

Exhibit A

AMENDMENT NUMBER 3CONTRACT NUMBER 30001011

FOR

Investment Consultant for the City's 457(b) Deferred Compensation Plan

Pursuant to Ordinance Number: _____

This Contract was made and entered by and between the Hvas Group, hereinafter called Consultant, 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 November 18, 2019.
2. Additional compensation is necessary and shall not exceed \$115,000. The new total Not to Exceed amount is \$419,000.

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

CONSULTANT 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 Consultant may conduct this transaction by electronic means, including the use of electronic signatures.

Consultant Name: Hvas GroupAddress: 108 NW 9th Avenue
Portland, OR 97209Telephone: (971) 634-1501Signature:  Date: 8/10/16

Name: Jayson Davidson, CFA

Title: Managing Partner, Director of Consulting Services

Contract Number: 30001011Amendment Number: 3Contract Title: Investment Consultant for the City's 457(b) Deferred Compensation Plan

CITY OF PORTLAND SIGNATURES

By:


Human Resources Director

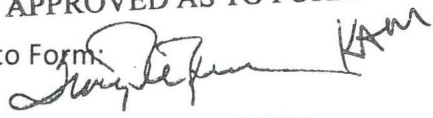
Date:

9-12-16

APPROVED AS TO FORM

Approved as to Form:

By:


CITY ATTORNEY
Office of City Attorney

Date:

9-9-16



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 7/31/2016

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).

PRODUCER AISI, dba Pan American Insurance Agency, Inc. PO Box 13792 Sacramento CA 95853	CONTACT NAME: Kelly Verduzco PHONE (A/C, No, Ext): (916) 286-5960 FAX (A/C, No): (916) 646-3996 E-MAIL ADDRESS: kverduzco@ascensionins.com														
INSURED Hyas Group, LLC 108 NW 9th Ave Ste 203 Portland OR 97209	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Casualty Ins Company</td> <td>29424</td> </tr> <tr> <td>INSURER B: Sentinel Insurance Company</td> <td>11000</td> </tr> <tr> <td>INSURER C: AXIS Surplus Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Casualty Ins Company	29424	INSURER B: Sentinel Insurance Company	11000	INSURER C: AXIS Surplus Insurance Company		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES
CERTIFICATE NUMBER: 16/17 GL/BA/WC/PL

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"/>	COMMERCIAL GENERAL LIABILITY	X		57SBAUY4351	8/1/2016	8/1/2017	EACH OCCURRENCE	\$ 2,000,000			
	<input type="checkbox"/>	CLAIMS-MADE						<input checked="" type="checkbox"/>	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	<input type="checkbox"/>							MED EXP (Any one person)	\$ 10,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 2,000,000			
	<input checked="" type="checkbox"/>	POLICY						<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	GENERAL AGGREGATE
	OTHER:							PRODUCTS - COMP/OP AGG	\$ 4,000,000			
									\$			
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY			57SBAUY4351	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000			
	<input type="checkbox"/>	ANY AUTO						<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per person)	\$	
	<input type="checkbox"/>	ALL OWNED AUTOS								BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/>	HIRED AUTOS								<input checked="" type="checkbox"/>	NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/>											
	<input type="checkbox"/>	UMBRELLA LIAB			CITY ATTORNEY			EACH OCCURRENCE	\$			
	<input type="checkbox"/>	EXCESS LIAB						<input type="checkbox"/>	OCCUR	AGGREGATE	\$	
	<input type="checkbox"/>							<input type="checkbox"/>	CLAIMS-MADE		\$	
	<input type="checkbox"/>	DED						<input type="checkbox"/>	RETENTION \$			
	<input type="checkbox"/>											
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A	57WECPH7146	8/1/2016	8/1/2017	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							<input checked="" type="checkbox"/>	N	E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
										E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
C	Professional Liability				ESN768867012015	8/1/2016	8/1/2017	\$3,000,000 Each Loss	\$100,000			
								\$3,000,000 Aggregate	Retention			

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

Certificate holder is named additional insured as respect as respects the general liability policy if required by a written contract per form SS 00 08 04 05 attached.

CERTIFICATE HOLDER

City of Portland
 1221 SW Fourth Ave., Room 120
 Portland, OR 97204

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

Steve Martin/VERDUZ

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