

## **AMENDMENT NO. 2 TO CONTRACT FOR ARCHITECTURAL SERVICES**

This amendment is made and entered into this 27th day of September, 2022 by and between The City of Oklahoma City, a municipal corporation, and its successors in interest, herein called "City", and Design Architects Plus, Inc, herein called "Architect".

### **WITNESSETH:**

Project No. MC-0674-A  
General Architectural Services; and

**WHEREAS**, on November 9, 2021, the City engaged the services of the Architect to perform on-call City-wide architectural consultant services; and

**WHEREAS**, subsequent to the execution of the original contract, it was determined to increase the estimated annual architectural fee from \$500,000 to \$750,000 (an increase of \$250,000); and

**WHEREAS**, it was also determined to add the Crime Prevention through Environmental Design (CPTED) clause to ensure projects are designed to provide safety for users; and

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

**WHEREAS**, on December 22, 2020, the City Council approved and re-established the Small and Disadvantaged Local Business Utilization (LBU) Program, and the requirements of the program must be included in the Contract; and

**WHEREAS**, the original contract must be amended to incorporate the aforementioned LBU Program requirements; and

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

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

I. Addition of **Paragraph 40. Local Business Utilization Report.** to read as follows:

**40. Local Business Utilization Report. (added by Amendment No. 2)**

On December 22, 2020, the City Council approved and re-established the Small and Disadvantaged Local Business Utilization (LBU) Program. The program encourages and promotes the use of small and disadvantaged local business subcontractors on public construction contracts. The goal is to provide assistance, guidance, and opportunities for small and disadvantaged local businesses to work on City projects.

The Architect agrees to submit a Small and Disadvantaged Local Business Utilization (LBU) Report to the City within fourteen (14) days of the issuance of the Notice to Proceed, to include the following information:

- A. A list identifying each of its subconsultants or subcontractors;
- B. The location of the principal place of business of each subconsultant or subcontractor;
- C. The status of each of its subconsultants and subcontractors, and which class of disadvantaged business; local, small, disadvantaged, minority, etc.
- D. The general scope of work to be performed by each subconsultant or subcontractor; and
- E. The dollar amount of each subcontract.
- F. The tools and/or organizations used to locate and contact these businesses.

The Architect further agrees to submit to the City a monthly report identifying the scope of work and amount of payments made to each subconsultant or subcontractor for the preceding month on a form provided by the City.

**[Remainder of this page intentionally left blank]**

IT IS UNDERSTOOD AND AGREED BY AND BETWEEN, the City and the Architect 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 Architect this 7th day of September, 2022.

DESIGN ARCHITECTS PLUS, INC.

ATTEST:

Kahl Wilson  
President

STATE OF OKLAHOMA )  
COUNTY OF OKLAHOMA )

SS

This instrument was acknowledged before me on the 7th day of Sept, 2022, by Kahl Wilson, as President of Design Architects Plus, Inc.

My Commission Expires/Commission Number:

03/09/26, 22003252



Stephany Wilson  
Notary Public

IN WITNESS WHEREOF, this Amendment was approved and executed by The City of Oklahoma City this 27th day of September, 2022.

THE CITY OF OKLAHOMA CITY

ATTEST:

Amy K Simpson  
City Clerk



David Holt  
Mayor

REVIEWED for form and legality.

Craig Keith  
Assistant Municipal Counselor



DESIARC01C

DWICKS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2022

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><br><b>INSURICA - Oklahoma City</b><br><b>5100 N. Classen Blvd, #300</b><br><b>Oklahoma City, OK 73118</b> | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext): (405) 523-2100</b> |  | <b>FAX (A/C, No): (405) 556-2332</b> |
|   | <b>E-MAIL ADDRESS:</b>  |  |                                      |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>                                |  | <b>NAIC #</b>                        |
|   | <b>INSURER A : Hartford Casualty Insurance Co.</b>                  |  | <b>29424</b>                         |
| <b>INSURED</b><br><br><b>Design Architects Plus, Inc.</b><br><b>1501 SW 104th</b><br><b>Oklahoma City, OK 73159</b>       | <b>INSURER B : Liberty Mutual Insurance Company</b>                 |  | <b>23043</b>                         |
|   | <b>INSURER C : CompSource Mutual Insurance Company</b>              |  | <b>36188</b>                         |
|   | <b>INSURER D : Admiral Insurance Company</b>                        |  | <b>24856</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 INSD | SUBR WVD     | POLICY NUMBER        | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|--------------|----------------------|-------------------------|-------------------------|---|
| <b>A</b> | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |              | <b>38SBABQ8806</b>   | <b>2/7/2022</b>         | <b>2/7/2023</b>         | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b><br>MED EXP (Any one person) \$ <b>10,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
| <b>B</b> | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |              | <b>AZG2364926029</b> | <b>7/1/2022</b>         | <b>7/1/2023</b>         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |              |                      |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | <b>N / A</b> | <b>01347076</b>      | <b>7/1/2022</b>         | <b>7/1/2023</b>         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>100,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>  |
| <b>A</b> | <b>Property</b>   |           |              | <b>38SBABQ8806</b>   | <b>2/7/2022</b>         | <b>2/7/2023</b>         | <b>Valuable Papers</b> \$ <b>400,000</b>  |
| <b>D</b> | <b>Professional Liabili</b>   |           |              | <b>EO00001245312</b> | <b>12/15/2021</b>       | <b>12/15/2022</b>       | <b>Limit/Aggregate</b> \$ <b>1,000,000</b>  |

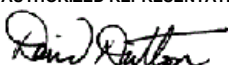
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: MC-0674-A project

The City of Oklahoma City and its participating public trusts are additional insured, with respect to General Liability and Automobile Liability and Waiver of Subrogation applies if required or agreed to in a written contract subject to all provisions and limitations of the policy.

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
| <b>The City of Oklahoma City and its participating Trusts</b><br><b>420 W Main St.</b><br><b>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. |
|  | AUTHORIZED REPRESENTATIVE<br>  |