CONSULTANT SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT
FOR STATE OF MINNESOTA PROFESSIONAL AND TECHNICAL SERVICES
MASTER CONTRACT

PROJECT NAME: Construction Testing and Inspection Services
LOCATION: Various in MN
CONSULTANT: Braun Intertec Corporation
ADDRESS: 11001 Hampshire Ave. S.
Minneapolis, MN 55438

To Be Completed by State

<table>
<thead>
<tr>
<th>Business Unit</th>
<th>Accounting Date</th>
<th>Fund</th>
<th>DeptID</th>
<th>ApprovID</th>
<th>Category</th>
<th>Account</th>
<th>Amount</th>
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Vendor Number 000235885
Contract Number 85256T#15ATI
PC BU 93151600
Project Number
Account 411308
Activity 411324

Date 8/21/18
Order Number MA
Line Number
Entered By

[Individual signing certifies that funds have been encumbered as required by Minnesota Statute §§ 6A.15 AND 16C.05]

Contract Begin Date: 11/17/2014
Current Est’d Expiration Date: 10/31/2018
Revised Est’d Expiration Date: 10/31/2019

SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT NO. # 4

This SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT is made by and between the STATE of MINNESOTA, acting through its Commissioner of Administration, “STATE,” and, Braun Intertec Corporation, 11001 Hampshire Ave. S., Minneapolis, MN 55438, “CONSULTANT.”

WHEREAS, STATE and CONSULTANT have entered into a contract, known as Department of Administration Contract No. 85256 for Construction Testing and Inspection Services, which was effective on November 17, 2014.

WHEREAS,

1. The original contract called for construction testing and inspection services.

2. Paragraph 1.3, provides for an expiration date of October 31, 2018 and the STATE and CONSULTANT wish to extend the Master Contract.

NOW THEREFORE, it is mutually agreed to amend Contract No. 85256 as follows:

1. Paragraph 1.3 language determining expiration date of this contract shall be changed to October 31, 2019.

Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.
IN WITNESS WHEREOF, STATE has caused this Supplemental Agreement/Contract Amendment to be duly executed on its behalf and CONSULTANT has caused the same to be duly executed on its behalf.

This Supplemental Agreement/Contract Amendment may be executed in counterpart; once all parties have signed on one or separate copies, a copy signed by one party is binding on that party same as if signed by all remaining parties.

1. **STATE ENCUMBRANCE VERIFICATION**
   Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

   | SWIFT Order Number | N/A          |
   | Certification Signature | [Signature] |
   | Date | 8/2/18 |

2. **CONSULTANT: Braun Intertec Corporation**
   CONSULTANT certifies that the appropriate person(s) have executed the Agreement on behalf of the CONSULTANT as required by applicable articles, by-laws, resolutions, or ordinances.

   | By | [Signature] |
   | Printed Name: | [Name] |
   | Title | Vice President |
   | Date | 7/27/2018 |

3. **STATE AGENCY**: Department of Administration
   Contract approval and certification that state funds have been encumbered as required by Minnesota Statutes §§ 16A.15 and 16C.05

   | By | [Authorized Signature] |
   | Printed Name: | Gordon Christofferson |
   | Title | Project Operations Manager |
   | Date | 8/2/18 |

4. **COMMISSIONER OF ADMINISTRATION, as delegated to Materials Management Division**

   | By | [Authorized Signature] |
   | Printed Name: | Lynn A. Klessig |
   | Date | 8/2/2018 |

Distribution:
- Agency – Original (fully executed) Contract
- Department of Administration
- Contractor
- State Authorized Representative
## Certificate of Liability Insurance

**Producer:**
- **Kraus-Anderson Insurance**
- **420 Gateway Boulevard**
- **Burnsville**
- **MN 55337-2790**

**Contact:**
- **Name:** Certificates Department
- **Phone:** (952)707-8200
- **Fax:** (952)890-0555
- **Email:** Certificates@kainsurance.com

**Insurers Affording Coverage:**
- **INSURER A:** National Fire Insurance Company of Hartford
  - **NAIC #:** 20476
- **INSURER B:** Continental Casualty Company
  - **NAIC #:** 20443
- **INSURER C:** Continental Insurance Company
  - **NAIC #:** 35289
- **INSURER D:** Valley Forge Insurance Company
  - **NAIC #:** 20508

**Coverages:**

<table>
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<tr>
<th>COVERAGE</th>
<th>SUB-INSO.</th>
<th>VWD</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td><strong>A</strong> Commercial General Liability</td>
<td>CLAIMS-MADE</td>
<td>CCCUR</td>
<td>XCU &amp; Broad Form PD</td>
<td>ND Stop Gap: $1M/$1M/$1M</td>
<td>09/01/2017</td>
<td>09/01/2018</td>
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<td><strong>B</strong> Automobile Liability</td>
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<td></td>
<td>09/01/2017</td>
<td>09/01/2018</td>
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<td><strong>C</strong> Umbrella Liability</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
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<td>09/01/2017</td>
<td>09/01/2018</td>
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<td><strong>D</strong> Workers' Compensation and Employers' Liability</td>
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<td>09/01/2017</td>
<td>09/01/2018</td>
</tr>
</tbody>
</table>

**Description of Operations/ Locations / Vehicles:**

- Services provided under Master Contract 85256
- Continued on Page 2

**Certificate Holder:**

- **Minneapolis Dept. of Administration**
- **50 Sherburne Ave #309**
- **St. Paul**
- **MN 55155**

**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:**

**ACORD 25 (2016/03)**

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Additional Insured as respects General Liability, if required by written contract: State of Minnesota per the General Liability Blanket Additional Insured Endorsement.

The policies evidenced on page 1 of this certificate include endorsements that permit us to evidence the following notices of cancellation for this certificate, if required by written contract:

As respects the General Liability, Automobile Liability, Workers Compensation:
In the event of cancellation (except for non-payment of premium) or material change that reduces or restricts the insurance coverage or policy, the issuing company will mail 30 days prior written notice of cancellation or material change, to the certificate holder named on page 1, at the address shown.

As respects the Umbrella Liability, In the event of cancellation of this coverage (except for non-payment of premium), the issuing company will mail 30 days prior written notice, to the certificate holder named on page 1, at the address shown.

As respects the Professional Liability, should the policy be cancelled, before the expiration date thereof, the issuing company will mail 30 days written notice and 10 days for non-payment of premium, to the certificate holder named on page 1, at the address shown.