

AMENDMENT No. 1
to
AGREEMENT BETWEEN MANATEE COUNTY
and
CPH, Inc.
for
ARCHITECTURAL/ENGINEERING (A/E) CONSULTING SERVICES

THIS AMENDMENT No. 1 TO AGREEMENT (No. 17-0885MS), is made and entered by and between **MANATEE COUNTY**, a political subdivision of the State of Florida, hereinafter referred to as "COUNTY," with offices located at 1112 Manatee Avenue West, Bradenton, Florida 34205 and **CPH, INC.**, hereinafter referred to as "CONSULTANT", duly authorized to conduct business in the State of Florida with offices located at 3277A Fruitville Road, Suite 2, Sarasota, FL 34237. COUNTY and CONSULTANT are collectively referred to as the Parties and individually as a Party.

WHEREAS, on August 22, 2017 the Parties hereto entered into Agreement (No. 17-0885MS) for Architectural/Engineering (A/E) Consulting Services for an initial period of one year; and

WHEREAS, pursuant to Article 5 of the Amendment, the term of the Agreement shall remain in full force and effect for one year, and may be amended for four additional one-year periods; and

WHEREAS, the County has determined a need for the services beyond the one year period ending August 21, 2018; and

WHEREAS, the Agreement may be amended only pursuant to an instrument in writing that has been jointly executed by the parties hereto; and

NOW THEREFORE, for and in consideration of the mutual benefits to be derived, the Parties hereto agree as follows:

1. Notwithstanding the date of execution, the duration of the Agreement shall be extended by one year, commencing August 22, 2018 and ending August 21, 2019.
2. All fee rates remain unchanged and as found in Exhibit B of the initial Agreement dated August 22, 2017.
3. All other terms and conditions of the Agreement shall remain in full force and effect during the contract period.

WHEREFORE, the Parties hereto have caused the **Amendment No. 1 to the Agreement (No. 17-0885MS) for Architectural/Engineering (A/E) Consulting Services** to be fully executed by their authorized representatives.

CPH, INC.

By:  _____

Printed Name: Daniel Moyer, PE

Title: Vice President

Date: 6/25/18

Manatee County, a political subdivision of the State of FLORIDA

By: _____
Theresa Webb, CPPO, CPPB, CPSM, C.P.M.
Procurement Official

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/2018

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 have ADDITIONAL INSURED provisions or 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 JCJ Insurance Agency 2208 Hillcrest Street Orlando, FL 32803 Mark E. Jackson		321-445-1117	CONTACT NAME: Kristin McIntosh PHONE (A/C, No, Ext): 321-445-1117 FAX (A/C, No): 321-445-1076 E-MAIL ADDRESS: certs@jcj-insurance.com																					
INSURED CPH, Inc. 500 West Fulton Street Sanford, FL 32771		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER B:</td> <td>Valley Forge Insurance Company</td> <td>20508</td> </tr> <tr> <td>INSURER C:</td> <td>Transportation Insurance</td> <td>20494</td> </tr> <tr> <td>INSURER D:</td> <td>RLI Insurance Company</td> <td>13056</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Continental Casualty Company	20443	INSURER B:	Valley Forge Insurance Company	20508	INSURER C:	Transportation Insurance	20494	INSURER D:	RLI Insurance Company	13056	INSURER E:			INSURER F:		
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COVERAGES CERTIFICATE NUMBER: 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	C5099618199	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	C5099618204	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		Y	C5099618218	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		Y	PSW0002907	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<input checked="" type="checkbox"/> Professional Liab <input checked="" type="checkbox"/> Claims-Made Form			RDP0031831	04/01/2018	04/01/2019	Per Claim \$ 5,000,000 Aggregate \$ 5,000,000

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

AGREEMENT NO.17-0885MS. Manatee County, a Political Subdivision of the State of Florida is an Additional Insureds with regards to General Liability when required by written contract. A Waiver of Subrogation for all policies applies when required by written contract. Coverage is Primary & Non-Contributory with respects to all policies. 30 Day Notice of Cancellation,

CERTIFICATE HOLDER MANAT11 Manatee County, a Political Subdivision of the State of FL Attn: Risk Management Division 1112 Manatee Ave. W. Ste 969 Bradenton, FL 34205	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 
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NOTEPAD:

HOLDER CODE **MANAT11**
INSURED'S NAME **CPH, Inc.**

CPHEN-1
OP ID: SL

PAGE 2
Date **03/01/2018**

except for 10 days for non-payment.