

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

This amendment is made and entered into this 21st day of June, 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 City and the Engineer entered into an agreement on August 27, 2019 as follows:

Project No. MP-0487  
Greenway on Oklahoma River Trail; and

**WHEREAS**, this project provides for design and all other engineering services related to a new trail connecting the South Grand Boulevard Trail/Tinker-Draper Trail to Oklahoma River Trail/Katy Trail, that will include design of trailheads, trail amenities, lighting, and wayfinding; and

**WHEREAS**, the original trail alignment was along the south side of the Oklahoma River between NE 4th Street and Eastern; and

**WHEREAS**, subsequent to the execution of the original contract, it was determined to be in the best interest of the City to relocate the trail to the north side of the Oklahoma River to avoid alignment conflicts; and

**WHEREAS**, the relocation reduces the construction cost from \$869,000 to \$823,000 (a decrease of \$46,000); and

**WHEREAS**, the Engineer will be required to provide additional topographic survey and design of approximately 2,000 additional linear feet of new trail on the north side of the Oklahoma River between NE 4th Street and Eastern Avenue; and

**WHEREAS**, design fees originally designated for the south side alignment (including NE 4th Street bridge design and surveyor efforts related to right-of-way exhibits for private property acquisition) will be applied toward a portion of the fees for the additional topographic survey and design required for the relocation; 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, Oklahoma Department of Transportation (ODOT) funds became available and it was determined to be in the best interest of the City to direct the Engineer to provide two separate sets of plans and specifications for the SE 8th Street Trail Connection and the Eastern Avenue Bridge; and

**WHEREAS**, ODOT will provide bidding and construction administration services related to the above locations; and

**WHEREAS**, the Engineer was required to revise plans in accordance with ODOT standards, provide bidding coordination between ODOT and the City, and provide services for drone footage before and after construction of each project; and

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

**WHEREAS**, the original trail alignment proposed span bridges that would allow bypassing First American Museum (FAM) property; and

**WHEREAS**, subsequent to execution of the original contract as previously amended, the original alignment was not awarded and as a result, a new easement will be required that passes through FAM property on the north side of river; and

**WHEREAS**, significant damage at the southbound I-35 bridge (that would potentially impact the structural integrity of the bridge) and previous bridge repairs at the northbound I-35 bridge were discovered during construction, thereby requiring the Engineer to provide additional design modifications and coordination efforts with ODOT to adjust the current trail alignment in order to accommodate the repairs; and

**WHEREAS**, additionally, an existing saltwater pipeline was identified east of the Eastern Avenue bridge that will require the trail alignment to be adjusted in order to minimize impact to the pipeline; and

**WHEREAS**, it has also been determined to direct the Engineer to provide drone services for the entire Greenway Trail, therefore it is necessary to increase Exhibit E – Additional Services to compensate the Engineer for these services; and

**WHEREAS**, the estimated construction cost is \$6,233,359 (an increase of \$2,079,359); 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 \$538,300 for engineering services

For Amendment No. 1:

Not to exceed \$16,400 for engineering services

For Amendment No. 2:

Not to exceed \$27,778 for engineering services

For Amendment No. 3:

Not to exceed \$7,640 for engineering services

Total Amended Contract:

Not to exceed \$590,118 for all services (an increase of \$7,640); 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 additional topographic survey and design of approximately 2,000 additional linear feet of new trail on the north side of the Oklahoma River between NE 4th Street and Eastern Avenue; **Amendment No. 2** work related to separating project into two sets of plans, modifying plans to conform to ODOT standards, providing bidding coordination between ODOT and the City, and obtaining drone footage before and after construction; and **Amendment No. 3** work related to design modifications to the trail alignment, additional easement acquisition services, coordination with ODOT, and drone services necessary for completion of the project); including Exhibit A, and including but not limited to the following:

II. Amend **Paragraph 5. Compensation.** to read as follows:

**Compensation.** The aggregate total compensation for all engineering services under this Contract shall not exceed a total fee of \$590,118 (an increase of \$7,640), which includes: for Basic Services an amount not to exceed \$508,948 (an increase of \$4,950) as specifically set forth in Exhibit B, attached hereto and incorporated herein; and, for Additional Services an amount not to exceed \$81,170 (an increase of \$2,690), as specifically set forth in Exhibit E attached hereto and incorporated herein.

- III. Amend **EXHIBIT A – SCOPE OF WORK** by addition of the following “**Exhibit A-Scope of Work (added by Amendment No. 3)**”:

**Exhibit A-Scope of Work  
(Added by Amendment No. 3)**

The additional scope items for professional services are listed below.

- 1. Preparation and submittal of easement documents (FAM Property on North side of River)**
  - a. Legal description
  - b. Legal Exhibit (requires limited field work to verify property limits)
- 2. Drone Flight (total of 2)**
  - a. 1 flight during construction and 1 after construction:
    - i. Flight will include the majority of the alignment (approx. 4.5 miles):
      1. Flight will be split to avoid flying over interstates or under bridge structures
    - ii. Photos and videos from the flights will be provided to the City of OKC for their use.
      1. Images will be edited/processed as needed
- 3. Trail Redesign Due to ODOT bridge repair/damage:**
  - a. Coordination with ODOT regarding damage and repair
  - b. Adjustment of trail alignment to accommodate repair
  - c. Adjustment of trail under bridge to accommodate past ODOT repair (since design survey)
  - d. Complete design documents (design is currently at 90% completion)
- 4. Trail Alignment Adjustment due to salt-water line:**
  - a. Adjustment of trail alignment to minimize impact to existing underground salt-water pipeline

**Description/Justification of Scope Changes**

FAM easement was required on the north side of the river (between I-35 and Eastern Ave) due to the original trail alignment (which required a span bridge) not being awarded. As a result, the trail alignment passes through property owned by the First American Museum (FAM). As such, an easement is required. Drone footage of construction was requested by the City. Drone flights will be noted as lump sum, the effort includes:

- 1 hour travel time, 4-hour drone flight and 3 hours process/editing time.

Significant damage was discovered at the south-bound I-35 bridge (discovered during construction). This damage potentially impacted the structural integrity of the bridge and needed repair. The repair

required coordination and an adjustment of the trail to accommodate. In addition, the north bound I-35 bridge was repaired in the past year. As a result of the repair, the design beneath the bridge had to be adjusted to accommodate. An existing salt-water line (which was not picked up during survey) was identified east of the Eastern Ave bridge. The trail alignment required adjustment to ensure impact was minimized.

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

**EXHIBIT B  
COMPENSATION  
PROJECT NO. MP-0487  
GREENWAY ON OKLAHOMA RIVER TRAIL**

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 \$590,118 (an increase of \$7,640), which includes: for Basic Services an amount not to exceed \$508,948 (an increase of \$4,950) as specifically set forth in this Exhibit B; and, for Additional Services an amount not to exceed \$81,170 (an increase of \$2,690) as specifically set forth in Exhibit E.

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

Compensation for basic services may not exceed \$508,948 (an increase of \$4,950), 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:  
\$164,882.95

Completion and recommendation by the City Engineer for approval.

Task 2 an additional amount not to exceed:  
\$220,552.28 (an increase of \$4,950)

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

Task 3 an additional amount not to exceed:  
\$24,788.55

Award of the construction contract to the successful Bidder.

Task 4 an additional amount not to exceed:  
\$88,458.22

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:  
\$10,266

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

V. Amend **EXHIBIT E – ADDITIONAL SERVICES** to read as follows:

**EXHIBIT E  
ADDITIONAL SERVICES  
PROJECT NO. MP-0487  
GREENWAY ON OKLAHOMA RIVER TRAIL**

Additional Services shall only be provided upon prior written and clearly detailed direction of the City Engineer. The Engineer may be directed to perform any, all or none of the following Additional Services that may include, but not be limited to, the following:

1. Expenses of reproductions for reports, plans and specifications beyond basic services requirements.
2. Provide assistance, analysis and coordination for work or services to be performed under separate contracts or performed by the City's own forces, which work or services are outside the scope of this Project, but affect this Project.
3. Provide analysis and services relative to future facilities, systems improvements, and equipment that are not intended to be constructed during the construction of this Project.
4. Provide design required for the selection, procurement or installation of furniture, fixtures and related equipment for this Project beyond basic services requirements.
5. Make revisions in drawings, specifications or other documents when such revisions are inconsistent with written approvals previously given or are

required by the enactment or revision of codes, laws or regulations occurring subsequent to the preparation of such documents.

6. Provide geotechnical investigation/services utilizing engineering and testing laboratories that have annual on-call contracts with the City.
7. Provide services after issuance of City approved final certificate of payment to the contractor.
8. Provide part-time or full-time Project representative services.
9. Produce miscellaneous presentation materials beyond Basic Services requirements.
10. Provide compensation of fees for grants, permits and applications necessary for the design and/or construction of this Project not required at the time of effective date of this Contract.
11. Provide staking of right-of-way for right-of-way acquisition purposes.
12. Prepare documents required for right-of-way/easement acquisitions.
13. Provide right-of-way/easement acquisition services.
14. Provide additional bid packages along with related bidding and construction administration services beyond Basic Services requirements.
15. Drone Footage before and after construction of the projects (added by Amendment No. 2) - \$6,170 (an increase of \$2,690)

Compensation for Additional Services: Included in the not to exceed total compensation is an allowance for Additional Services in an amount not to exceed \$81,170 (an increase of \$2,690). This allowance is to be used and paid to the Engineer in the manner established in this Contract, unless other compensation means are agreed to in writing by the City Engineer. The Additional Services compensation may only be used after the Engineer has performed Additional Services upon prior written authorization by the City Engineer. Invoices submitted for Additional Services shall represent only hours actually worked on this project by the Engineer's employees and the Engineer's consultant's employees and shall be accounted for separately for each Additional Service performed.

[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 8 day of June, 2022.

MACARTHUR ASSOCIATED  
CONSULTANTS, LLC

  
Vice President

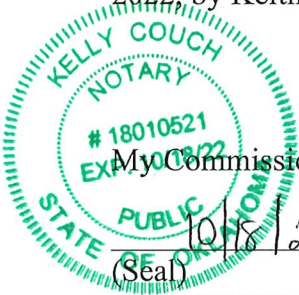
ATTEST:

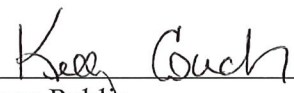
STATE OF OKLAHOMA )

) SS

COUNTY OF OKLAHOMA )

This instrument was acknowledged before me on this 8 day of June, 2022, by Keith Angier, as Vice President of MacArthur Associated Consultants, LLC.



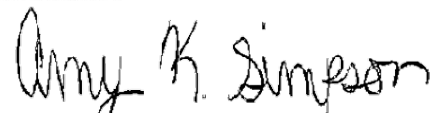
  
Notary Public

My Commission Expires/My Commission Number:

06/08/22 / 18010521  
(Seal)


IN WITNESS WHEREOF, this Amendment was approved and executed by The City of Oklahoma City this 21st day of June, 2022.

ATTEST:

  
City Clerk



THE CITY OF OKLAHOMA CITY

  
Vice Mayor

REVIEWED for form and legality.

  
Assistant Municipal Counselor





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/23/2022

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 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> National Fire Insurance Co. of Hartford	
		<b>INSURER B:</b> Transportation Insurance Company	
		<b>INSURER C:</b> Continental Casualty Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			B2079853619	10/15/2021	10/15/2022	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE
							PRODUCTS - COMP/OP AGG
							valuable papers
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	B209853667	10/15/2021	10/15/2022	EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
C	<b>PROFESSIONAL LIABILITY</b>			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: 19-03 MP-0487-Greenway on Oklahoma River Trail

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	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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ACORD 25 (2010/05)

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Clear All

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/24/2022

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>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 OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 <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: 19-03 MP-0487-Greenway on Oklahoma River Trail

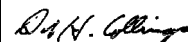
## CERTIFICATE HOLDER

## CANCELLATION

The City of Oklahoma City  
 Public Works Department  
 420 W Main St  
 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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/23/2022

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**PRODUCER**CHERIE LOGAN  
1221 S HOLLY AVE

YUKON

OK 73099

CONTACT NAME: RELEE KRAUSE

PHONE (A/C No. Ext): 405 354 1996

FAX (A/C No.): 405 354 4682

E-MAIL: RELEE@CHERIELOGAN.COM

ADDRESS:

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**MACARTHUR ASSOCIATED CONSULTANTS LLC  
25 N.W 146TH STREET

EDMOND

OK 73013

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

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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						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	<b>AUTOMOBILE LIABILITY</b>	Y	Y	476 7161	05/02/2022	11/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO			480 0461	05/02/2022	11/02/2022	BODILY INJURY (Per person) \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				PER STATUTE OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

476 7161 D 100 G 1000.00 DED  
480 0481 D 100.00 G 1000.00 DED

Project: 19-03 MP-0487-Greenway on Oklahoma River Trail

**CERTIFICATE HOLDER**THE CITY OF OKLAHOMA CITY  
PUBLIC WORKD DEPARTMENT  
420 W MAIN ST  
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)

05/23/2022

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).

## PRODUCER

CHERIE LOGAN  
1221 S HOLLY AVE

YUKON

OK 73099

CONTACT NAME: RELEE KRAUSE

PHONE (A/C, No, Ext): 405 354 1996

FAX (A/C, No): 405 354 4682

E-MAIL ADDRESS: RELEE@CHERIELOGAN.COM

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

MACARTHUR ASSOCIATED CONSULTANTS LLC  
25 N.W 146TH STREET

EDMOND

OK 73013

## 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY	Y Y	347 1025	05/02/2022	11/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO		419 0663	05/02/2022	11/02/2022	BODILY INJURY (Per person) \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS		383 6734	05/02/2022	11/02/2022	BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		388 1044	05/02/2022	11/02/2022	PROPERTY DAMAGE (Per accident) \$ 1,000,000
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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: 19-03 MP-0487-Greenway on Oklahoma River Trail

## CERTIFICATE HOLDER

THE CITY OF OKLAHOMA CITY  
PUBLIC WORKS DEPARTMENT  
420 W MAIN ST  
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

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05/23/2022

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## PRODUCER

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CONTACT NAME: RELEE KRAUSE

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EDMOND

OK 73013

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INSURER A: State Farm Mutual Automobile Insurance Company

NAIC #  
25178

INSURER B:

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## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<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:					
	AUTOMOBILE LIABILITY	Y Y	462 6154	05/02/2022	11/02/2022	EACH OCCURRENCE \$
	ANY AUTO					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS		385 7528	02/02/2022	11/02/2022	MED EXP (Any one person) \$
	HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		459 5051	05/02/2022	11/02/2022	PERSONAL & ADV INJURY \$
			385 7529	05/02/2022	11/02/2022	GENERAL AGGREGATE \$
	UMBRELLA LIAB					PRODUCTS - COMP/OP AGG \$
	EXCESS LIAB					
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				BODILY INJURY (Per person) \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					BODILY INJURY (Per accident) \$ 1,000,000
						PROPERTY DAMAGE (Per accident) \$ 1,000,000
						EACH OCCURRENCE \$
						AGGREGATE \$
						PER STATUTE OTH-ER
						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: 19-03 MP-0487-Greenway on Oklahoma River Trail

## CERTIFICATE HOLDER

THE CITY OF OKLAHOMA CITY  
PUBLIC WORKS DEPARTMENT  
420 W MAIN ST  
OKLAHOMA CITY

OK 73102

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AUTHORIZED REPRESENTATIVE

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