

EXHIBIT

"A"

STATE OF TEXAS

§

§

COUNTY OF WILLIAMSON

§

**SUPPLEMENTAL CONTRACT NO. 1
TO CONTRACT FOR ENGINEERING SERVICES
FOR 2015-2017 ON-CALL TRAFFIC OPERATIONS ENGINEERING SERVICES
WORK AUTHORIZATION**

FIRM: STANTEC CONSULTING INC. ("Engineer")
ADDRESS: 221 West Sixth Street, Suite 600, Austin, TX 78701

This Supplemental Contract No. 1 to Contract for Engineering Services is made by and between the City of Round Rock, Texas, hereinafter called the "City" and Stantec Consulting Inc., formerly Bury, Inc., hereinafter called the "Engineer".

WHEREAS, the City and Bury, Inc. executed a Contract for Engineering Services, hereinafter called the "Contract", on the 13th day of August, 2015 for the 2015-2017 On-Call Traffic Operations Engineering Services Project in the amount of \$100,000.00; and

WHEREAS, Bury, Inc. has changed its name to Stantec Consulting Inc.; and

WHEREAS, it is necessary to amend the Contract to reflect this name change; and

WHEREAS, it has become necessary to amend the Contract so that the contract term shall terminate at the close of business day on December 31, 2018;

NOW THEREFORE, premises considered, the City and the Engineer agree that said Contract is amended as follows:

I.

The Contract shall be amended to change the name of the Engineer from Bury, Inc. to Stantec Consulting Inc.

II.

Article 3, Contract Term shall be amended so that the contract term shall terminate at the close of business day on December 31, 2018.

IN WITNESS WHEREOF, the City and the Engineer have executed this Supplemental Contract in duplicate.

STANTEC CONSULTING INC.

By: _____

Date

CITY OF ROUND ROCK

By: _____
Alan McGraw, Mayor

Date

APPROVED AS TO FORM:

Stephan L. Sheets, City Attorney

STANDARD RATE SCHEDULE

THE FOLLOWING RATES ARE FOR WORK PERFORMED ON AN HOURLY CHARGE BASIS. RATES INCLUDE COMPANY OVERHEAD AND PROFIT FOR SERVICES ACCOMPLISHED DURING REGULAR WORKING HOURS.

DIRECT LABOR

OFFICE PERSONNEL SERVICES

Managing Principal	\$ 245.00 per hour
Principal	\$ 225.00 per hour
Senior Vice President	\$ 210.00 per hour
Vice President	\$ 200.00 per hour
Senior Project Manager	\$ 190.00 per hour
Project Manager	\$ 175.00 per hour
Senior Consultant	\$ 160.00 per hour
Consultant	\$ 140.00 per hour
Associate Consultant	\$ 130.00 per hour
Senior Technical Designer	\$ 110.00 per hour
Technical Designer	\$ 100.00 per hour
Landscape Architect	\$ 100.00 per hour
LA Designer	\$ 80.00 per hour
Managing Surveyor	\$ 160.00 per hour
Senior Survey Tech	\$ 120.00 per hour
Survey Tech	\$ 105.00 per hour
Administration	\$ 80.00 per hour
Construction Observation	\$ 120.00 per hour
Claims Management	\$ 275.00 per hour
Expert Witness	\$ 450.00 per hour

FIELD PARTY SERVICES

2-Man Field Party	\$ 160.00 per hour
3-Man Field Party	\$ 185.00 per hour
4-Man Field Party	\$ 215.00 per hour

DIRECT EXPENSES

Transportation:

By Firm's Passenger Vehicles	\$ Per IRS Rates
By Firm's Survey Trucks	\$ 0.75 per mile

Subsistence for Out-of-City Work (Survey Field Crew)	Prevailing IRS approved rates for survey locale
Survey Stakes, Lathes, Iron Rods and other Direct Expenses	Our cost plus 10%
In-House Courier & Delivery Services	< 15 Miles at ¼ hr Billing
In-House Courier & Delivery Services	> 15 Miles at ½ hr Billing
In-House Reproduction & Printing by Firm	Prevailing commercial rates
Outside Reproductions, Couriers and other Direct Expenses	Our cost plus 10%

These rates are subject to change without notice

NOTES:

1. Field Party rates include a charge for normal equipment, normal supplies and survey vehicles. Abnormal use of stakes, lathes, etc. used (such as during the construction phase of a project) will be charged as indicated. A mileage charge will be billed for projects exceeding a 50 mile radius of the base office.
2. A minimum of two (2) hours Field Party time charge will be made for show up time and return to office, resulting from inclement weather conditions, etc.
3. Field Party stand-by time will be charged for at the appropriate rates shown above.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2016

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).

PRODUCER	AON REED STENHOUSE INC. AON RISK SERVICES CENTRAL, INC. 900 - 10025 - 102A AVENUE EDMONTON, AB T5J 0Y2	CONTACT NAME	ANDREA OTTO		
		PHONE (A/C, No, Ext)	1-952-807-0679	FAX (A/C, No)	1-312-381-6608
		E-MAIL ADDRESS	ANDREA.OTTO@AON.COM		
INSURED	STANTEC CONSULTING SERVICES NC. 221 WEST SIXTH STREET SUITE 600 AUSTIN TX 78701-3411	INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: ZURICH AMERICAN INSURANCE COMPANY		16535	
		INSURER B: SENTRY INSURANCE A MUTUAL COMPANY		24988	
		INSURER C: ZURICH INSURANCE COMPANY			
		INSURER D: SENTRY INSURANCE A MUTUAL COMPANY		24988	
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 541

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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			GLO5415704	05/01/16	05/01/17	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			XCU COVER INCLUDED			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> CONTRACTUAL/CROSS LIABILITY						PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> OWNERS & CONTRACTORS						GENERAL AGGREGATE \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOG						\$
B	AUTOMOBILE LIABILITY			90-17043-08	05/01/16	05/01/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		8831307	05/01/16	05/01/17	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		EXCESS GENERAL, AUTO AND EMPLOYERS LIABILITY (FOLLOW FORM)			AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			90-17043-06	05/01/16	05/01/17	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

AUSTIN, TX - 221 WEST SIXTH ST.

THE COVERAGE SHALL NOT BE CANCELLED OR NON RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER AND ADDITIONAL INSUREDS, IF ANY AS PER WRITTEN CONTRACT. ENDORSEMENTS # CG 20 10 07 04, CG 20 37 07 04, CA 20 48 02 99, CG 24 04 05 09, CA 04 44 03 10 AND WC 00 03 13 ARE ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

CITY OF ROUND ROCK
ATTN: CITY MANAGER
221 E. MAIN STREET
ROUND ROCK, TX 78664

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

Andrea R. Otto

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2016

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.

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PRODUCER AON REED STENHOUSE INC. 900 - 10025 - 102A AVENUE EDMONTON AB T5J 0Y2	CONTACT NAME TAMMIE BESON	PHONE (A/C, No, Ext): 1-780-423-9462	FAX (A/C, No): 1-780-423-9876
	E-MAIL ADDRESS: TAMMIE.BESON@AON.CA		
INSURED STANTEC CONSULTING SERVICES INC. 221 WEST SIXTH STREET SUITE 600 AUSTIN TX 78701-3411	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E: CERTAIN U/W/S AT LLOYDS OF LONDON		37540
INSURER F: (BEAZLEY)			

COVERAGES

CERTIFICATE NUMBER: 1500

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
E	PROFESSIONAL LIABILITY INCLUDING CONTRACTOR'S POLLUTION LIABILITY	N/A		QC1505150	08/01/15	08/01/16	CLAIM AND AGGREGATE LIMIT \$3,000,000 INCLUSIVE OF COSTS CLAIMS MADE BASIS
				NO RETROACTIVE DATE			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AUSTIN, TX. CONSULTING -221 WEST SIXTH STREET
COVERAGE SHALL NOT BE CANCELLED OR NON-RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER

CERTIFICATE HOLDER

CANCELLATION

CITY OF ROUND ROCK ATTN: CITY MANAGER 221 E. MAIN STREET ROUND ROCK, TX 78664	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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