(Commissioner) Date

(Mayor or CAO) Date

Approved by

Approved by

Approved by

			X	Page 2 of 2				
		PROJECT: Arch & Eng Service	es for Castlewo	ood Comm Ctr				
JUSTIFICATION FOR CHANGE		CONTRACT NO. 56-2015	_					
		CHANGE ORDER: 001						
1. 2.	Necessity for change: Through the assessment, the roof was determined to be the most urgent bulding system needing replacement and was funded in FY17 capital budget. Consultant is preparing plans and specifications to use when bidding the project as outlined in the RFP additional scope. Is proposed change an alternate bid? X YesNo							
3.	Will proposed change alter the physical size of the project?Yes _X_No							
	If "Yes", explain.							
4.	Effect of this change on other prime contractors: N/A							
5.	Has consent of surety been obtained?Yes _X_Not Necessary							
6.	Will this change affect expiration or extent of insurance coverage? X Yes No							
	If "Yes", will the policies be extended?_X_Yes No							
7.	Effect on operation and maintenance costs: These A/E plans will provide detail for roof replacement which will decrease damage from current roof leaks							
8.	Effect on contract completion date: Contract will be extended Mayor Date							



CERTIFICATE OF LIABILITY INSURANCE

FITZS-1

OP ID: KG

08/23/2016

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).

certifica	te notaer in nea or such chaoreometh(e).	CONTACT		
P.O. Box 1		NAME:	X _{C, No):} 866-679-1492	
Somerset, KY 42502 Katrina E. Godbey		INSURER(S) AFFORDING COVERAGE INSURER A : Liberty Mutual Insurance	NAIC # 24074	
INSURED	Fitzsimons Office of Architect Greg Fitzsimons 110/112 W. Third Street Lexington, KY 40507	INSURER B : CNA Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :		

Lexington, NY 40507							INSURER E :				
							INSURER F:				
			CED	TIEIC	ATE	NUMBER:		F	REVISION NUMBER:		
TI	IIS IS	TED. NOTWITHSTA	THE POLICIES INDING ANY RE UED OR MAY F IONS OF SUCH I	OF I QUIR PERT POLIC	NSUF EMEI AIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY THE POLICIES BEEN REDUCED BY P	THE INSURE OR OTHER D DESCRIBED PAID CLAIMS.	D NAMED ABOVE FOR THE OCUMENT WITH RESPECT HEREIN IS SUBJECT TO	ALL 1	ICY PERIOD WHICH THIS THE TERMS,
INSR LTR		TYPE OF INSURA		ADDL	SUBR	š	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		1,000,000
A	X	CLAIMS-MADE	_			BOP1642185	10/01/2015	10/01/2016	DAMAGE TO RENTED	\$	50,000
		CLAIMS-MADE							MED EXP (Any one person) PERSONAL & ADV INJURY	<u>\$</u>	5,000 1,000,000
	لــــا								GENERAL AGGREGATE	\$	2,000,000
	GEN	I'L AGGREGATE LIMIT AF POLICY PRO- JECT	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
		OTHER:		<u> </u>	_				COMBINED SINGLE LIMIT	\$	
	AU1	OMOBILE LIABILITY							(Ea accident) BODILY INJURY (Per person)	\$	
		ANY AUTO	SCHEDULED						BODILY INJURY (Per accident)	\$	
		ALL OWNED AUTOS	AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
	<u></u>	HIRED AUTOS	AUTOS						(Per accident)	\$	
	-	WARRELL & LIAR	X OCCUR	-	+-				EACH OCCURRENCE	\$	4,000,000
A	X	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE			CU8909164	10/01/2015	10/01/2016	AGGREGATE	\$	4,000,000
		DED X RETENTIO	N \$ O						PER OTH-	\$	
	wo	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			40/04/0045	10/01/2016		\$	500.00
Α	ANY					WC1642117	10/01/2015		E.L. EACH ACCIDENT		500,00
١	(Ma					44/07/0045	44/07/2016	E.L. DISEASE - EA EMPLOYEE	s	500.00	
ł	If ye							E.L. DISEASE - POLICY LIMIT Occurence	_*	1,000,00	
В	Pro	fessional Lia				AEH133328778	11/07/2019	11/07/2010	Aggregate		2,000,00
DE	SCRIP	TION OF OPERATIONS / I	LOCATIONS / VEHIC	CLES	(ACOF	RD 101, Additional Remarks Sched	Jule, may be attached if mor	re space is requi	red)		

CERTIFICATE HOLDER	CANCELLATION			
Lexington-Fayette Co. Urban Government 200 East Main Street Lexington, KY 40505	LEXINGT	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 Katrina E. Godbey		