

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT RENEWAL

TO: Jacobs Project Management Co. 1100 Glebe Road, Suite 500 Arlington, VA 22201	DATE ISSUED:	October 17, 2019
	CONTRACT NO:	713-13-1
	CONTRACT TITLE:	Project Commissioning and Project Management Services

THIS IS A NOTICE OF CONTRACT RENEWAL AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER.

This is your notice that the above referenced contract has been renewed. The "Contract Term" covered by this Notice of Contract Renewal is effective **January 1, 2020** and expires **December 31, 2020**, subject to any modifications as provided for in the Contract Documents.

The Contract Documents consist of the terms and conditions of Arlington County Agreement No. 713-13-1, including any exhibits, attachments or amendments thereto.

ALL TERMS AND CONDITIONS OF THE ORIGINAL AGREEMENT REMAIN UNCHANGED.

VENDOR CONTACT: Gary Fox

TELEPHONE NO: (443) 829-5883

EMAIL ADDRESS: gary.fox@jacobs.com

COUNTY CONTACT: Jesus Almario

TELEPHONE NO: (703) 228-4509

EMAIL ADDRESS: jalmario@arlingtonva.us

CONTRACT AUTHORIZATION

Procurement Officer *Tomaska Price*

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 713-13-1
AMENDMENT NUMBER 5**

This Amendment Number 5 is made on the date of execution by the County and amends Agreement Number 713-13-1 dated March 10, 2016, ("Main Agreement") between Jacobs Project Management Co., 1100 North Glebe Road, Suite 500, Arlington, VA 22201 ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor agree to amend the main contract called for under the Main Agreement as follows:

6. CONTRACT TERM

The Work shall commence on January 1, 2020 and shall be completed no later than **December 31, 2020** ("Final Subsequent Contract Term"), subject to any modifications as provided for in the Contract Documents.

Pricing from **January 1, 2020 to December 31, 2020** shall be in accordance with **Revised Attachment B**.

All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

JACOBS PROJECT MANAGEMENT CO.

AUTHORIZED
SIGNATURE: Tomoka Price

AUTHORIZED
SIGNATURE: Gary W Fox

NAME: TOMEKA PRICE
TITLE: PROCUREMENT OFFICER

NAME AND
TITLE: GARY W FOX - BUSINESS LEADER

DATE: October 17, 2019

DATE: 10/17/19

AGREEMENT NO. 713-13-1

REVISED ATTACHMENT B

2020 CONTRACT RATES

The services under this Contract will be paid for using fully loaded hourly rates for the positions included in the Contractor Staff paragraph of the Scope of Work. Those rates shall include all costs and expenses of providing to the County the services described in this Contract.

No overtime pay will be allowed under this Contract.

The County will pay (or reimburse the Contractor at Contractor's cost, as required) for all required permit and inspection fees.

The below rates are maximum hourly rates allowable under this Contract:

Labor Categories	Base Rate	Overhead	Profit	Fully Loaded
Principal	\$ 121.25	\$ 87.66	\$ 20.02	\$ 228.94
Commissioning Authority	\$ 76.61	\$ 76.89	\$ 14.71	\$ 168.21
Cost Estimator	\$ 69.38	\$ 50.16	\$ 11.45	\$ 130.99
Mechanical Engineer	\$ 67.75	\$ 67.99	\$ 13.01	\$ 148.75
Electrical Engineer	\$ 67.75	\$ 67.99	\$ 13.01	\$ 148.75
Structural Engineer	\$ 67.75	\$ 67.99	\$ 13.01	\$ 148.75
Civil Engineer	\$ 67.75	\$ 67.99	\$ 13.01	\$ 148.75
Geotechnical Engineer	\$ 67.75	\$ 67.99	\$ 13.01	\$ 148.75
Architect	\$ 62.50	\$ 62.71	\$ 12.00	\$ 137.21
Senior Project Manager	\$ 76.37	\$ 59.46	\$ 13.58	\$ 149.41
Senior Project Manager (on-site)	\$ 76.37	\$ 49.90	\$ 12.62	\$ 138.90
Project Manager	\$ 73.26	\$ 52.96	\$ 12.09	\$ 138.31
Project Manager (on-site)	\$ 72.89	\$ 44.44	\$ 11.25	\$ 128.57
Scheduler	\$ 78.75	\$ 56.94	\$ 13.01	\$ 148.70
Technical Support (Drafting & CADD)	\$ 39.13	\$ 39.27	\$ 7.51	\$ 85.92
Clerical Support	\$ 37.82	\$ 27.34	\$ 6.25	\$ 71.41



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2019

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 LIC #0437153 Marsh Risk & Insurance Services CIRTS_Support@jacobs.com 633 W. Fifth Street Los Angeles, CA 90071	1-212-948-1306	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No): 1-212-948-1306
INSURED Jacobs Project Management Co. C/O Global Risk Management 1000 Wilshire Blvd., Suite 2100 Los Angeles, CA 90017		INSURER(S) AFFORDING COVERAGE INSURER A: ACE AMER INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 22667	

COVERAGES

CERTIFICATE NUMBER: 56383900

REVISION NUMBER:

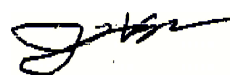
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G71565129	07/01/19	07/01/20	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25295511	07/01/19	07/01/20	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"/> EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SCF C65892327 (WI)	07/01/19	07/01/20	<input checked="" type="checkbox"/> PER STATUTE	
A				WCUC65892285 (AK, LA, OH, TX)	07/01/19	07/01/20	E.L. EACH ACCIDENT	\$ 100,000
A				WLR C65892248 (AOS)	07/01/19	07/01/20	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	PROFESSIONAL LIABILITY "CLAIMS MADE"			EON G21655065 010	07/01/19	07/01/20	PER CLAIM/PER AGG	1,000,000
							AGGREGATE	
							DEFENSE INCLUDED	

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

PROJECT MGR: Steve Owens. CONTRACT MGR: Samantha Hoskins. RE: PM services for construction and renovation projects. CONTRACT NUMBER: 713-13-1. CONTRACT END DATE: 1/19/2018. SECTOR: Public. *\$2,250,000 SIR FOR STATES OF: AK, LA, OH, TX. The County Board of Arlington County, Virginia, and its officers, elected and appointed officials, employees, and agents are as an additional insured for general liability as respects the negligence of the insured in the performance of insured's services to cert holder under contract for captioned work. *THE TERMS, CONDITIONS, AND LIMITS PROVIDED UNDER THIS CERTIFICATE OF INSURANCE WILL NOT EXCEED OR BROADEN IN ANY WAY THE TERMS, CONDITIONS, AND LIMITS AGREED TO UNDER THE APPLICABLE CONTRACT.*

CERTIFICATE HOLDER**CANCELLATION**

Arlington County, VA Suite 500 2100 Clarendon Boulevard Arlington, VA 22201 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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ACORD 25 (2016/03)

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56383900

ADDITIONAL INSURED - AUTOMATIC STATUS

Named Insured Jacobs Engineering Group Inc.			Endorsement Number 252
Policy Symbol HDO	Policy Number G71565129	Policy Period 07/01/2019 TO 07/01/2020	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization: Any person or organization for whom any Named Insured is required by written contract or agreement to provide insurance, entered into prior to the loss, where such written contract or agreement does not expressly identify a particular Insurance Service Organization Form to be applied to their additional insured status.

Who Is An Insured (Section II) includes as an additional insured the person or organization shown in the Schedule, but the insurance shall not exceed the scope of coverage and/or limits of this policy. Notwithstanding the foregoing sentence, in no event shall the insurance provided such additional insured exceed the scope of the coverage and/or limits required by said contract or agreement; and, if such additional insured's scope of coverage is not expressly stated in such contract or agreement, then such coverage is limited to the additional insured's vicarious liability to the extent directly caused by the Named Insured's negligence during the Named Insured's ongoing operations. This insurance shall be primary insurance to the extent required by said contract or agreement, and any other insurance or self-insurance maintained by such person or organization shall be noncontributory with the insurance provided hereunder to the extent specified in said contract agreement.

Where the contract or agreement provides that the additional insured's scope of coverage is for the Named Insured's indemnity obligations under such contract or agreement, then such coverage shall be limited to the extent such indemnity obligations are enforceable under applicable law.

Notwithstanding the foregoing sentence, in no event shall the insurance provided such additional insured exceed the scope of coverage required by said contract or agreement

Notwithstanding anything to the contrary, the coverage provided an additional insured under this endorsement shall be limited to the minimum coverage limits required to be provided by the Named Insured under the written contract or agreement.

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
06/06/2019

NAME OF INSURED: Jacobs Project Management Co.