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: Construction Engineering Lab
ADDRESS: 5661 International Pkwy
New Hope, MN 55428

To Be Completed by State

<table>
<thead>
<tr>
<th>Business Unit</th>
<th>Accounting Date</th>
<th>Fund</th>
<th>DeptID</th>
<th>Appropriation</th>
<th>Category</th>
<th>Account</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>81101508</td>
<td>411308</td>
<td>$0.00</td>
</tr>
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<td></td>
<td></td>
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<td>93151600</td>
<td>411324</td>
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Vendor Number: 4000211914
Order Number: N/A
Contract Number: 85262/T#15AT1
PC BU: N/A
Line Number: N/A
Activity: N/A

Date: 8/2/18

[Individual signing certifies that funds have been encumbered as required by Minnesota Statutes Sections 16A.15 and 16C.05]

Contract Begin Date: 11/25/2014
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, Construction Engineering Lab, 5661 International Pkwy, New Hope, MN 55428, “CONSULTANT.”

WHEREAS, STATE and CONSULTANT have entered into a contract, known as Department of Administration Contract No. 85262 for Construction Testing and Inspection Services; which was effective on November 25, 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. 85262 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 |焦 agreed |
   | Date | 8/2/18 |

2. **CONSULTANT: Construction Engineering Lab**
   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: | (Corporate Signature) |
   | Printed Name | P. Palanisami |
   | Title | President |
   | Date | July 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 | Lyce A. Hessig |
   | Date | 8/2/2018 |

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

**Producer:**
Christensen Group Insurance
9855 West 78th Street Ste 100
Eden Prairie MN 55344

**Insured:**
5661 International Pkwy
Minneapolis MN 55428

**Coverages:**

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Eff Date</th>
<th>Policy Exp Date</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>R0000077251-04</td>
<td>12/1/2017</td>
<td>12/1/2018</td>
<td>Each Occurrence: $3,000,000</td>
</tr>
</tbody>
</table>

**General Aggregate Limit Applies Per Occurrence:**

- **Each Occurrence:** $3,000,000
- **Damage to Rented Premises (Ex Officio):** $0
- **Medical Expense (Any One Person):** $0
- **Personal & Advertising Injury:** $0
- **General Aggregate:** $0
- **Products-Completed Operations:** $0

**Automobile Liability:**

- **Combined Single Limit (Per Accident):** $0
- **Bodily Injury (Per Person):** $0
- **Bodily Injury (Per Accident):** $0
- **Property Damage (Per Accident):** $0

**Workers Compensation and Employers Liability:**

- **E.L. Each Accident:** $0
- **E.L. Disease - E.A. Employer:** $0
- **E.L. Disease - Policy Limit:** $0

**Errors & Omissions Claims Made Policy:**

- **Effective Date:** 12/1/2017
- **Expiration Date:** 12/1/2018
- **Limit:** $3,000,000

**Certificate Holder:**

**Proof of Coverage:**

- XXXXXXXXXX
- XXXXXXXXXX

**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:**

- Eric Simmons/KAL

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**CERTIFICATE OF LIABILITY INSURANCE**

**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**
Minnesota Employers Ins. Svcs.
2031 E County Rd D, Suite B-100
Maplewood, MN 55119
Josh Anderson

**INSURED**
Palansami & Associates Inc.
Construction Engineering Lab Inc.
5681 International Parkway
New Hope, MN 55428

**CONTACT NAME**
Renee Anderson

**PHONE**
651-756-1483

**FAX**
651-340-5721

**EMAIL**
reneemanderson@endeavor.com

**INSDURERS AFFORDING COVERAGE**

<table>
<thead>
<tr>
<th>NAIC #</th>
<th>INSURER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Fund Mutual</td>
</tr>
<tr>
<td></td>
<td>Peerless Indemnity Insurance</td>
</tr>
<tr>
<td></td>
<td>Hawkeye Security Insurance</td>
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**COVERAGES**

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>ACM TLM</th>
<th>INSN WID</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>B X COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>OCCUR</td>
<td>BZS (19) 57624490</td>
<td>02/01/2018</td>
<td>02/01/2019</td>
<td>$1,000,000</td>
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<tr>
<td>A X AUTOMOBILE LIABILITY</td>
<td>ANY AUTO OWNED</td>
<td>SCHEDULED</td>
<td>BAS (19) 57624490</td>
<td>02/01/2018</td>
<td>02/01/2019</td>
<td>$1,000,000</td>
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<td>B X UMBRELLA LIABILITY</td>
<td>X OCCUR</td>
<td>CLAIMS-MADE</td>
<td>USO (19) 57624490</td>
<td>02/01/2018</td>
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<td>A X WORKERS COMPENSATION AND EMPLOYERS LIABILITY</td>
<td>ANY PROJ/PRIN EXECUTIVE</td>
<td>N/A</td>
<td>55252.206</td>
<td>12/12/2017</td>
<td>12/12/2018</td>
<td>$500,000</td>
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</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

**CERTIFICATE HOLDER**
State of MN Dept. of Administra  
7 Real Estate & Const. Services  
309 Administration Building  
50 Sherburne Avenue  
St Paul, MN 55155

**CANCELLATION**
SHAOL ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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