



COMMUNITY BUSINESS DEVELOPMENT PARTNERS MILWAUKEE COUNTY

COMMITMENT TO CONTRACT WITH TBE

ADDITIONAL INFORMATION & REQUIREMENTS:

Links to Directories for firms eligible for credit:

DBE <http://wisconsindot.gov/Pages/doing-bus/civil-rights/dbe/certified-firms.aspx>

MBE and WBE <http://www.doa.state.wi.us/Divisions/Enterprise-Operations/Supplier-Diversity-Program>

Milwaukee County SBE <https://mke.diversitycompliance.com/Default.aspx>

SAM Directory for Federal SBE <https://www.sam.gov/portal/SAM/#1>

- 1. CONTRACT ADJUSTMENTS:** The successful Bidder/Proposer will maintain the approved TBE participation level during the term of the contract with the County, including any additional work on the contract, e.g., change orders, addendums, scope changes, or fee increases.
- 2. WRITTEN CONTRACTS WITH TBE:** The County requires that the successful Bidder/Proposer enter into contract, directly or through subs, as stated in this form. Agreements must be submitted to the County within 7 days of receipt of the Notice-To-Proceed. By executing this commitment, you are certifying that you have had contact with the named TBE firm and that they will be hired if you are awarded the contract by the County.
- 3. SUBSTITUTIONS, TBE SUBCONTRACTING WORK, TRUCKING FIRMS:** The successful Bidder/Proposer must submit written notification of desire for substitution to the TBE affected, and send a copy to the County, stating the reason(s) for the request. The TBE will have five (5) business days to provide written objection/acceptance of the substitution. The "right to correct" must be afforded any TBE objecting to substitution/termination for less than good cause as determined by the County. Approval must be obtained from the County prior to making any substitutions. TBE firms are required to notify and obtain approval from the County prior to seeking to subcontract out work on this project. In the case of TBE trucking firms, credit will be given for trucks leased from other TBE firms; however, if the TBE leases trucks from non-TBE firms, the commission or fee will be counted for crediting.
- 4. REQUESTS FOR PAYMENT:** The successful Bidder/Proposer must indicate on the Continuation Sheet (AIA form G703, or equivalent) or invoice for consulting the work being performed by TBE by either a) placing the word "TBE" behind the work item or b) breaking out the work done by TBEs at the end of the report. The successful Bidder/Proposer shall notify TBE firms of the date on which they must submit their invoices for payment.
- 5. TBE UTILIZATION REPORTS:** The successful Bidder/Proposer will enter payments to subs and suppliers directly into the County's online reporting system on a monthly basis. These entries will cover payments made during the preceding month and will include zero dollar (\$0) entries where no payment has occurred.

If you have any questions related to the Milwaukee County Target Enterprise Program, please contact:

414.278.4851 or cbdpcompliance@milwaukeecountywi.gov



FIRM: Collins Engineers Inc.

Project No: _____

SUBCONTRACTOR/SUBCONSULTANT/SUPPLIER INFORMATION SHEET

Milwaukee County requires the following collection of information on all subcontractors, sub-consultants and/or suppliers submitting quotes on Milwaukee County projects. This information is to be submitted with bid/proposal.

PROVIDE THE FOLLOWING INFORMATION ON EACH BID/QUOTE

Name	CERTIFICATION DBE, MBE, WBE SBE or none	Address	Date Firm Established	Work or Service to be Performed
Malas Engineering, LLC	DBE	W148N6912 Terrivood Drive Menomonee Falls, WI 53051	June 30, 2014	Assistance with Structure Design, Structure Inspection, Program Management, QA/QC, Program Funding

Note: Information gathered on the background and financial status of firms is protected from disclosure by Federal Regulation.



COMMUNITY BUSINESS DEVELOPMENT PARTNERS

CONTRACT CLOSE-OUT PAYMENT CERTIFICATION

Prime Contractor/Consultant must complete and attach to the request for final payment

County Department Issuing Contract/Project: _____

Prime Contractor/Consultant: _____

TBE Firm: _____

Project No: _____ Project Name: _____

Complete Section A if full payment has been made

Complete Section B if full payment will be made upon receipt of final payment from Milwaukee County

SECTION (A) TBE FIRM COMPLETES IF FINAL PAYMENT HAS BEEN RECEIVED

I hereby certify that our firm received \$ _____ total payment for work

Date: _____, 20__

(TBE Contractor/Consultant Signature)

(Print Name & Title)

**SECTION (B) BOTH PRIME CONTRACTOR/CONSULTANT AND TBE FIRM COMPLETE
IF FULL PAYMENT HAS NOT BEEN MADE AND A BALANCE REMAINS DUE**

I hereby certify that our firm has paid to date a total of \$ _____ and will pay the balance of

\$ _____ to _____

upon receipt of payment from Milwaukee County for work on the above referenced project or contract

Date: _____, 20__

(Prime Contractor/Consultant Signature)

(Print Name & Title)

(TBE Contractor/Consultant Signature)

(Print Name & Title)

MILWAUKEE COUNTY
DEPARTMENT OF TRANSPORTATION
TRANSPORTATION SERVICES DIVISION

MANPOWER, DIRECT SALARY RATE AND OVERHEAD & PROFIT FACTOR SCHEDULE

(Used For Additional Services Only; Separate
Schedule Required for Prime Consultant & Each Subconsultant)

Firm Name Collins Engineers, Inc. Principal-in-Charge Steve Miller
Wisconsin Reg. Number 36937-6
Principal's Flat Rate \$ 244.38 /HR.

Overhead & Profit Factor (Multiplier) 3.08
(Include copy of audited account of overhead factor or complete Attachment B-2 of 2.)

Name	Classification	Direct Salary Rate/Hour
<u>Tom Collins</u>	<u>Executive VP</u>	<u>\$87.35</u>
<u>Mark Mutziger</u>	<u>Regional Manager</u>	<u>\$75.71</u>
<u>Rachel Tranel</u>	<u>Engineer 5</u>	<u>\$61.43</u>
<u>Roy Forsyth</u>	<u>Engineer 5</u>	<u>\$61.44</u>
<u>Paul Ford</u>	<u>Engineer 3</u>	<u>\$40.86</u>
<u>Drew Garceau</u>	<u>Engineer 5</u>	<u>\$64.72</u>
<u>Veronica Chavez de Fernandez</u>	<u>Engineer 3</u>	<u>\$42.15</u>
<u>Jon Wittrock</u>	<u>Engineer 3</u>	<u>\$40.79</u>
<u>Chris Hartzell</u>	<u>CAD Technician 2</u>	<u>\$31.00</u>
<u>Kevin Weighner</u>	<u>Engineer 3</u>	<u>\$39.17</u>
<u>Mike Stone</u>	<u>Engineer 2</u>	<u>\$34.73</u>
<u>Kurt Zarwell</u>	<u>Engineer 2</u>	<u>\$37.00</u>
<u>Matt Roesch</u>	<u>Engineer 1</u>	<u>\$28.39</u>
<u>Gonzalo Couto-Lain</u>	<u>Engineer 1</u>	<u>\$26.00</u>

Direct Salary Rate is defined as each employee's actual and verifiable gross hourly cost of salary ("W-2" Statement Salary), exclusive of incentive bonus or other non-direct salary expenses.

Overhead & Profit Factor is defined as the multiplying factor representing each employee's pro-rata share of all other direct and indirect expenses and profit for the consultant's firm. This factor remains fixed for the life of the project.

Additions and deletions of personnel or permanent classification changes must be submitted for approval at the time the changes occur. For multi-year projects, changes in basic salary rates may be submitted for approval only in January of each calendar year.

The foregoing is a true and actual accounting of the rates as of:

December 5, , 2018

Signature: Steve Miller

Title: Project Manager

Approved for Milwaukee County
Department of Transportation
Transportation Services Division

Date: 12 15 , 20 18

Signature: Chris Aleio

Title: Managing Engineer

If your firm does not possess a FAR audit certified rate, please complete the following:

Overhead Rate = _____ (Without Profit)

_____ does not have an audit-certified
(Name of Firm)

overhead rate calculation. The above rate calculation, which includes all non-direct costs considered to be proper and appropriate to the provision of professional services covered by this Annual Consultant Agreement for Professional Services, was prepared in accordance with standards of

(Accounting Practice Used)

It is understood and agreed that no direct charge will be made for labor or expenses included in the overhead factor.

Signature: _____

Date: _____

Title: _____

<u>Consultant Contract Total Fee Computation</u>	
COLLINS ENGINEERS, INC. 2019/2020 Milwaukee County DOT Bridge Inspection & Management Services	
Project ID	Bridge Inspection & Maintenance
Number of Staff Hours	528
Total Direct Labor	\$24,824.11
Total Overhead Costs	\$45,884.89
Fixed Fee/Profit	\$5,656.71
Direct Expenses	\$0.00
Subtotal	\$76,365.71
Malas Engineering, LLC	\$62,920.00
Subcontract Subtotal	\$62,920.00
TOTAL COST	\$139,285.71
Home Office Overhead Rate:	184.84%
Field Overhead Rate:	N/A
Profit:	8.00%

45.2%

Fee Computation Summary by Engineering Task

COLLINS ENGINEERS, INC.
 2019/2020 Milwaukee County DOT
 Bridge Inspection & Management Services

PROJECT TOTAL

Task	Activity Code	Direct Labor Costs	Overhead Costs	Fixed Fee/Profit	Direct Expenses	Total
Bridge Inspection Services		\$7,912.54	\$14,625.54	\$1,803.05	\$0.00	\$24,341.13
Monotube Inspection Services		\$1,259.59	\$2,328.22	\$287.02	\$0.00	\$3,874.83
Program Manager Services		\$11,213.82	\$20,727.62	\$2,555.31	\$0.00	\$34,496.75
Municipal QA/QC		\$4,438.17	\$8,203.51	\$1,011.33	\$0.00	\$13,653.01
TOTAL:		\$24,824.11	\$45,884.89	\$5,656.71	\$0.00	\$76,365.71

TOTALS ARE ROUNDED

Home Office Overhead Rate:

184.84%

Field Overhead Rate:

N/A

Percent Profit:

8.00%

Summary of Staff Hours and Direct Labor Costs

COLLINS ENGINEERS, INC.
 2019/2020 Milwaukee County DOT
 Bridge Inspection & Management Services

PROJECT TOTAL

Classification		Program Manager (Steve Miller)		Project Engineer (Jon Wittrock)		Engineer (Gonzalo Couto-Lain)		Total Direct Labor	
Avg. Hourly Wage	Activity Code	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
Bridge Inspection Services		16	\$1,271.10	0	\$0.00	248	\$6,641.44	264	\$7,912.54
Monotube Inspection Services		2	\$158.89	16	\$672.22	16	\$428.48	34	\$1,259.59
Program Manager Services		120	\$9,533.27	40	\$1,680.55	0	\$0.00	160	\$11,213.82
Municipal QA/QC		40	\$3,177.76	30	\$1,260.41	0	\$0.00	70	\$4,438.17
TOTAL:		178	\$14,141.01	56	\$2,352.77	264	\$7,069.92	528	\$24,824.11

Consultant Direct Labor Rates
COLLINS ENGINEERS, INC.
2019/2020 Milwaukee County DOT
Bridge Inspection & Management Services

Employee Name(a)	Classification(b)	Current Rate @1/1/18	% Pay Increase(d)	New Pay Rate(e)	Date of Increase(f)	% Work at Current Rate(g)	% Work at Increased Rate(h)	Weighted Average Hourly Rate(i)
Steve Miller	Project Manager	\$77.13	3.00%	\$79.44	1/1/2019	0.00%	100.00%	\$79.44
Jon Wittrock	Engineer	\$40.79	3.00%	\$42.01	1/1/2019	0.00%	100.00%	\$42.01
Gonzalo Couto-Lain	Engineer	\$26.00	3.00%	\$26.78	1/1/2019	0.00%	100.00%	\$26.78
				\$0.00				\$0.00
				\$0.00				\$0.00
				\$0.00				\$0.00
				\$0.00				\$0.00

Contract Completion Date: 12/31/2020



Malas Engineering LLC

Integrated Innovative Solutions and Excellence in Engineering

November 14, 2016

Proposal No.: ME 146

Steven J. Miller, P.E.*, LEED AP - Regional Manager
Collins Engineers, Inc.
2020 Riverside Drive
Green Bay, WI 54301

Ref.: Proposal for 2019-2020 Milwaukee County DT Bridge Inspection Program Management

Dear Mr. Miller,

Per your request, here is the proposal to support your effort in providing engineering consulting, inspection, program management for Milwaukee County Department of Transportation (MCDT) 2017-2018 Bridge Management cycle. Malas Engineering LLC, as a sub-consultant to Collins, will assist you in the following scope of work, but not limited to:

- Bridge field inspection & Reporting. (44 bridges over land/road. No over water bridges)
- Bridge field inspection with inspector assisting and reporting/entry from Collins. (62 bridges over waterway.
- Assist the County in their preparation of 2019-2023 and 2020-2024 budgets.
- Assist in the update of the Bridge inventory spreadsheet and map
- Assist in review/QA of Locals bridge inspection reports/submittals
- Engineering on call assistance
- Participate in monthly Progress/Review Meetings

The effort for this proposed scope of work and services, based on a lump-sum fee, is sixty two thousand, nine hundred, and twenty dollars. (\$62,920.00)

Steve, we very much appreciate this opportunity and look forward to continue working with you. Thank you.

Sincerely,

Mahmoud (Mac) N. Malas, PE
Senior Engineer/Principal Engineer

Enclosed: Effort Spreadsheets/Workbook

Summary of Staff Hours and Direct Labor Costs**Malas Engineering LLC****Project ID:**

**PUC-1003.2-MCDT
2019-2020 Milwaukee County DT
Bridge Inspection Program
Management**

Classification		Senior Engineer	
Factored Hourly Wage		\$130.00	
Task	Task	Hours	Dollars
Administration & Coordination		16	\$2,080.00
Bridge Inspection (106 Bridges over water bridges field and filing inspector assistance from Collins)		300	\$39,000.00
Local Program Project Review/Priority & Budget Assistant		52	\$6,760.00
Assist in Review QC/QA of Locals Bridge Inspection Reports		40	\$5,200.00
Engineering on Call Assistance (8 calls)		40	\$5,200.00
Participate in Monthly Progress/Review Meetings		36	\$4,680.00
TOTAL:		484	\$62,920.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/7/2018

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 have ADDITIONAL INSURED provisions or 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 USI Insurance Services National, Inc. 10 S. Wacker, 17th floor Chicago, IL 60606	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Alison Blaser</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 312 766 2018</td> <td>FAX (A/C, No): 610 537 1964</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: alison.blaser@usi.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Beazley Insurance Company</td> <td style="text-align: right;">NAIC # 37540</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Alison Blaser		PHONE (A/C, No, Ext): 312 766 2018	FAX (A/C, No): 610 537 1964	E-MAIL ADDRESS: alison.blaser@usi.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Beazley Insurance Company	NAIC # 37540	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME: Alison Blaser																					
PHONE (A/C, No, Ext): 312 766 2018	FAX (A/C, No): 610 537 1964																				
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INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Collins Engineers, Inc. 123 N Wacker Dr Ste 900 Chicago IL 60606																					

COVERAGES **CERTIFICATE NUMBER:** 13656437 **REVISION NUMBER:** See below

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Claims Made Form			V15RR9181301	03/15/18	03/15/19	\$2,000,000 each claim \$2,000,000 aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Insurance

CERTIFICATE HOLDER Milwaukee County Department of Public Works Milwaukee County Risk Manager 10320 W. Watertown Plank Rd. 2nd Flr. Wauwatosa, WI 53226	CANCELLATION 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
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – WRITTEN CONTRACTS (ARCHITECTS, ENGINEERS AND SURVEYORS)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. The following is added to SECTION II – WHO IS AN INSURED:

Any person or organization that you agree in a "written contract requiring insurance" to include as an additional insured on this Coverage Part, but:

- a. Only with respect to liability for "bodily injury", "property damage" or "personal injury"; and
- b. If, and only to the extent that, the injury or damage is caused by acts or omissions of you or your subcontractor in the performance of "your work" to which the "written contract requiring insurance" applies. The person or organization does not qualify as an additional insured with respect to the independent acts or omissions of such person or organization.

The insurance provided to such additional insured is limited as follows:

- c. In the event that the Limits of Insurance of this Coverage Part shown in the Declarations exceed the limits of liability required by the "written contract requiring insurance", the insurance provided to the additional insured shall be limited to the limits of liability required by that "written contract requiring insurance". This endorsement shall not increase the limits of insurance described in Section III – Limits Of Insurance.
- d. This insurance does not apply to the rendering of or failure to render any "professional services" or construction management errors or omissions.
- e. This insurance does not apply to "bodily injury" or "property damage" caused by "your work" and included in the "products-completed operations hazard" unless the "written contract requiring insurance" specifically requires you to provide such coverage for that additional insured, and then the insurance provided to the additional insured ap-

plies only to such "bodily injury" or "property damage" that occurs before the end of the period of time for which the "written contract requiring insurance" requires you to provide such coverage or the end of the policy period, whichever is earlier.

2. The following is added to Paragraph 4.a. of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:

The insurance provided to the additional insured is excess over any valid and collectible "other insurance", whether primary, excess, contingent or on any other basis, that is available to the additional insured for a loss we cover. However, if you specifically agree in the "written contract requiring insurance" that this insurance provided to the additional insured under this Coverage Part must apply on a primary basis or a primary and non-contributory basis, this insurance is primary to "other insurance" available to the additional insured which covers that person or organization as a named insured for such loss, and we will not share with that "other insurance". But this insurance provided to the additional insured still is excess over any valid and collectible "other insurance", whether primary, excess, contingent or on any other basis, that is available to the additional insured when that person or organization is an additional insured under any "other insurance".

3. The following is added to SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:

Duties Of An Additional Insured

As a condition of coverage provided to the additional insured:

- a. The additional insured must give us written notice as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, such notice should include:

COMMERCIAL GENERAL LIABILITY

- i. How, when and where the "occurrence" or offense took place;
 - ii. The names and addresses of any injured persons and witnesses; and
 - iii. The nature and location of any injury or damage arising out of the "occurrence" or offense.
 - b. If a claim is made or "suit" is brought against the additional insured, the additional insured must:
 - i. Immediately record the specifics of the claim or "suit" and the date received; and
 - ii. Notify us as soon as practicable.The additional insured must see to it that we receive written notice of the claim or "suit" as soon as practicable.
 - c. The additional insured must immediately send us copies of all legal papers received in connection with the claim or "suit", cooperate with us in the investigation or settlement of the claim or defense against the "suit", and otherwise comply with all policy conditions.
 - d. The additional insured must tender the defense and indemnity of any claim or "suit" to

any provider of other insurance which would cover the additional insured for a loss we cover. However, this condition does not affect whether this insurance provided to the additional insured is primary to that other insurance available to the additional insured which covers that person or organization as a named insured.

4. The following is added to the **DEFINITIONS** Section:

"Written contract requiring insurance" means that part of any written contract or agreement under which you are required to include a person or organization as an additional insured on this Coverage Part, provided that the "bodily injury" and "property damage" occurs and the "personal injury" is caused by an offense committed:

 - a. After the signing and execution of the contract or agreement by you;
 - b. While that part of the contract or agreement is in effect; and
 - c. Before the end of the policy period.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, forms a part of Policy No. WC5226716
Issued to COLLINS ENGINEERS, INC. 11/01/2018 11/01/2019

By COMMERCE AND INDUSTRY INSURANCE COMPANY

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE ENTERED INTO A CONTRACT, A CONDITION OF WHICH REQUIRES YOU TO OBTAIN THIS WAIVER FROM US. THIS ENDORSEMENT DOES NOT APPLY TO BENEFITS OR DAMAGES PAID OR CLAIMED:
1. PURSUANT TO THE WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY LAWS OF KENTUCKY, NEW HAMPSHIRE, OR NEW JERSEY; OR,
2. BECAUSE OF INJURY OCCURRING BEFORE YOU ENTERED INTO SUCH A CONTRACT.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, North Dakota, Ohio, Texas, Utah, or Washington. This form is not applicable in Missouri when there is a construction code on the policy and there is Missouri premium or exposure.

WC 00 03 13
(Ed. 04/84)

Countersigned by _____

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED – PRIMARY AND
NON-CONTRIBUTORY WITH OTHER INSURANCE**

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM

PROVISIONS

1. The following is added to Paragraph A.1.c., **Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

This includes any person or organization who you are required under a written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".

2. The following is added to Paragraph B.5., **Other Insurance** of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Regardless of the provisions of paragraph a. and paragraph d. of this part 5. **Other Insurance**, this insurance is primary to and non-contributory with applicable other insurance under which an additional insured person or organization is the first named insured when the written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

CONTRACT FORM 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to: Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus	CONTRACT TYPE		
	Professional Service - Operating		X
	Professional Service - Capital		
	Purchase of Service		
	Preliminary	X	Final

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Department of Transportation	507	5083

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
91329		X		

NAME OF VENDOR	ADDRESS
Collins Engineers, Inc.	2033 West Howard Ave, Suite 300 Milwaukee, WI 53208

TAX I.D. NO.	EFFECTIVE DATES: begin date end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
36-3030616	02/11/19 12/31/20	23 months		\$ 139,285.71

ACCOUNTING INFORMATION

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2019	01	0001	507	5083			6148				\$ 105,000.00
2020	02	0001	507	5083			6148				\$ 34,285.71

PURPOSE OF CONTRACT

Consultant Design Services, including but not limited to bridge, inspection and program management services and other work up to an amount not to exceed \$139,285.71.

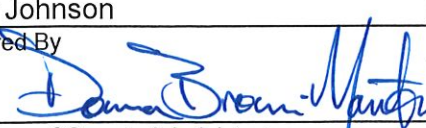
Was County Board approval received prior to contract execution or contract amendment or extension?

If YES, give County Board File No. Pending 19- Date Approved Tentative Date 2/7/19

If NO, why is County Board approval not required? _____

Was Contract **fully** executed prior to work being performed (all signatures received)? YES NO

Is Vendor a certified professional service DBE? YES NO

Tibor Johnson	12/05/18	Administrative Coordinator
Prepared By	Date	Title
	12-10-18	Director, Department of Transportation
Signature of County Administrator	Date	Title

Certificate Of Completion

Envelope Id: 65E82BD94FF641138A184FC76534903E

Status: Sent

Subject: Please DocuSign: MCDOT 2019-2020 Collins Bridge Inspection Contract.pdf

Source Envelope:

Document Pages: 37

Signatures: 6

Envelope Originator:

Certificate Pages: 6

Initials: 0

Tibor Johnson

AutoNav: Enabled

633 W. Wisconsin Ave.

Envelopeld Stamping: Enabled

Suite 901

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53203

tibor.johnson@milwaukeecountywi.gov

IP Address: 204.194.251.3

Record Tracking

Status: Original

Holder: Tibor Johnson

Location: DocuSign

12/11/2018 9:15:30 AM

tibor.johnson@milwaukeecountywi.gov

Signer Events

Steve Miller

smiller@collinsengr.com

Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 0AE0F8B3ED074DE...

Signature Adoption: Pre-selected Style
 Using IP Address: 67.52.210.170

Timestamp

Sent: 12/11/2018 9:44:03 AM

Viewed: 12/11/2018 10:11:41 AM

Signed: 12/11/2018 10:13:07 AM

Electronic Record and Signature Disclosure:

Accepted: 12/11/2018 10:11:41 AM

ID: c462c910-4b66-4eb6-aa97-5ba2562bfa18

Community Business Development Partners

rick.norris@milwaukeecountywi.gov

CBDP Director

Milwaukee County

Security Level: Email, Account Authentication (None)

DocuSigned by:

 AD4C84D4023E450...

Signature Adoption: Drawn on Device
 Using IP Address: 204.194.251.3

Sent: 12/11/2018 10:13:09 AM

Viewed: 12/11/2018 10:14:04 AM

Signed: 12/11/2018 10:14:25 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Donna Brown-Martin, Director, Department of Transportation

Donna.BrownMartin@milwaukeecountywi.gov

Director, Department of Transportation

Milwaukee County

Security Level: Email, Account Authentication (None)

DocuSigned by:

 43ADADC88F848D...

Signature Adoption: Pre-selected Style
 Using IP Address: 204.194.251.5

Sent: 12/11/2018 10:13:10 AM

Resent: 12/13/2018 10:11:05 AM

Viewed: 12/13/2018 9:56:27 AM

Signed: 12/13/2018 10:25:08 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

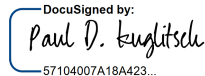
Paul D. Kuglitsch

corpcounselsignature@milwaukeecountywi.gov

Corporation Counsel

Milwaukee County

Security Level: Email, Account Authentication (None)

DocuSigned by:

 57104007A18A423...

Signature Adoption: Pre-selected Style
 Using IP Address: 204.194.251.3

Sent: 12/11/2018 10:13:09 AM

Resent: 12/13/2018 10:11:04 AM

Viewed: 12/13/2018 12:19:16 PM

Signed: 12/13/2018 12:19:35 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
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Paul Schwegel
 paul.schwegel@milwaukeecountywi.gov
 Loss Control Manager
 Milwaukee County
 Security Level: Email, Account Authentication (None)

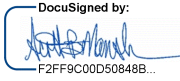
DocuSigned by:

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 Signature Adoption: Pre-selected Style
 Using IP Address: 204.194.251.3

Sent: 12/11/2018 10:13:09 AM
 Resent: 12/13/2018 10:11:05 AM
 Resent: 12/17/2018 8:42:12 AM
 Resent: 12/17/2018 9:22:37 AM
 Resent: 12/17/2018 10:17:30 AM
 Viewed: 12/17/2018 10:20:13 AM
 Signed: 12/17/2018 10:20:46 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Scott Manske - Comptroller
 comptrollersignature@milwaukeecountywi.gov
 Comptroller
 Milwaukee County
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 F2FF9C00D50848B...
 Signature Adoption: Uploaded Signature Image
 Using IP Address: 204.194.251.3

Sent: 12/11/2018 10:13:10 AM
 Viewed: 12/11/2018 10:37:34 AM
 Signed: 12/11/2018 10:45:30 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Chris Abele
 cexsignature@milwaukeecountywi.gov
 Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Corporation Counsel
 corpcounselsignature@milwaukeecountywi.gov
 Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Tibor Johnson, Administrative Coordinator
 tibor.johnson@milwaukeecountywi.gov
 Administrative Coordinator
 Milwaukee County Department of Transportation
 Security Level: Email, Account Authentication (None)

Sent: 12/17/2018 10:20:48 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	12/17/2018 10:20:48 AM
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Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

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- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">• Allow per session cookies• Users accessing the internet behind a Proxy Server must enable HTTP

1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

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