CITY OF PORTLAND CONTRACT NO. 40997 AMENDMENT NO. EIGHT (8)

FOR

UNIFORMED SECURITY OFFICERS SERVICES

The Contract was made and entered into on the 23RD day of March, 2006 by and between G4S Secure Solutions USA, Inc., hereinafter called Contractor, and the City of Portland, a municipal corporation of the State of Oregon, by and through its duly authorized representatives, hereinafter called City.

- 1. The Contract is hereby amended to extend the Contract term for one (1) year from April 1, 2012 through and including March 31, 2013; adding an additional \$1,582,053.74 to the Contract value. An additional amount is being added to the Contract value for Parks services through March 31, 2012, in the amount of \$34,765.00, making the total additional Contract value \$1,616,818.74. With the addition to the Contract value, the new total contractual not to exceed amount is \$10,156,122.10.
- 2. All other terms and conditions to remain unchanged.

APPROVED AS TO FORM

Approved as to form:

G4S SECU	RE SO	LUTIONS	USA,	INC.
DV*				

Jimmy Klatt, General Manager

Date

Address:

5319 SW Westgate Drive

Suite 125

Portland, OR 97221

Telephone No.

Email:

503-291-1005

503-291-1073

, CITY OF PORTLAND

BY:

Christine Moody, Chief Procurement Officer

Date

City of Portland PROPOSAL COST SHEET 4/1/2012

FACILITY		TOTAL	TOTAL	TOTAL COST	I TOTAL
ACILIT		STAFF	COST /	TOTAL COST /	TOTAL
		1	1	YEAR	COST
·		HOURS	MONTH		
		/MONT			
		HS	<u> </u>		•
				·	
The Portland Building	Hourly:				
Armed Security					
M-F 11 hours daily	\$28.82	230	\$6,628.60	\$79,543.20	
Project Manager			\$1,150.00	\$13,800.00	
Portland Building	•				,
· 24/7 coverage	\$17.69	460	\$8,137.40	\$97,648.80	
	\$18.36	504	\$9,253.44	\$111,041.28	
Annual \$302,033.58		001	Ψο,2.00. 1"	Ψ111,0-41.20	
City Hall	Hourly:				
Armed Security	•				
M-F 11 hours daily	\$28.82	238	\$6,859.16	\$82,309.92	
City Hall	425.02	230	ΨΟ,009.10	Ψ02,309.92	
24/7 coverage	\$17.69	460	\$8,137.40	\$97,648.80	
- · · · · · · · · · · · · · · · · · · ·	· ·				
	\$18.36	504	\$9,253.44	\$111,041.28	
Project Manager			\$690.66	\$8,288.00	•
City Hall Mayor's Detail					
Armed Security					
M-F 9 hours daily	\$28.82	195	\$5,619.90	\$67,438.80	
Annual \$366,726.80			Charles and the		
1900 Building	' Hourly:				
Su-Sa 24 hours daily	\$18.36	728	\$13,366.08	0400 200 00	
Project Manager	Ψ10.30	120	i i	\$160,392.96	
			\$666.66	\$8,000.00	
Annual \$168,392.96				,	
Union Station	Hourly:				
24 x 7 Desk-Union St	\$18.36	485	8,904.60	106,855.20	
24 x 7 Amtrak	I	243	\$4,461.48	53,537.76	
Project Manager-Amtrak	·	•	\$222.33	\$2,668.00	
Project Manager-Union Station			\$444.33	\$5,332.00	
Annual \$168,392.96			ψ-1-1.55	Ψ0,002.00	1
, V. VOJO DAJO	·]			-	
		1			

Bureau of Maintenance							
Project Manager		•	\$31	0.00		\$3,720	
Albina Yard	Hourly:)	0.00	-	Ψ0,720	
8 x 5 Gate and Yard Patrol	\$17.43	173	\$3,01	5.39	. \$	36,185	e
Kerby Patrol	\$20.46	323	\$6,60			79,303	
Annual \$119,208.00							
BOEC	Hourly:	**************************************	***************************************				
Unarmed Officer	\$18.36	173	\$3,17	6.28	38,	115.36	
Project Manager			\$13	2.75	1,	593.00	
Annual \$39,708.36							
Auditors Office	Hourly:			,			
Armed Officer- Hearings	\$28.82	32	\$92	2.24	. \$11,	066.88	
Project Manager			\$1	6.66	\$	200.00	
Annual \$11,266.88							
Bureau of Environmental Services	Hourly:						
Wastewater (CPO)	\$20.88	758	\$15,82	7.04	\$189,	924.48	
Terminal1	\$20.46		\$2,55	7.50		690.00	
Water Pollution Lab	\$41.60	62	\$2,57	9.20	\$30,	950.40	
Project Manager			\$65	4.16	\$7,	850.00	·
Annual \$259,414.88							
Fleet	Hourly:						
Patrol .	\$20.46	40	\$81	8.40	\$9,	820.80	
Project Manager			\$1	6.66	\$	200.00	
Annual \$10,020.80							
Fire Watch (PFB)	*On Call-NTE						
Annual \$50,000							
Parks and Recreation	Hourly:						
Security Officer *On Call*	\$18.36						
Park Patrol CPO	\$20.88	517	\$10,79	ı		539.52	
Project Manager	\$20.88	29.3	\$61:	2.41	\$7,	349.00	
Est. Annual. Cost \$136,888.52	,						
*Include Hourly Billing Rate for each classification						<u> </u>	
COMBINED TOTAL	TOTAL		_COST/	TO	TAL COST /	TOTA	L COST
	STAFF HRS/MOS	MO	NTH YEAR 837.81 \$1,582,053.74				
	6279.3	\$131,			,582,053.74		
			:		•		

AC	OR	>
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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/22/2011

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		CONTACT NAME:						
Aon Risk Services, Inc of Fl 1001 Brickell Bay Drive	orida	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390						
Suite 1100 Miami FL 33131 USA		E-MAIL ADDRESS:						
		·	INSURER(S) AFFORDING CO	VERAGE	NAIC#			
INSURED		INSURER A:	National Union Fire In	s Co of Pittsburgh	19445			
G4S Secure Solutions (USA) I 1395 University Blvd	nc.	INSURER B:	23841					
Jupiter FL 33458 USA		INSURER C:	Illinois National Insu	rance Co	23817			
		INSURER D:						
		INSURER E:						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 5700438104	12	REVISION	NUMBER:				

COVERAGES	CERTIFICATE	NUMBER: 570043810412	

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. Limits shown are as requested

L.		Limits shown are as requested							
	SR TR	TYPE OF INSURANCE	ADDI INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		
	A	GENERAL LIABILITY			GL2449648	10/01/2011	10/01/2012	22,000,000	
		X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED \$1,000,000 PREMISES (Ea occurrence)	
1		CLAIMS-MADE X OCCUR		l	APPROVED AS	{ TO FO	RM	MED EXP (Any one person) Excluded	
						1		PERSONAL & ADV INJURY \$1,000,000	
					James H.	Yand	Dy Rely	GENERAL AGGREGATE \$1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:					U	PRODUCTS - COMP/OP AGG \$1,000,000	
		X POLICY PRO- JECT LOC			O CITY ATT	DNEV			
P		AUTOMOBILE LIABILITY			CA 4309511 C1117111	10)01/2011	10/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000	
F	3	X ANY AUTO			CA 4309512	10/01/2011	10/01/2012	BODILY INJURY (Per person)	
١.		ALL OWNED SCHEDULED AUTOS			MA			BODILY INJURY (Per accident)	
^	١	HIRED AUTOS NON-OWNED AUTOS			CA 4309513 VA	10/01/2011	10/01/2012	PROPERTY DAMAGE (Per accident)	
\vdash	_								
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	
		DED RETENTION							
Г	3	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WC015884065 AOS	10/01/2011	10/01/2012	X WC STATU- OTH-	
1	۱ ،	ANY PROPRIETOR / PARTNER / EXECUTIVE N	N/A		WC015884066	10/01/2011	10/01/2012	E.L. EACH ACCIDENT \$1,000,000	
		(Mandatory in NH)			CA	,,,	,,	E.L. DISEASE-EA EMPLOYEE \$1,000,000	
L		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT \$1,000,000	
1	۸	Excess WC			WC1192443 OH	10/01/2011	10/01/2012	E.L. DISEASE-POLICY LIMIT \$1,000,000 EL Each Accident \$1,000,000 EL Disease - Policy \$1,000,000	
					SIR applies per policy ter	ns & condit	ions	EL Disease - Policy \$1,000,000 EL Disease - Ea Emp \$1,000,000	

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

Contract/PO No: RFP No. 104620

City of Portland is added as an Additional Insured excluding Workers' Compensation and Employers' Liability as required by written contract but limited to the operations of the Insured under said contract, and always subject to the policy terms, conditions and exclusions.

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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

City of Portland Attn: Bob Kieta, Facilities Operations Manager 1120 SW Fifth Avenue, Room 1250 Portland, OR 97204 USA

Aon Rish Services Inc. of Florida

Attachment to ACORD Certificate for G4S Secure Solutions (USA) Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED G4S Secure Solutions (USA) Inc. 1395 University Blvd Jupiter FL 33458 USA

INSURER									
INSURER	-	-				111	4,-		
INSURER				:				.5.	
INSURER									
NSURER						***	· · · · · · · · · · · · · · · · · · ·		

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits

	Cei	umcar	e iorn	for policy limits.			·	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER/ POLICY DESCRIPTION	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Lim	its
	WORKERS COMPENSATION							
С		N/A		WC015884067 FL	10/01/2011	10/01/2012		
В	N	N/A		WC015884069 MA, ND, WA, WI, WY	10/01/2011	10/01/2012		
В	``	N/A		WC015884068 MN	10/01/2011	10/01/2012		
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Certificate No:

570043810412