

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT RENEWAL

JACOBS PROJECT MANAGEMENT CO. 1100 NORTH GLEBE ROAD, SUITE 500 ARLINGTON, VA 22201	DATE ISSUED: CURRENT REFERENCE NO: CONTRACT TITLE:	<u>JANUARY 4, 2019</u> <u>713-13-1</u> <u>COMMISSIONING AND PROJECT MANAGEMENT</u>
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**THIS IS A NOTICE OF RENEWAL OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE
VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.**

The contract documents consist of the terms and conditions of AGREEMENT No. 713-13-1 including any attachments or amendments thereto.

EFFECTIVE DATE: JANUARY 1, 2019

EXPIRES: DECEMBER 31, 2019

RENEWALS: ONE (1) ONE YEAR RENEWAL OPTION FROM JANUARY 1, 2020 TO DECEMBER 31, 2020

COMMODITY CODE(S): 20868

LIVING WAGE: N

ATTACHMENTS:

AGREEMENT No. 713-13-1

AMENDMENT NUMBER 4

ATTACHMENT B - CONTRACT PRICING

CERTIFICATE OF INSURANCE

EMPLOYEES NOT TO BENEFIT:

**NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE
GENERAL PUBLIC.**

VENDOR CONTACT: GARY FOX

VENDOR TEL. NO.:

(443) 829-5883

EMAIL ADDRESS: GARY.FOX@JACOBS.COM

COUNTY CONTACT: JESUS ALMARIO (DES, FACILITIES
DESIGN AND CONSTRUCTION)

COUNTY TEL. NO.:

(703) 228-4509

COUNTY CONTACT EMAIL: JALMARIO@ARLINGTONVA.US

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 713-13-1
AMENDMENT NUMBER 4**

This Amendment Number 4 is made on the date of execution by the County and amends Agreement Number 713-13-1 dated January 12, 2017 ("Main Agreement") between Jacobs Project Management Co. ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor amend the CONTRACT TERM called for under the Main Agreement as follows:

The Contract Term is hereby renewed for the period beginning January 1, 2019, and expires December 31, 2019.


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
COMPANY

AUTHORIZED
SIGNATURE: 

AUTHORIZED
SIGNATURE: 

NAME: Shirley Diamond
TITLE: Procurement Officer

NAME AND
TITLE: Gary Fox, Business Leader

DATE: 1-4-19

DATE: December 20, 2018



**Arlington County Contract
713-13-1
Labor Rates 1/1/2019 to 12/31/2019**

Labor Categories	Rate
Principal	\$224.89
Commissioning Authority	\$165.24
Cost Estimator	\$128.67
Mechanical Engineer	\$146.12
Electrical Engineer	\$146.12
Structural Engineer	\$146.12
Civil Engineer	\$146.12
Geotechnical Engineer	\$146.12
Architect	\$134.78
Project Manager	\$135.85
Project Manager (on-site)	\$126.29
Scheduler	\$146.07
Technical Support (Drafting & CAD Operators)	\$84.40
Clerical Support	\$70.15

Base Contract Year Rates Escalated 2.2% per BLS July 2018 CPI-U



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/2018

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 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: INSURER(S) AFFORDING COVERAGE INSURER A: ACE AMER INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): 1-212-948-1306 NAIC # 22667
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COVERAGES CERTIFICATE NUMBER: 53113622 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G71096750	07/01/18	07/01/19	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"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			ISA H25158684	07/01/18	07/01/19	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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLR C6479033A (AOS)	07/01/18	07/01/19	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WCU C64789533 (LA, OH, TX)	07/01/18	07/01/19	E.L. EACH ACCIDENT \$ 100,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SCF C64789570 (WI)	07/01/18	07/01/19	E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	PROFESSIONAL LIABILITY "CLAIMS MADE"			EON G21655065 009	07/01/18	07/01/19	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: 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 Arlington County, VA Suite 500 2100 Clarendon Boulevard Arlington, VA 22201 USA	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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ADDITIONAL INSURED - AUTOMATIC STATUS

Named Insured Jacobs Engineering Group Inc.			Endorsement Number 2
Policy Symbol HDO	Policy Number G71096750	Policy Period 07/01/2018 TO 07/01/2019	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
06/19/2018

NAME OF INSURED: Jacobs Project Management Co.

Empty rectangular area for additional information or signatures.