

Contract Specialist: Jennifer Barber

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

PROJECT NAME: Construction Testing and Inspection Services    CONSULTANT: Industrial Hygiene Services Corporation  
 LOCATION: Various in MN    ADDRESS: 4205 White Bear Pkwy, #500  
 Vadnais Heights, MN 55110

To Be Completed by State

Business Unit	Accounting Date	Fund	DeptID	AppropID	Category 81101508 93151600	Account 411308 411324	Amount \$0.00
Vendor Number 0000225080		Contract Number 85258/T#15ATI		PC BU	Project Number	Activity	
Date 8.2.18	Order Number N/A		Line Number	Entered By 			
[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, **Industrial Hygiene Services Corporation, 4205 White Bear Pkwy, #500, Vadnais Heights, MN 55110, "CONSULTANT."**

WHEREAS, STATE and CONSULTANT have entered into a contract, known as Department of Administration Contract No. **85258** 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. **85258** 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:	<i>John Duradum</i>
Date:	8/2/18

**2. CONSULTANT: Industrial Hygiene Services 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>[Signature]</i>
	(Corporate Signature)
Printed Name:	Timothy P. Huber
Title:	President/Owner
Date:	07/27/18

By:	
	(Corporate Signature)
Printed Name:	
Title:	
Date:	

**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>[Signature]</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>[Signature]</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)  
12/6/2017

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 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).

<b>PRODUCER</b> Bullis Insurance Agency, LLC 1001 Twelve Oaks Center Drive Suite 1003 Wayzata MN 55391	<b>CONTACT NAME:</b> Scott Endorf CPCU CIC CRM <b>PHONE (A/C, No, Ext):</b> (952) 449-0089 <b>E-MAIL ADDRESS:</b> sendorf@bullisagency.com	<b>FAX (A/C, No):</b> (952) 449-0208													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Cincinnati Insurance</td> <td>10677</td> </tr> <tr> <td>INSURER B: Cincinnati Indemnity</td> <td>23280</td> </tr> <tr> <td>INSURER C: CNA</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance	10677	INSURER B: Cincinnati Indemnity	23280	INSURER C: CNA		INSURER D:		INSURER E:		INSURER F:
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**COVERAGES**      **CERTIFICATE NUMBER: 17-18**      **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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ENP 0169485	12/22/2017	12/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ENP 0169485	12/22/2017	12/22/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Physical Damage \$ 50,000
A	<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			ENP 0169485	12/22/2017	12/22/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N N/A	EWC 0360650	12/22/2017	12/22/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	<b>Professional / Pollution Liability</b>			EEH114052007	1/1/2018	1/1/2019	Per Claim (\$25,000 deductible) \$ 3,000,000 Aggregate \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Ref: Master Contract for Construction Testing and Inspection Services  
 The State of Minnesota is named as an additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

State of Minnesota Department of Administration Real Estate & Construction Services 309 Administration Building 50 Sherburne Avenue 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 S Endorf CPCU CIC CRM <i>Scott D. Endorf</i>
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