

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

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

To Be Completed by State

Business Unit	Accounting Date	Fund	DeptID	AppropID	Category 81101508 93151600	Account 411308 411324	Amount \$0.00
Vendor Number 0000235885			Contract Number 85256/T#15ATI		PC BU	Project Number	Activity
Date 8.2.18	Order Number NA			Line Number	Entered By [Signature]		
[Individual signing certifies that funds have been encumbered as required by Minnesota Statute §§16A.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,

- The original contract called for construction testing and inspection services.
- 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:

- 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	<i>John Durand</i>
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:	<i>Michael M. Huffer</i> (Corporate Signature)
Printed Name:	MICHAEL M HUFFER
Title:	VICE PRESIDENT
Date:	7/27/2018

By:	<i>Gregg Jandro</i> (Corporate Signature)
Printed Name:	Gregg Jandro
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:	<i>Gordon Christofferson</i> (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)	<i>Lynn A. Klessig</i>
Date:	8/2/2018

Distribution:

- Agency – Original (fully executed) Contract
- Department of Administration
- Contractor
- State Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/24/2017

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 Kraus-Anderson Insurance 420 Gateway Boulevard Burnsville MN 55337-2790		CONTACT NAME: Certificates Department PHONE (A/C, No, Ext): (952)707-8200 FAX (A/C, No): (952)890-0535 E-MAIL ADDRESS: Certificates@kainsurance.com															
INSURED Braun Intertec Corporation; Braun Intertec Geothermal, LLC; Braun Intertec Drilling, LLC; Braun Intertec Great Lakes, Inc. 11001 Hampshire Avenue S Minneapolis MN 55438		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : National Fire Insurance Company of Hartford</td> <td>20478</td> </tr> <tr> <td>INSURER B : Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER C : Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER D : Valley Forge Insurance Company</td> <td>20508</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A : National Fire Insurance Company of Hartford	20478	INSURER B : Continental Casualty Company	20443	INSURER C : Continental Insurance Company	35289	INSURER D : Valley Forge Insurance Company	20508	INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** 17-18 AL5 + PL 5/10 **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"/> XCU & Broad Form PD <input checked="" type="checkbox"/> ND Stop Gap: \$1M/\$1M/\$1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			6040054079	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6050054065	09/01/2017	09/01/2018	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 type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUE 6050054096	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WC6050012852	09/01/2017	09/01/2018	<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
B	Environmental Prof Liab Incl Pollution Incident - Claims Made and Reported			EEH114132066	09/01/2017	09/01/2018	EACH CLAIM \$5,000,000 AGGREGATE \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Services provided under Master Contract 85256

Continued on Page 2

CERTIFICATE HOLDER		CANCELLATION	
Minnesota Dept. of Administration 50 Sherburne Ave #309 St. Paul MN 55155		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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COMMENTS/REMARKS

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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.