



AGREEMENT FOR ADDITIONAL SERVICES

March 13, 2014

Mr. Timothy Wales, P.E. City Engineer City of Saratoga Springs 474 Broadway Saratoga, New York 12866

Re: Canfield Casino First-Floor Reinforcing and Basement Moisture Remediation Ryan-Biggs Project 8736-4

Dear Mr. Wales:

As discussed with Deborah LeBreche, Ryan-Biggs is requesting compensation for additional services provided during the Construction Phase.

ADDITIONAL SCOPE OF SERVICES

Construction Phase

- 1. Make additional site visits to review existing conditions.
- 2. Revise details as needed.
- 3. Review Contractor submittals and respond to Contractor RFIs.
- 4. Review and coordinate detail revisions for areas of conflict with existing mechanical, electrical, and plumbing systems.

In summary, to date we have exceeded our entire construction budget. Assuming the same level of oversight to project completion, we anticipate an additional 50 hours to the end of the project.

COMPENSATION FOR PROFESSIONAL SERVICES

The contract is set up hourly so the invoices only reflect direct time dedicated toward this project. We are requesting the following adjustments to each phase of our contract for the additional services noted above:

Phase	Current Contract	Additional Request	Total
Design	\$37,000	\$0	\$37,000
Bid	\$2,200	\$0	\$2,200
Construction	\$15,700	\$7,100	\$22,800
Reimbursable Exp.	\$200	\$0	\$200
Totals	\$55,100	\$7,100	\$62,200

The professional fee for the completed and proposed additional services is \$7,100. This increases our total fee from \$55,100 to \$62,200.

All the other terms and conditions of the original agreement shall remain in effect.

Your signature in the space provided indicates your understanding and acceptance of the provisions set forth herein. Please return (1) one signed copy of this agreement to: Ryan-Biggs Associates, P.C., 257 Ushers Road, Clifton Park, New York 12065 by mail or breilly@ryanbiggs.com by e-mail.

RYAN-BIGGS ASSOCIATES, P.C.

CITY OF SARATOGA SPRINGS

\$ C-

JCH/jad/8736-4-Additional Services-02

						RYAN	3 <u>-1</u>	OP ID: SM	
ACORD [®] CERT	IFIC	CATE OF LIA	BILI	TY INS	SURAI	NCE		(MM/DD/YYYY) /27/2013	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY SURAN	(OR NEGATIVELY AMEN NCE DOES NOT CONSTIT	D, EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	ATE HO	LDER. THIS E POLICIES	
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	, certa	ain policies may require an							
PRODUCER Poole Professional - NY			CONTA NAME:	watthew	R. Mullard				
1160F Pittsford-Victor Rd. Pittsford, NY 14534			PHONE (A/C, N E-MAIL	o, Ext): 383-38	85-0428 rd@poolor		_{lo):} 585-6	62-5755	
Matthew R. Mullard			ADDRE					NAIC #	
			INSURE	R A : Beazle				37540	
INSURED Ryan-Biggs Associates, 257 Ushers Road	P.C.		INSURER B :						
Clifton Park, NY 12065			INSURE						
			INSURE						
			INSURE						
	-	ATE NUMBER:				REVISION NUMBER			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRI PERTA	EMENT, TERM OR CONDITIC AIN, THE INSURANCE AFFOR	N OF AN RDED BY	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RES D HEREIN IS SUBJECT	РЕСТ ТО	WHICH THIS	
NSR LTR TYPE OF INSURANCE	ADDL S			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	мітѕ		
GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$		
COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AC			
						COMBINED SINGLE LIMIT	\$		
						(Ea accident) BODILY INJURY (Per perso	1) \$		
ALLOWNED AUTOS AUTOS						BODILY INJURY (Per accide	, .		
HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$		
							\$		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE						EACH OCCURRENCE	\$		
DED RETENTION \$						AGGREGATE	\$		
WORKERS COMPENSATION						WC STATU- TORY LIMITS			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLO	/EE \$		
A A/E E&O		V15QJ0140801		01/01/2014	01/01/2015	E.L. DISEASE - POLICY LIN	1IT \$	2,000,000	
		13000140001		01/01/2014	01/01/2013	AGGREGATE		2,000,00	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIC For professional liability co insurance available for all c period. The limit will be rec CERTIFICATE HOLDER	overa	nge, the aggregate l red claims presented	imit i l withi lemnity	s the to n the po	tal licy				
		CITYSA1		JELLATION					
City of Saratoga Springs Attn: Marilyn Rivers 474 Broadway Saratoga Springs, NY 12	ACC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
			mail		u u				

	RYANB1C OP ID: DX											
Ą	C	ORD CFR1	TIF	IC	ATE OF LIA	BII	ITY IN	SURA			(MM/DD/YYYY)	
											/11/2014	
	-	CERTIFICATE IS ISSUED AS A I								-	-	
		W. THIS CERTIFICATE OF INS										
R	EPF	RESENTATIVE OR PRODUCER, AN	ID T	HE C	ERTIFICATE HOLDER.							
IN	/PO	RTANT: If the certificate holder	is ar		DITIONAL INSURED, the	policy(ies) must be	endorsed.	If SUBROGATION IS W	AIVED	, subject to	
		erms and conditions of the policy, icate holder in lieu of such endors				ndorse	ment. A stat	tement on th	is certificate does not c	onfer r	rights to the	
-	DUCE		senne	in(5)	Phone: 518-465-3591	CONTA NAME:	СТ					
Aus	tin 8	& Co., Inc.			Fax: 518-465-3968				FAX			
Alba	orp anv.	orate Woods Blvd. NY 12211-2366			1 42. 010 400 0000	E-MAIL			(A/C, No):			
		T. Berger				ADDRE					NAIC #	
						INSUR	R A : Travele				25658	
INSU	IRED	Ryan-Biggs Associates, P.C				INSURE	RB: Hartford In	surance Group			29424	
		Clark Engineering & Surveying, PC				INSURE						
		257 Ushers Road				INSURE						
1		Clifton Park, NY 12065				INSURE						
						INSURE	RF:					
со	VEF	RAGES CER	TIFI	CATI	E NUMBER:				REVISION NUMBER:			
		IS TO CERTIFY THAT THE POLICIES										
		ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I										
E	XCL	USIONS AND CONDITIONS OF SUCH	POLI	CIES	. LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS				
INSR LTR		TYPE OF INSURANCE		SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GE								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A		COMMERCIAL GENERAL LIABILITY	X		6802433M89A		05/01/2013	05/01/2014	PREMISES (Ea occurrence)	\$	1,000,000	
		CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000	
	X	Business Owners							PERSONAL & ADV INJURY	\$	1,000,000	
]							GENERAL AGGREGATE	\$	2,000,000	
	GE								PRODUCTS - COMP/OP AGG	\$	Included	
		POLICY X PRO- JECT LOC							COMBINED SINGLE LIMIT	\$		
.					BA2944M51110GRP		05/04/0040	05/04/0044	(Ea accident)	\$	1,000,000	
A	X	ANY AUTO ALL OWNED SCHEDULED			BAZ344MJTTTOGKF		05/01/2013	05/01/2014	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$		
	v	AUTOS AUTOS							PROPERTY DAMAGE	\$ \$		
	X	HIRED AUTOS X AUTOS							(Per accident)	\$		
		UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	4.000.000	
A	x	EXCESS LIAB CLAIMS-MADE			XSFCUP9938Y365		05/01/2013	05/01/2014		\$	4,000,000	
		DED X RETENTION\$ 10000							AGGREGATE	\$		
	-	RKERS COMPENSATION		1					WC STATU- TORY LIMITS X OTH- ER	-		
в	AN	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE			01WECZV8283		05/01/2013	05/01/2014		\$	1,000,000	
	OFI	FICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000	
		TION OF OPERATIONS / LOCATIONS / VEHICL						• •				
		olicy Terms, Conditions elected and/or appointed										
lis	ted	as additional insured	on	the	general liability	poli	lcy on a p	primary				
		on-contributory basis, b ct, RB 8736-4, if requir				the	Canfield	Casino				
[
CE	RTI	FICATE HOLDER				CAN	CELLATION					
CITSS1C					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
1						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	The City of Saratoga Springs											
1		474 Broadway	-			AUTHORIZED REPRESENTATIVE						
		Saratoga Springs, NY 128	366									
							muchung Brulis					

ACORD 25	5 (2010/05)
----------	-------------

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.