur Boulevard, north of Northwest Highway, to trails at West Wilshire Boulevard, south of Northwest Highway; and

**WHEREAS**, 2007 General Obligation Bond Authorization Funds became available to fully fund the project and by Joint Resolution between the OCMFA and The City, the OCMFA advanced engineering services contract and related expenses were purchased from the OCMFA by The City and the contract was assigned from the OCMFA to The City; and

**WHEREAS**, the Engineer has completed the alignment study, conceptual design and cost estimate for a pedestrian bridge connection trail; and

**WHEREAS**, the original contract provided for possible future amendment to engage the services of the Engineer to provide final plans and specifications, bidding, construction administration and other services related to this project; and

**WHEREAS**, it was determined to be in the best interest of the City to direct the Engineer to provide a preliminary report, final plans and specifications, bidding, construction administration, and as-built services for this project; and

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

**WHEREAS**, subsequent to the execution of the original contract as previously amended and during the bidding process, it was determined that not all property within the original trail alignment could be acquired, thus requiring the trail to be realigned; and

**WHEREAS**, it has also been determined to remove lighting along the bridge ramps from the design and replace with stand-alone light poles; and

**WHEREAS**, additionally, a 12-inch waterline found to be in conflict with the new proposed pedestrian bridge ramp requires relocation; and

**WHEREAS**, therefore, it was determined to be in the best interest of the City to direct the Engineer to provide the following services, including, but not limited to 1) identify property for acquisition and obtain additional easements along the new alignment area; 2) modify plan sheets to correct lighting calculations, adjustments to the sidewalk layout, and coordination with OG&E; and 3) develop plan sheets and provide additional coordination efforts for relocation of the conflicting water main; and

**WHEREAS**, the work above was authorized under the auspices of **Amendment No. 2**; and

**WHEREAS**, subsequent to the execution of the original contract as previously amended and during construction excavation, it was determined the location previously identified for the 30-inch waterline was inaccurate and is located nine feet further south, directly under the proposed bridge footing; and

**WHEREAS**, to address the waterline conflict, the Engineer provided a conceptual design with cost estimates, including options for relocating the 30-inch waterline and redesigning the bridge steps and sidewalk approach; and

**WHEREAS**, due to the extensive cost associated with relocating the waterline, it has been determined to be in the best interest of the City to proceed with the option to redesign the bridge step and footing; and

**WHEREAS**, the Engineer will be required to provide the following design modifications, including, but not limited to: 1) realignment of sidewalk and ADA requirements; 2) design of sloped sidewalk with steps to reach the bridge steps; and 3) relocation of water-service lines; and

**WHEREAS**, the total estimated construction cost is \$5,419,095 (an increase of \$858,947); and

**WHEREAS**, the original contract must be amended to incorporate the Engineer's increased scope of work related to these services and associated fees; and

**WHEREAS**, the total compensation to be paid to the Engineer for this Contract and Amendment shall be as follows:

For the original contract:

Not to exceed \$75,000 for engineering services

For Amendment No. 1:

Not to exceed \$310,436 for engineering services

For Amendment No. 2:

Not to exceed \$49,800 for engineering services

For Amendment No. 3:

Not to exceed \$19,388 for engineering services

Total Amended Contract:

Not to exceed \$454,624 for all services (an increase of \$19,388); and

**WHEREAS**, both parties agree to amend said contract.

**NOW, THEREFORE**, the parties agree as follows:

I. Amend **Paragraph 2. Basic Services.** to read as follows:

**Basic Services.** The Engineer is hereby engaged and employed by the City to perform in accordance with good engineering practices and in the best interest of the City in accordance with the professional standard of care all of the work as set out herein (including **Amendment No. 1** work related to preparation of preliminary report, final plans and specifications, bidding, construction administration, and as-built services for this project; and **Amendment No. 2** including work related to 1) identification of property for acquisition and obtaining additional easements; 2) modification of plan sheets to correct lighting calculations, adjustments to the sidewalk layout, and coordination with OG&E; and 3) development of plan sheets and additional coordination efforts for relocation of the conflicting water main; and **Amendment No. 3** work related to redesign of the bridge step footings to avoid a 30-inch waterline); including Exhibit A, and including but not limited to the following:

II. Amend **Paragraph 4. Compensation.** to read as follows:

**Compensation.** The aggregate total compensation for all engineering services under this Contract shall not exceed a total fee of \$454,624 (an increase of \$19,388), which includes: for Basic Services an amount not to exceed \$432,478 (an increase of \$19,388) as specifically set forth in Exhibit B, attached hereto and incorporated herein; and, for Additional Services an amount not to exceed \$22,146, as specifically set forth in Exhibit E attached hereto and incorporated herein.

III. Amend **EXHIBIT B – COMPENSATION** to read as follows:

**EXHIBIT B  
COMPENSATION  
PROJECT NO. BC-0219  
NORTHWEST HIGHWAY PEDESTRIAN CROSSING**

## **AT WEST WILSHIRE BOULEVARD**

Under the terms of this Contract, the Engineer agrees to perform the work and services described in this Contract. The City agrees, in accordance with the limitations and conditions set forth in the Contract, to pay an amount not to exceed \$454,624 (an increase of \$19,388) which includes: for Basic Services an amount not to exceed \$432,478 (an increase of \$19,388) as specifically set forth in this Exhibit B; and, for Additional Services an amount not to exceed \$22,146 as specifically set forth in Exhibit E.

### **B.I. Basic Work and Services**

Compensation for basic services may not exceed \$432,478 (an increase of \$19,388), and in no event may the Engineer receive compensation in excess of the amount listed for each task for performance of its basic services.

The Engineer may receive up to the following amounts of the not to exceed amounts for services rendered upon the completion of the following tasks. Partial payments of the not to exceed amounts for each task may be invoiced for incremental work completed. Not to exceed amounts below are accumulative for successive tasks.

Task 1 an amount not to exceed:  
\$75,000

Completion and recommendation by the City Engineer for approval by the City of the Conceptual Design and Alignment Study Report for the project.

Task 1A (added by Amendment No. 1)  
An additional amount not to exceed:  
\$6,225

Completion and submittal of 3 Conceptual Options.

Task 1B (added by Amendment No. 1)  
An additional amount not to exceed:  
\$59,052

Completion and submittal of the Preliminary Bridge Aesthetics Report.

Task 1C (added by Amendment No. 1)  
An additional amount not to exceed:  
\$13,459

Completion and recommendation by the City Engineer for approval by the City of the Final Bridge Aesthetics Report for the project.

Task 1D (added by Amendment No. 1)  
an additional amount not to exceed:  
\$4,400

Completion and Submittal of the Traffic Signal Sight Distance Evaluation.

Task 2 an additional amount not to exceed:  
\$179,804

Completion and acceptance by the City of the final plans and specifications for the project.

Task 3 an additional amount not to exceed:  
\$16,000

Award of the construction contract to the successful Bidder.

Task 4 an additional amount not to exceed:  
\$73,788 (an increase of \$19,388)

Upon completion and final acceptance by the City of the completed project. Said amount is to be paid proportionately to the level of completion of project construction. The proportionate amount is to be consistent with the Construction Contractor's percentage of completion.

Task 5 an additional amount not to exceed:  
\$4,750

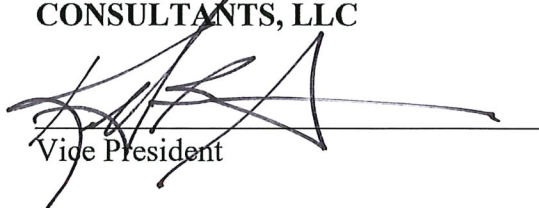
Upon satisfactory completion and acceptance of the project as-built drawings.

[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 29 day of July, 2022.

MACARTHUR ASSOCIATED  
CONSULTANTS, LLC

  
Vice President

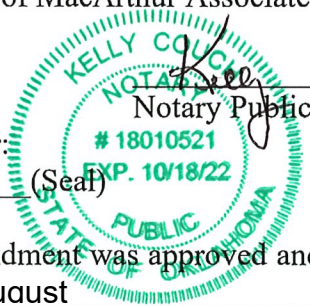
ATTEST:

STATE OF OKLAHOMA     )  
  )  
COUNTY OF OKLAHOMA    )     SS

This instrument was acknowledged before me on this 29 day of July, 2022, by Keith Angier, P.E., as Vice President of MacArthur Associated Consultants, LLC.

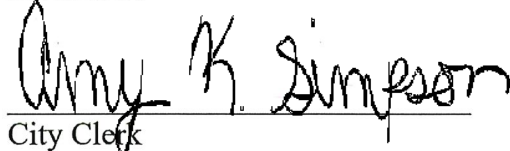
My Commission Expires/Commission Number:

10/18/22 / 18010521 (Seal)



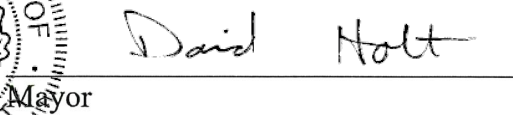
IN WITNESS WHEREOF, this Amendment was approved and executed by The City of Oklahoma City this 16th day of August, 2022.

ATTEST:

  
City Clerk



THE CITY OF OKLAHOMA CITY

  
Mayor

REVIEWED for form and legality.

  
Assistant Municipal Counselor

**CONCURRED** by the Oklahoma City Water Utilities Trust this 16th day of August, 2022.

**OKLAHOMA CITY WATER  
UTILITIES TRUST**

**ATTEST:**

Amy K. Simpson  
Secretary



J. D. Couch  
Chairman

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/01/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Greyling Ins. Brokerage/EPIC</b> <b>3780 Mansell Rd. Suite 370</b> <b>Alpharetta, GA 30022</b>	<b>CONTACT NAME:</b> <b>Sahleem Julien</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>770-670-5327</b>	<b>FAX (A/C, No):</b> <b>866-550-4082</b>
<b>E-MAIL ADDRESS:</b> <b>sahleem.julien@greyling.com</b>		
<b>INSURED</b> <b>MacArthur Associated Consultants</b> <b>25 NW 146th Street</b> <b>Edmond, OK 73013</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Hartford Fire Insurance Co.</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		<b>NAIC #</b> <b>19682</b>

## COVERAGES

CERTIFICATE NUMBER: 21-22

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>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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	20WBGBI4192	11/01/2021	11/01/2022	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000

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

Project: 16-21 BC-0219 Northwest Highway Pedestrian Crossing at West Wilshire Boulevard.

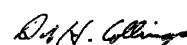
## CERTIFICATE HOLDER

## CANCELLATION

The City of Oklahoma City  
 and its participating public trusts  
 Department of Public Works  
 420 West Main Street, 7th Floor  
 Oklahoma City, OK 73102-0000

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







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/29/2022

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.

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<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>INSURED</b> MacArthur Associated Consultants, Ltd. 25 N.W. 146th Street Edmond, OK 73013	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>National Fire Insurance Co. of Hartford</td><td>20478</td></tr><tr><td>INSURER B :</td><td>Transportation Insurance Company</td><td>20494</td></tr><tr><td>INSURER C :</td><td>Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	National Fire Insurance Co. of Hartford	20478	INSURER B :	Transportation Insurance Company	20494	INSURER C :	Continental Casualty Company	20443	INSURER D :			INSURER E :			INSURER F :		
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INSURER F :																						

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	B2079853619	10/15/2021	10/15/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 valuable papers \$1,100,000
	<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) \$ \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	B209853667	10/15/2021	10/15/2022	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	Y / N <input type="checkbox"/> N / A <input type="checkbox"/>	<input type="checkbox"/>				WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	<b>PROFESSIONAL LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	AEH003987177	01/10/2022	01/10/2023	\$2,000,000 Per Claim (including defense cost) \$2,000,000 Aggregate (including defense cost)

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

Project: 16-21 BC-0219 Northwest Highway Pedestrian Crossing at West Wilshire Boulevard  
The policies described will not be canceled by the Insurer before 30 days' notice is given to the Certificate Holders.  
As required by Insured's contract, the City of Oklahoma City and its participating trusts are Additional Insureds (except for professional liability insurance) with respect to the operations of the Insured.  
The policy deductible for the professional liability policy with respect to The City of Oklahoma City and its Participating Public Trusts is \$25,000 per claim.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City, and its participating trusts Department of Public Works 420 West Main, Suite 700 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/01/2022

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.

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<b>PRODUCER</b>  <b>CHERIE LOGAN</b> 1221 S HOLLY AVE  YUKON OK 73099		<b>CONTACT NAME:</b> RELEE KRAUSE <b>PHONE (A/C, No, Ext):</b> 405 354 1996 <b>FAX (A/C, No):</b> 405 354 4682 <b>E-MAIL ADDRESS:</b> RELEE@CHERIELOGAN.COM	
<b>INSURED</b>  MACARTHUR ASSOCIATED CONSULTANTS LLC 25 N.W 146TH STREET  EDMOND OK 73013		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178 <b>INSURER B:</b> <input type="checkbox"/> <b>INSURER C:</b> <input type="checkbox"/> <b>INSURER D:</b> <input type="checkbox"/> <b>INSURER E:</b> <input type="checkbox"/> <b>INSURER F:</b> <input type="checkbox"/>	

## 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 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 checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	376 2108 422 2512 318 9889 347 1023	05/02/2022 05/02/2022 05/02/2022 05/02/2022	11/02/2022 11/02/2022 11/02/2022 11/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> 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	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

376 2108 - D 100.00 DED G 1000.00 DED 422 2512 - D 100.00 DED G 1000.00 DED  
 318 9889- D 100.00 DED G 1000.00 DED 347 1023 - D 100.00 DED G 1000.00 DED

Project: 16-21 BC-0219 Northwest Highway Pedestrian Crossing at West Wilshire Boulevard

## CERTIFICATE HOLDER

The City of Oklahoma City and its participating public trusts  
 Department of Public Works  
 420 West Main Street, 7th Floor  
 Oklahoma City OK 73102

## 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

Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.






# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/12/2022

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>  <b>CHERIE LOGAN</b> 1221 S HOLLY AVE  YUKON OK 73099		<b>CONTACT NAME:</b> RELEE KRAUSE <b>PHONE (A/C, No, Ext):</b> 405 354 1996 <b>FAX (A/C, No):</b> 405 354 4682 <b>E-MAIL ADDRESS:</b> RELEE@CHERIELOGAN.COM	
<b>INSURED</b>  MACARTHUR ASSOCIATED CONSULTANTS LLC 25 N.W 146TH STREET  EDMOND OK 73013		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178 <b>INSURER B:</b> <input type="checkbox"/> <b>INSURER C:</b> <input type="checkbox"/> <b>INSURER D:</b> <input type="checkbox"/> <b>INSURER E:</b> <input type="checkbox"/> <b>INSURER F:</b> <input type="checkbox"/>	

**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 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 checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	347 1025 419 0663 383 6734 388 1044	05/02/2022 05/02/2022 05/02/2022 05/02/2022	11/02/2022 11/02/2022 11/02/2022 11/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<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	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

347 1025 - D 100.00 DED G 1000.00 DED 419 0663 - D 100.00 DED G 1000.00 DED  
383 6734 - D 100.00 DED G 1000.00 DED 388 1044 - D 100.00 DED G 1000.00 DED

Project: 16-21 BC-0219 Northwest Highway Pedestrian Crossing at West Wilshire Boulevard

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City and its participating public trusts Department of Public Works 420 West Main Street 7th 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> Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2022

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.

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<b>PRODUCER</b>  <b>CHERIE LOGAN</b> <b>1221 S HOLLY AVE</b>  <b>YUKON</b> <b>OK 73099</b>	<b>CONTACT NAME:</b> RELEE KRAUSE <b>PHONE (A/C, No, Ext):</b> 405 354 1996 <b>FAX (A/C, No):</b> 405 354 4682 <b>E-MAIL ADDRESS:</b> RELEE@CHERIELOGAN.COM  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <input type="checkbox"/> <b>INSURER C:</b> <input type="checkbox"/> <b>INSURER D:</b> <input type="checkbox"/> <b>INSURER E:</b> <input type="checkbox"/> <b>INSURER F:</b> <input type="checkbox"/> <b>NAIC #</b> 25178
<b>INSURED</b> <b>MACARTHUR ASSOCIATED CONSULTANTS LLC</b> <b>25 N.W 146TH STREET</b>  <b>EDMOND</b> <b>OK 73013</b>	

**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 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	462 6154 385 7528 459 5051 385 7529	05/02/2022 02/02/2022 05/02/2022 05/02/2022	11/02/2022 11/02/2022 11/02/2022 11/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <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	Y/N <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

335 1088 - D 100.00 DED G 1000.00 DED 385 7528 - D 100.00 DED G 1000.00 DED  
347 1026 - D 100.00 DED G 1000.00 DED 385 7529 - D 100.00 DED G 1000.00 DED

Project: 16-21 BC-0219 Northwest Highway Pedestrian Crossing at West Wilshire Boulevard

**CERTIFICATE HOLDER**

The City of Oklahoma City and its participating public trusts  
Department of Public Works  
420 West Main Street 7th floor  
Oklahoma City  
**OK 73102**

**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**  
Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.