

186507

**CITY OF PORTLAND
CONTRACT NO. 40997
AMENDMENT NO. 12**

FOR

UNIFORMED SECURITY OFFICERS SERVICES

This Contract was made and entered into this 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 current Contract through May 31, 2014 in order to allow for completion of the procurement process for a new Contract.
2. The Contract is hereby amended to increase the Contract Value by \$706,212.00 making the new not to exceed total Contract value \$12,172,214.37. The increase is due to the following:
 - Services for April and May 2014 \$260,000.00
 - Additional Services per the attached \$ 22,429.00
 - Additional Funds to cover for services provided in the 2013-14 Budget year. \$423,783.00
3. All other terms and conditions remain unchanged.

G4S SECURE SOLUTIONS USA, INC.

BY:

Cary Miller, General Manager

Date

Address: 5100 SW Macadam Avenue
Suite 550
Portland, OR 97239

Telephone No.: 503-291-1005

Email: Cary.miller@usa.g4s.com

CITY OF PORTLAND

BY:

Approved as to form:

CITY ATTORNEY

Christine Moody, Chief Procurement Officer

Date

Contract No. 40997 / G4S

Amend contract to add the following:

Additional (non-budgeted) external costs charged to the security budget since July 1, 2013.

OMF

City Hall:	Mayor's Office construction	\$	555
	Misc. construction projects	\$	82
	Protests	\$	205

TPB:	1 st & Jefferson Garage Door	\$	340
	Portlandia construction	\$	78
	Garage door damage	\$	5,000

PBOT:
(Maintenance Division)

Supplemental patrols	\$ 8,515 (projected through 12/31/13)
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BES:
(Terminal One)

Fire Watch	\$ 654
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Additional costs associated with three (3) senior patrol officers:

The Portland Building	\$ 3,000
1900 Building	\$ 1,000
Union Station	\$ 1,000
Union Station Amtrak	\$ 2,000
	<u>\$ 7,000</u>

TOTAL: \$22,429

186507



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
09/23/2013

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 Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED G4S Secure Solutions (USA) Inc. 1395 University Blvd Jupiter FL 33458 USA	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Union Fire Ins Co of Pittsburgh</td> <td>19445</td> </tr> <tr> <td>INSURER B: New Hampshire Ins Co</td> <td>23841</td> </tr> <tr> <td>INSURER C: Illinois National Insurance Co</td> <td>23817</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins Co of Pittsburgh	19445	INSURER B: New Hampshire Ins Co	23841	INSURER C: Illinois National Insurance Co	23817	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 570051315546 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GL5302718	10/01/2013	10/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
APPROVED AS TO FORM CITY ATTORNEY 9/25/14						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA 640-39-36 AOS CA 640-39-37 MA CA 640-39-38 VA	10/01/2013	10/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION					EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WC015630735 AOS WC015630736 CA	10/01/2013	10/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	Excess WC		XWC6636227 OH-Statutory WC SIR applies per policy terms & conditions	10/01/2013	10/01/2014	EL Each Accident \$1,000,000 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.

CERTIFICATE HOLDER
CANCELLATION

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

Certificate No : 570051315546

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186507

AGENCY CUSTOMER ID: 10515775

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED G4S Secure Solutions (USA) Inc.	
POLICY NUMBER See Certificate Number: 570051315546			
CARRIER See Certificate Number: 570051315546	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
C		N/A		WC015630737 FL	10/01/2013	10/01/2014	
B		N/A		WC015630742 MN	10/01/2013	10/01/2014	
B		N/A		WC015630740 MA, WI	10/01/2013	10/01/2014	
B		N/A		WC015630739 IL, KY, NC, NH, UT, VT	10/01/2013	10/01/2014	
B		N/A		WC015630738 AZ, GA, VA	10/01/2013	10/01/2014	
B		N/A		WC015630741 ME	10/01/2013	10/01/2014	
B		N/A		WC015630743 ND, PA	10/01/2013	10/01/2014	

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO	PER THE CONTRACT OR AGREEMENT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.