Page 1 of 3

AMENDMENT NUMBER 2

CONTRACT NUMBER 30004037

FOR

Space Planning for 1900 Building - Bureau of Development Services (BDS)

Pursuant to Ordinance Number N/A

This Contract was made and entered by and between <u>Bainbridge Design</u>, 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. A direct appointment contract was awarded to Bainbridge Design, Inc. to provide space planning services for the 1900 Building.
- 2. The Agreement amount was \$26,000 with an expiration date of June 30, 2015.
- 3. Amendment 1 increased the contract amount \$6,000 to provide for additional space planning services.
- 4. Additional space planning services in the amount of \$8,000 are necessary as follows:
 - a. Be available for design related questions during the moves.
 - b. Be available to meet to further refine documents if required.
 - c. Provide any other assistance as required.
- 5. The City of Portland and the Contractor wish to amend Contract No. 30004037 to provide additional space planning services for the 1900 Building Space Planning project for BDS as described above. New total contract amount will be \$40,000.

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

Rev 6/2014

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: Bainbridge Design, Inc.

Address: 319 SW Washington St. #914; Portland, OR 97204

Portland OR 97204

Telephone: 503-224-6681

Signature: _	Andrea Bainbridge	Digitally signed by Andrea Bainbridge DN: cn=Andrea Bainbridge, o=Bainbridge Design, ou=Bainbridge Design, email=ab@bainbridgedesign.com, c=US	Date: _	10-21-14	
Name:	ballibridge	Date: 2014.10.21 14:29:45 -07'00'			
itle:	Principal				

CONTRACT NUMBER: 30004037

Amendment Number: 2

CONTRACT TITLE: Space Planning for 1900 Building - Bureau of Development Services (BDS)

CITY	OF PORTLAND SIGNATURES:		
Ву:	N/A Chief Procurement Officer	Date:	
Ву:	Elected Official	Date:	
Approv	ved:		
Ву:	Office of City Auditor	Date:	
Approv	ved as to Form:		
Ву:	Office of City Attorney	Date:	transmission and a second seco



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/9/2014

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).

c	ertificate holder in lieu of such endo					no certificate does not com	or rights to the
PRC	DUCER			CONTACT Kim Hu	tchinson		
JD	Fulwiler & Co. Insuran	PHONE (A/C, No, Ext): (503) 293-8325 FAX (A/C, No): (503) 293-5418					
57	27 SW Macadam Ave			E-MAIL ADDRESS: khutch	inson@jdf	ulwiler.com	
PO	Box 69508			IN	SURER(S) AFFOI	RDING COVERAGE	NAIC#
Po	rtland OR 9'	7239		INSURER A :Ameri	20427		
INSL	RED			INSURER B : Conti	20443		
Вa	inbridge Design, Inc.			INSURER C: United States Liability			
31	9 SW Washington			INSURER D :			
Su	ite 914			INSURER E :			
Po:	rtland OR 9°	204-	2635	INSURER F :			
CO	VERAGES CER	RTIFICA	ATE NUMBER:2015 to 2	016 Cert		REVISION NUMBER:	
C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA I POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVE	OF ANY CONTRAC DED BY THE POLICI E BEEN REDUCED B'	T OR OTHER ES DESCRIBE Y PAID CLAIM!	DOCUMENT WITH RESPECT ED HEREIN IS SUBJECT TO A S.	TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL S	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	2,000,000 300,000
A	CLAIMS-MADE X OCCUR		В 4019980186	1/19/2015	1/19/2016	MED EXP (Any one person) \$	10,000
						PERSONAL & ADV INJURY \$	2,000,000
						GENERAL AGGREGATE \$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	4,000,000
	X POLICY PRO- JECT LOC					\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
А	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per person) \$	
			в 4019980186	1/19/2015	1/19/2016	BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
						\$	
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$	1,000,000
В	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000
	DED X RETENTIONS 10,000		B 5094991878	1/19/2015	1/19/2016	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					WC STATU- OTH- TORY LIMITS ER	***
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		*		E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	ļ				E.L. DISEASE - POLICY LIMIT \$	
С	Professional Liability		SP1554412A	12/9/2014	12/9/2015	\$1,000,000 per claim \$2,000,000 Aggregate	\$5,000 Ded
The	RIPTION OF OPERATIONS / LOCATIONS / VEHIC City of Portland, its of: pect to the operations of	icer	s, agents, and emplo	yees are incl	Luded as i	Additional Insureds	with
CERTIFICATE HOLDER C			CANCELLATION				
City of Portland			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1120 SW 5th Avenue Portland, OR 97204				AUTHORIZED REPRESENTATIVE			
	FOLLIANG, OK 9/204						

Kim Hutchmon

Kim Hutchinson/BBRADL

Vasquez, Luiz

From:

Enge, Bryant

Sent:

Thursday, July 03, 2014 4:00 PM

To:

Seaton, Diane

Cc:

Harris, Tawnya; Johnson, Connie

Subject:

RE: Reguest to Waive Insurance Limit (Bainbridge)

Diane,

We will accept her professional liability insurance certificate that has \$2,000,000 aggregate limit.

From: Seaton, Diane

Sent: Thursday, July 03, 2014 11:31 AM

To: Enge, Bryant

Cc: Harris, Tawnya; Johnson, Connie

Subject: Reguest to Waive Insurance Limit (Bainbridge)

Hi Bryant,

Attached is the contract with Bainbridge that we recently asked for an exception to the direct contracting rule (more than one in place at one time).

Consultant has signed the contract, all city requirements are in place, and we have current insurance certificates. But...I asked her to submit a professional liability insurance certificate with the \$3,000,000 aggregate limit. Andrea Bainbridge has asked if this limit can be waived. She currently has \$2,000,000 aggregate and to increase it costs quite a bit.

Bainbridge will be providing space planning services for Bureau of Development Services in the 1900 Building.

Thanks, Diane