

AMENDMENT NO. 6  
CONTRACT NO. 36013  
FOR

License Agreement and Services Agreement for Use of Permit Ready Designs

Pursuant to Ordinance No. \_\_\_\_\_

This Contract was made and entered by and between Bryan Higgins, hereinafter called Designer, and the City of Portland, a municipal corporation of the State of Oregon, by and through its duly authorized representatives, hereinafter called City.

1. This contract is hereby extended through June 30, 2011.
2. In addition, in accordance with Exhibit A of the License Agreement and Services Agreement for Use of Permit Ready Designs, a fee of \$600 (which will be increased by 2% each subsequent year beginning January 2007) will be paid to the Designer, once the City issues a permit for construction of the narrow lot house design to the Buyer, provided that all City requirements have been met. Therefore, an additional amount not to exceed \$641.90 is necessary in order to pay the Designer for these fees.
3. To date the City has paid the Designer \$26,242.00 and the total compensation for this contract shall not exceed \$27,566.90.

All other terms and conditions shall remain unchanged and in full force and effect.

CONTRACTOR SIGNATURE:

This contract amendment may be signed in two (2) or more counterparts, each of which shall be deemed an original, and which, when taken together, shall constitute one and the same contract amendment.

The parties agree the City and Contractor may conduct this transaction by electronic means, including the use of electronic signatures.

\_\_\_\_\_  
Bryan Higgins

By: \_\_\_\_\_

Date: \_\_\_\_\_

5/11/11

Name: Bryan Higgins

Title: Designer

Address: 21 SW Whitaker Street, Portland, OR 97239

Telephone: 503-226-3197

Contract No. 36013 Amendment/Change Order No. 6

Contract Title: License Agreement and Services Agreement for Use of Permit Ready Designs

**CITY OF PORTLAND SIGNATURES:**

By: \_\_\_\_\_  
Elected Official

Date: \_\_\_\_\_

Approved:

By: \_\_\_\_\_  
Office of City Auditor

Date: \_\_\_\_\_

Approved as to Form:

**APPROVED AS TO FORM**

By: \_\_\_\_\_  
Office of City Attorney  
*Paula Nguyen*  
CITY ATTORNEY

Date: 5/27/11

**COMPANY NAME:**

FARMERS INSURANCE COMPANY OF OREGON, HILLSBORO, OR

**EVIDENCE OF INSURANCE FOR LIENHOLDER INTERESTS****Insured's name and address:**

BRYAN HIGGINS  
21 SW WHITAKER ST  
PORTLAND, OR 97239-4662

POLICY NO: 188678722  
POLICY EDITION: 2ND  
EFFECTIVE DATE: 11/30/2010  
EXPIRATION DATE: CONTINUOUS UNTIL CANCELLED  
EXPIRATION TIME: 12:01 A.M. Standard Time

**Issuing office:**

NW ServicePoint  
23175 NW Bennett St., Hillsboro, OR 97124

AGENT: Lynette M Sanders

AGENT NO: 73 33 379

AGENT PHONE: (503)245-3311

**Description of vehicle**

Year	Make	Model	Vehicle Identification Number
2000	SAAB	9-3 4D 2WD	YS3DD55H3Y2029874

**COVERAGES**

Coverage	Limits/Deductible		Coverage	Limits/Deductible	
Liability	Each Person	Each Occurrence	Comprehensive Deductible	\$240	Deductible
Bodily Injury	\$100,000	\$300,000	Collision Deductible	\$500	Deductible
Property Damage		\$50,000	Towing	Not Covered	
UNINSURED MOTORIST	Each Person	Each Occurrence	Other	Covered	
Bodily Injury	\$100,000	\$300,000	Non-Auto	Liability	Not Covered
Property Damage		\$20,000		Medical	Not Covered
Medical/No-Fault	\$100,000				

This evidence is subject to all of the terms, conditions and limitations set forth in the policy(ies) and endorsements attached to it. It is furnished as a matter of information only and does not change, modify or extend the policy in any way. It supersedes all previously issued certificates.

1st Lienholder:

SAAB LEASING COMPANY

PO BOX 398108

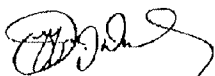
MINNEAPOLIS MN 55439-8108

Additional Interest:

CITY OF PORTLAND

1900 SW 4TH AVE # 500

PORTLAND OR 97201-5350



Authorized Representative

05/11/2011

Date

AGENT NAME &amp; ADDRESS:

Lynette M Sanders

AGENT NO: 73 33 379

AGENT PHONE: (503)245-3311

The following table explains the meaning of coverage designations used on the first page, under "Coverage." applicable coverages may be indicated by the abbreviation "COV" or by a dollar amount expressing the limit of liability for that coverage. "NC" and "NOT COV" mean "not covered," and "MAX" means "maximum deductible."

### COVERAGE DESIGNATIONS

BI/Bodily Injury	—	Bodily Injury Liability	COMP	—	Comprehensive Car Damage
PD	—	Property Damage Liability	COLLISION	—	Collision - Upset
UM/UMPD	—	Benefits for Bodily Injury caused by Uninsured Motorists (including Property Damage if a coverage amount is listed)	Non-Auto	—	Comprehensive Personal Liability, each occurrence Medical Payments to Others, each person Damage to Property of Others, see policy for limits of occurrence.
UIM	—	Benefits for Bodily Injury caused by Uninsured Motorists	Tow	—	Towing and road service coverage.
MED/Medical	—	Medical Expense Insurance, Family Medical Expense, and Guest Medical Expense (see policy provision)	Other	—	One or more miscellaneous coverages added by endorsement to the policy.
No-Fault	—	Coverage and endorsements added, if applicable			

### Loss Payable Provisions

\*These provisions are applicable only if a lienholder is named, and if no other Automobile loss payable endorsement is attached to the policy.

It is agreed that any payment for loss or damage to the vehicle(s) described in this policy to which this lien extends shall be made on the following basis:

- 1 At our option, loss or damage to said vehicle(s), shall be paid as interest may appear to the policyholder and the lienholder shown in the Declarations, or by repair of the damaged vehicle.
- 2 Any act or neglect of the policyholder or a person acting on his behalf shall not void the coverage afforded to the lienholder.
- 3 Change in title or ownership of the said vehicle(s), or error in its description shall not void coverage afforded to the lienholder.

The policy does not cover conversion, embezzlement or secretion of the said vehicle(s) by the policyholder or anyone acting in his behalf while in possession under a contract with the lienholder.

A payment may be made to the lienholder which we would not have been obligated to make except for these terms. In such event, we are entitled to all the rights of the lienholder to the extent of such payment. The lienholder shall do whatever is necessary to secure such rights. No subrogation shall impair the right of the lienholder to recover the full amount of its claim.

We reserve the right to cancel this policy at any time as provided by its terms. In case of cancellation or lapse we will notify the lienholder at the address shown in the Declarations. We will give the lienholder advance notice of not less than 10 days from the effective date of such cancellation or lapse as respects his interest. Mailing notice to the loss payee is sufficient to effect cancellation.

The following applies as respects any loss adjusted with the mortgagee interest only:

- 1 Any deductible applicable to Comprehensive Coverage shall not exceed \$250.
- 2 Any deductible applicable to Collision Coverage shall not exceed \$250.