

AMENDMENT No. 1
to
AGREEMENT BETWEEN MANATEE COUNTY
and
HALL ARCHITECTS, P.A.
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 **HALL ARCHITECTS, P.A.** hereinafter referred to as "CONSULTANT", duly authorized to conduct business in the State of Florida with offices located at 513 Central Avenue, Sarasota, FL 34236. 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.

HALL ARCHITECTS, P.A.

By: 

Printed Name: Gregory Hall

Title: President

Date: 14 June 2018

**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)
06/18/2018

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 Nolen Insurance Services 501 E Kennedy Blvd, Suite 1000 Tampa, FL 336020 Sandy Garrick	813-251-2580	CONTACT NAME: Sandy Garrick	PHONE (A/C, No, Ext): 813-251-2580	FAX (A/C, No): 813-251-2585
		E-MAIL ADDRESS: Sandy@sheabarclay.com	INSURER(S) AFFORDING COVERAGE	
		INSURER A: Liberty Insurance Underwriters		19917
INSURED Hall Architects, PA 513 Central Avenue Unit 101, 201, & 301 Sarasota, FL 34236	INSURER B: National Surety Corporation			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

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	
B	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		891AZC80915877	03/09/2018	03/09/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input 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			891AZC80915877	03/09/2018	03/09/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Prof Liability			AEXCHABEFJZ002	10/18/2017	10/18/2018	Per Claim	2,000,000
							Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder as additional insured under general liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Manatee County Government 1112 Manatee Ave West 4th Floor Bradenton, FL 34205	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 Sandy Garrick