
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

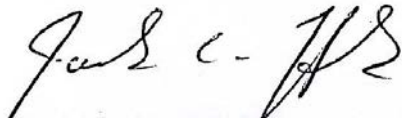
The professional fee for the completed and proposed additional services is \$7,100. This increases our total fee from \$55,100 to \$62,200.

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



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

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/27/2013

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 Poole Professional - NY 1160F Pittsford-Victor Rd. Pittsford, NY 14534 Matthew R. Mullard	CONTACT NAME: Matthew R. Mullard	
	PHONE (A/C, No, Ext): 585-385-0428	FAX (A/C, No): 585-662-5755
E-MAIL ADDRESS: mrmullard@poolepl-ny.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Beazley USA Servs, Inc.		37540
INSURED Ryan-Biggs Associates, P.C. 257 Ushers Road Clifton Park, NY 12065	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	A/E E&O			V15QJ0140801	01/01/2014	01/01/2015	PER CLAIM 2,000,000 AGGREGATE 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 For professional liability coverage, the aggregate limit is the total insurance available for all covered claims presented within the policy period. The limit will be reduced by payments of indemnity and expenses.

CERTIFICATE HOLDER**CANCELLATION**

CITYSA1 City of Saratoga Springs Attn: Marilyn Rivers 474 Broadway Saratoga Springs, NY 12866	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 Matthew R. Mullard
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