

9087-01
Amd 5

**AMENDMENT NUMBER FIVE TO:
AGREEMENT
BETWEEN
THE CITY OF JACKSONVILLE
AND
FLAGG DESIGN STUDIO, LLC
FOR
Conceptual Planning and Sketches**

THIS AMENDMENT NUMBER FOUR TO AGREEMENT, made and entered into in triplicate this 21 day of April, 2015, by and between the CITY OF JACKSONVILLE (hereinafter referred to as the "CITY"), a municipal corporation existing under the Constitution and the laws of the State of Florida, and FLAGG DESIGN STUDIO, LLC (hereinafter referred to as the "CONSULTANT"), a Florida limited liability company with principal offices at 220 East Forsyth Street, Jacksonville, Florida 32202, for Conceptual Planning and Sketches (hereinafter referred to as the "Project").

RECITALS:

WHEREAS, on December 3, 2010, the parties made and entered into City Contract # 9087-01 (hereinafter referred to, and as amended, the "Agreement") for the Project; and

WHEREAS, said Agreement has been amended four (4) times previously; and

WHEREAS, said Agreement should be further amended, in part, by extending the Agreement term March 31, 2015 to September 30, 2015, with no increase in the maximum indebtedness; with all other provisions, terms and conditions of said Agreement remaining unchanged; now therefore

IN CONSIDERATION of the Agreement and of the mutual covenants and agreements hereinafter contained, and for other legally sufficient good and valuable consideration, the parties agree as follows:

1. The above stated recitals are accurate, true and correct and, by this reference are made

a part hereof and are incorporated herein.

2. Section 3.01, of said Agreement is amended, in part by extending the Agreement's term through September 30, 2015 and, as amended, reads as follows:

"3.01. The term of this Agreement shall become effective on the date and year first above written and shall continue and remain in full force and effect as to all its terms, conditions and provisions as set forth herein, until September 30, 2015, unless sooner terminated by either party, with or without cause, by giving of not less than thirty (30) days prior written notice to the other party to this Agreement."

SAVE AND EXCEPT, as expressly amended, in this instrument, the provisions, terms and conditions of City Contract # 9087-01, as previously amended, shall remain unchanged and shall continue in full force and effect.

[Remainder of this page left blank intentionally. Signature page follows immediately.]

Cleveland Ferguson III
Deputy Chief Administrative Officer
responsible for this Agreement the day
Under Authority of:
Executive Order No. 2015-01

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day

and year first above written.

ATTEST:

CITY OF JACKSONVILLE

By James R. McCain, Jr. Corporation Secretary
By Alvin Brown Mayor



In accordance with the Ordinance Code of the City of Jacksonville, I do hereby certify that there is an unexpended, unencumbered, and unimpounded balance in the appropriation sufficient to cover the foregoing agreement; and that provision has been made for the payment of monies provided therein to be paid.

C. Ronald Belton

Director of Finance
CITY Contract Number: 9087-01
Amendment #5: Extension of Term

fb

Form Approved:

[Signature]
Office of General Counsel

ATTEST:

FLAGG DESIGN STUDIO, LLC.

By _____
Signature

By [Signature]
Signature

Type/Print Name

JULIE PERRICONE FLAGG
Type/Print Name

Title

OWNER / BUSINESS MANAGER
Title

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/01/2015

PRODUCER Zelen Risk Solutions, Inc. 7964 Devoe St Jacksonville FL 32220		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.	
INSURED FLAGG Design Studio, LLC 623 Matterhorn Road Jacksonville, FL 32216		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Maryland Casualty Company	
		INSURER B: Mount Vernon Fire Insurance Company	
		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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A		GENERAL LIABILITY	PAS01235292	10/12/2014	10/12/2015	EACH OCCURRENCE	\$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMPROP AGG	\$ 2,000,000	
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC		
		AUTOMOBILE LIABILITY	450-2117-E23-59H	11/23/2014	05/23/2015	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"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 1,000,000	
		<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS								
<input checked="" type="checkbox"/> 2005 Lexus								
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$	
							\$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
							\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Exemption Certificate available upon request			WC STATUTORY LIMITS	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	
B		OTHER	Professional Liability	SP2009501C	05/03/2014	05/03/2015	Each Claim	\$1,000,000
						Aggregate	\$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is named additional insured

CERTIFICATE HOLDER

City of Jacksonville
Office of General Council
117 W. Duval Street, Suite 480
Jacksonville Fl. 32202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Vicky M. Zelen <LM>