

#412

Clerk's Contract and Agreement Cover Page

Year: 2008

Legistar File ID#: 2008-0330

Multi Year:

Amount \$200,000.00

Contract Type:

Professional Services

Contractor's Name:

HNTB Corporation

Contractor's AKA:

Execution Date:

9/3/2008

Termination Date:

7/31/2009

Renewal Date:

Department:

Development Services/Planning

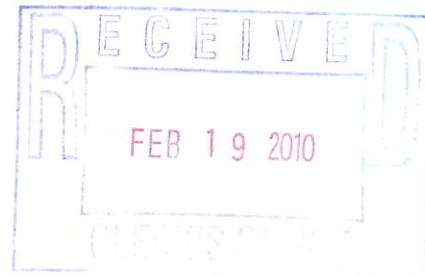
Originating Person:

Bob Sullivan

Contract Description: Illinois Tomorrow Study 159th Street Corridor

addendum 7/31/09 to extend term to 03/31/10

addendum to extend term to 12/31/10



MAYOR
Daniel J. McLaughlin

VILLAGE CLERK
David P. Maher

14700 S. Ravinia Ave.
Orland Park, IL 60462
(708) 403-6100



VILLAGE HALL

TRUSTEES
Bernard A. Murphy
Kathleen M. Fenton
Brad S. O'Halloran
James V. Dodge
Edward G. Schussler III
Patricia Gira

February 18, 2010

Diane Gormely-Barnes
Principal Planner
HNTB Corporation
111 North Canal Street
Suite 1250
Chicago, Illinois 60606

RE: *Addendum dated March 31, 2010*
Illinois Tomorrow Grant

Dear Diane:

Enclosed is a copy of the addendum dated March 31, 2010 for the change to extend the termination date to June 30, 2010. Please attach this to the original Illinois Tomorrow Grant for the 159th Street Corridor Study Master Agreement dated September 3, 2008.

If you have any questions, please call me at 708-403-6173.

Sincerely,

Denise Domalewski
Contract Administrator

cc: Bob Sullivan

**AMENDMENT No. 2 TO MASTER AGREEMENT
BETWEEN HNTB AND VILLAGE OF ORLAND PARK**

This AMENDMENT made and effective as of the 31st day of March, 2010, by and between HNTB Corporation and the Village of Orland Park, Illinois, amends the Agreement for Professional and Consulting Services for the Illinois Tomorrow 159th Street Corridor Plan between HNTB and the Village of Orland Park, Illinois dated the 3rd day of September, 2008 ("the Agreement") and previously extended by Amendment from July 31, 2009 to March 31, 2010 ("Amendment No. 1"), and into which this AMENDMENT is hereby incorporated and made a part thereof.

The parties desire to amend the Agreement as provided herein:

The first sentence of section **3.1 Term of Agreement** is hereby deleted in its entirety and replaced with the following:

The term of this Agreement shall begin on the execution date of this agreement and end on June 30, 2010.

All other provisions of the Agreement by and between the parties shall remain in full force and effect and unmodified by this AMENDMENT other than as noted herein.

IN WITNESS WHEREOF, the parties hereto have made and executed this AMENDMENT as of the day and year above written.

HNTB Corporation

Village of Orland Park, Illinois





Name: DAVID P. CROSSON
Title: VICE PRESIDENT

Name: Paul Grimes
Title: Village Manager

Date: 02/08/2010

Date: 2/16/10

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/17/09

PRODUCER 1-913-323-2910
Hub International Insurance Services Inc.
6 Corporate Woods
8900 Indian Creek Parkway, Suite 415
Overland Park, KS 66210

INSURED
HNTB Corporation
111 North Canal Street, Suite 1250
Chicago, IL 60606-7252

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| INSURERS AFFORDING COVERAGE | NAIC # |
|--|--------|
| INSURER A: Liberty Mutual Fire Insurance Company | 23035 |
| INSURER B: AMERICAN GUAR & LIAB INS | 26247 |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------------|---|--------------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | TB2-141-433035-219 | 12/01/09 | 12/01/10 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" 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 GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | AS7-Z41-433035-209 | 12/01/09 | 12/01/10 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| B | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | AUC930763807 | 12/01/09 | 12/01/10 | EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | WA2-Z4D-433035-660 | 01/01/10 | 01/01/11 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 |

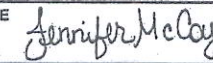
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 HNTB Job 47047; Illinois Tomorrow 159th St. Street Corridor. Additional Insured: Illinois Department of Transportation and The Village of Orland Park, and their respective officers, trustees, directors, employees and agents as respects general liability and automobile liability, subject to the terms and conditions of the policy, and, where required by written contract, shall be considered primary insurance as respects the Additional Insured, and any other insurance or self-insurance maintained by the Additional Insured shall be excess of this insurance and shall not contribute with it. Waiver of subrogation in favor of Illinois Department of Transportation and The Village of Orland Park, and their respective officers, trustees, directors, employees and agents as respects general liability and workers compensation,

CERTIFICATE HOLDER

HNTB Job 47047
 Village of Orland Park
 14700 S. Ravinia Ave.
 Orland Park, IL 60462

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT CONSTITUTE NOTICE OF CANCELLATION. THIS NOTICE SHALL BE DEEMED TO HAVE BEEN MAILED TO THE ADDRESS OF THE INSURED AT THE TIME OF THE LAST PREMIUM PAYMENT.

AUTHORIZED REPRESENTATIVE


IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
11/17/09

NAME OF INSURED: HNTB Corporation

subject to the terms and conditions of the policy.