

AMENDMENT NUMBER 2CONTRACT NUMBER 30001011

FOR

Investment Consultant for a 457 Deferred Compensation Plan

Pursuant to Ordinance Number \_\_\_\_\_,

This Contract was made and entered by and between the Hyas Group, 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. This contract is hereby extended through November 18, 2016.
2. Additional compensation is necessary and shall not exceed \$72,000. The new total Not to Exceed amount is \$304,000 for this contract.

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.

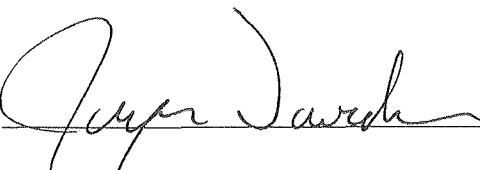
The parties agree the City and Contract may conduct this transaction by electronic means, including the use of electronic signatures.

Contractor Name: Hyas Group

Address: 108 NW 9<sup>th</sup> Avenue  
Portland, OR 97209

Telephone: (971) 634-1501

Signature: \_\_\_\_\_



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

8-25-2014

Print Name: Jayson Davidson, CFA

Title: Managing Partner, Director of Consulting Services

Contract Number: 30001011Amendment Number: 2Contract Title: Investment Consultant for a 457 Deferred Compensation Plan

## CITY OF PORTLAND SIGNATURES

By: \_\_\_\_\_  
Chief Procurement Officer

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

By: \_\_\_\_\_  
Human Resources DirectorDate: 9-10-14

## APPROVED AS TO FORM

Approved as to Form:

By: \_\_\_\_\_  
Office of City AttorneyDate: 9-12-14



# CERTIFICATE OF LIABILITY INSURANCE

186833

DATE (MM/DD/YYYY)

7/25/2014

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).

<b>PRODUCER</b> AISI dba Pan American Insurance Agency, Inc. CA License # 0F89850 PO Box 13792 Sacramento CA 95853		<b>CONTACT NAME:</b> Michelle Pelletier <b>PHONE (A/C, No, Ext):</b> (916) 286-5960 <b>FAX (A/C, No):</b> (916) 646-3996 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Hyas Group, LLC 108 NW 9th Ave Ste 203 Portland OR 97209		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hartford Casualty Ins Company <b>INSURER B:</b> AXIS Surplus Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL1472545657

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			57SBAUY4351	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			57SBAUY4351	8/1/2014	8/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							
	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 <input type="checkbox"/>	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
B	Professional Liability Claims Made Form			ESN768867	8/1/2014	8/1/2015	\$3,000,000 each loss \$100,000 \$3,000,000 aggregate Retention	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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****CANCELLATION**

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

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/MICHEL