



# Document G701™ – 2017

## Change Order

<b>PROJECT:</b> (name and address)	<b>CONTRACT INFORMATION:</b>	<b>CHANGE ORDER INFORMATION:</b>
Archer Events Center	Contract For: Design Services	Change Order Number: 0002
3967 Archer Parkway	Date: September 25, 2018	Date: September 25, 2018
<b>OWNER:</b> (name and address)	<b>ARCHITECT:</b> (name and address)	<b>CONTRACTOR:</b> (name and address)
Laramie County	Priefert Complex Designs, LLC	Recco, Inc. dba Five-R Co.
309 W. 20th Street	P.O. Box 1540	P.O. Box 20368
Cheyenne, WY 82001	Mount Pleasant, TX 75456	Cheyenne, WY 82003

### THE CONTRACT IS CHANGED AS FOLLOWS:

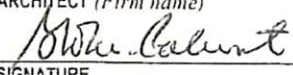
(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Increase level of professional liability coverage carried for an additional 5 years after project completion. Total additional cost is \$33,875.75. Priefert has already been paid \$16,937.88 shown on the attached check dated 3/21/18. The remaining balance to be paid after this change order is signed by all parties is \$16,937.87.

The original Contract Sum was	\$	496,447.00
The net change by previously authorized Change Orders	\$	4,725.00
The Contract Sum prior to this Change Order was	\$	501,172.00
The Contract Sum will be increased by this Change Order in the amount of	\$	33,875.75
The new Contract Sum, including this Change Order, will be	\$	535,047.75
The Contract Time will be unchanged by	( 0 )	days.
The new date of Substantial Completion will be		

**NOTE:** This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

### NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

Priefert Complex Design, LLC	NA	Laramie County
ARCHITECT (Firm name)	CONTRACTOR (Firm name)	OWNER (Firm name)
		
SIGNATURE	SIGNATURE	SIGNATURE
Glen M. Calvert, P.E.		Buck Holmes, Chairman
PRINTED NAME AND TITLE	PRINTED NAME AND TITLE	PRINTED NAME AND TITLE
9/27/18		
DATE	DATE	DATE

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RECEIVED AND APPROVED AS  
TO FORM ONLY BY THE  
LARAMIE COUNTY ATTORNEY



P.O. Box 1540  
Mt. Pleasant, TX 75456-1540  
903/572-1741 FAX 903/572-2798

March 15, 2018

Mr. Jeff Ketcham  
Laramie County Fair Manager  
3967 Archer Parkway  
Cheyenne, WY 82009

Project: Archer Fairgrounds  
PCD Number: 1741  
RE: Invoice 2159  
Send via: jeffk@laramiecountyfair.com

Dear Mr. Ketcham,

This invoice is for County's increased level of professional liability coverage relating to the Laramie County Archer Fairgrounds project. The amount presented represents the additional premiums' cost for a period of seven (7) years. This will include a period of five (5) years after the completion of construction. An inflationary rate of 3% has been applied to each annual premium as indicated below:

Policy Year	Inflationary Increase	Premium
2017-2018		\$ 4,421.00
2018-2019	3%	\$ 4,553.63
2019-2020	3%	\$ 4,690.24
2020-2021	3%	\$ 4,830.95
2021-2022	3%	\$ 4,975.87
2022-2023	3%	\$ 5,125.15
2023-2024	3%	\$ 5,278.91
		<u>\$ 33,875.75</u>

Total cost of increased coverage: \$ 33,875.75

If you have any questions related to this billing, please give me a call. Otherwise, please remit payment to:

Priefert Complex Designs  
P O Box 1540  
Mt. Pleasant, Texas 75456

Sincerely,

Glen M. Calvert, P.E.  
General Manager and Structural Engineer

12  
P. 2115  
3/21/18  
CR





Exhibit A  
Insurance Requirements

- what are we paying for evidence? that they should just carry as their own company or their own

Lead shall procure and maintain for the duration of the contract, and for 5 years thereafter, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Lead, his agents, representatives, employees, subcontractors, contractors, or consultants.

**MINIMUM SCOPE AND LIMIT OF INSURANCE**

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury, and personal & advertising injury with limits no less than \$2,000,000 per occurrence, and endorsed with Stop Gap coverage providing Employers Liability insurance with limits no less than \$1,000,000 per accident for bodily injury or disease. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** Insurance Services Office Form Number CA 0001 covering Code 1 (any auto), with limits no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Umbrella or Excess Liability:** Lead may achieve required limits and coverage for Commercial General Liability and Automobile Liability through a combination of primary and excess or umbrella liability insurance, provided such primary and excess or umbrella liability insurance policies result in same or greater coverage as coverages required in paragraphs 1 and 2 above, and in no event shall any excess or umbrella liability insurance provide narrower coverage than primary policy. Excess policy shall not require exhaustion of underlying limits only through actual payment by underlying insurers.
4. **Workers Compensation** as required by the State of Wyoming, with Statutory Limits.
5. **Professional Liability** with limits no less than \$1,000,000 per occurrence or claim, and \$2,000,000 policy aggregate.

If Lead maintains broader coverage and/or higher limits than minimums shown for insurance, including but not limited to umbrella or excess liability insurance, the Owner requires and shall be entitled to the broader coverage and/or higher limits maintained by Lead. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Owner.

***Self-Insured Retentions***

Self-insured retentions must be declared to and approved by the Owner. At the option of the Owner, either: the Lead shall cause the insurer to reduce or eliminate such self-insured retentions as respects the Owner, its officers, officials, employees, and volunteers; or the Lead shall provide a financial guarantee satisfactory to the Owner guaranteeing payment of losses and related investigation, claim administration, and defense expenses.

#### ***Other Insurance Provisions***

The insurance policies are to contain, or be endorsed to contain, the following provisions:

1. The Owner, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Lead including materials, parts, or equipment furnished in connection with such work or operations and automobiles owned, leased, hired, or borrowed by or on behalf of the Lead. General liability coverage can be provided in the form of an endorsement to the LEAD's insurance (at least as broad as ISO Form CG 20 10, CG 11 85 or both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used).
2. For any claims related to this project, the Lead's insurance coverage shall be primary insurance coverage at least as broad as ISO CG 20 01 04 13 as respects the Owner, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the Owner, its officers, officials, employees, or volunteers shall be excess of the Lead's insurance and shall not contribute with it.
3. Each insurance policy required by this clause shall provide that coverage shall not be canceled, except with notice to the Owner.

#### ***Claims Made Policies***

If any coverage required is written on a claims-made coverage form:

1. The retroactive date must be shown, and this date must be before the execution date of the contract or the beginning of contract work.
2. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of contract work.
3. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a retroactive date prior to the contract effective, or start of work date, the LEAD must purchase extended reporting period coverage for a minimum of five (5) years after completion of contract work.
4. A copy of the claims reporting requirements must be submitted to the Owner for review.

#### ***Acceptability of Insurers***

Insurance is to be placed with insurers with a current A.M. Best rating of no less than A: VII, unless otherwise acceptable to the Owner.

#### ***Waiver of Subrogation***

Lead hereby agrees to waive rights of subrogation which any insurer of Lead may acquire from Lead by virtue of the payment of any loss. Lead agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation.

#### ***Verification of Coverage***

Lead shall furnish the Owner with original certificates and amendatory endorsements, or copies of the applicable insurance language, effecting coverage required by this contract. All

certificates and endorsements are to be received by the Owner within 2 weeks of work commencing. However, failure to obtain the required documents prior to the work beginning shall not waive the Lead's obligation to provide them. The Owner reserves the right to require complete, certified copies of all required insurance policies, including endorsements, required by these specifications, at any time.

***Subcontractors***

Lead shall require and verify that all subcontractors, contractors, or consultants maintain same insurance meeting all requirements stated herein. Lead shall ensure that Owner is an additional insured on insurance required from subcontractors, contractors, or consultants. For CGL coverage subcontractors, contractors, or consultants shall provide coverage with a form at least as broad as CG 20 38 04 13.

***Special Risks or Circumstances***

Owner reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other circumstances.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/24/2018

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 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).

<b>PRODUCER</b> Offenhauser and Co 518 Pine Street  Texarkana TX 75501		<b>CONTACT NAME:</b> Rosalia Hopkins <b>PHONE (A/C, No. Ext.):</b> (903) 793-5511 <b>FAX (A/C, No.):</b> (903) 792-4050 <b>E-MAIL ADDRESS:</b> rhopkins@fwoins.com	
<b>INSURED</b> Priefert Manufacturing Co Inc P O Box 1540  Mt Pleasant TX 75455		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Fireman's Fund <b>NAIC #</b> 21873 <b>INSURER B:</b> North River Insurance Company <b>21105</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL1783112822

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COM/PROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		80000058121427	9/1/2017	9/1/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Excess Liability</b>		5228023401	9/1/2017	9/1/2018	Each Occurrence 5,000,000 Aggregate 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Priefert Complex Designs LLC is listed as additional named insured on umbrella and excess policies.

**CERTIFICATE HOLDER****CANCELLATION**

Laramie County Fair Board  
3967 Archer Parkway  
Cheyenne, WY 82009

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

F W. Offenhauser &amp; Co

*Offenhauser & Co.*

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ADDITIONAL NAMED INSUREDS

POLICY NUMBER 90-43524-13

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The persons or organizations named below are named insureds under this policy.

PMCI MANAGEMENT I, LLC

PMCI MANAGEMENT II, LLC

PMCI PROPERTIES II, LP

PRIEFERT COMPLEX DESIGNS, LLC  
P O BOX 1540  
MT PLEASANT, TX 75456

SOUTH CENTRAL LOGISTICS, LLC

BENT PROPERTIES LLC  
1325 RIVER ST  
BENTON, AR 72015

DFW STEEL LLC  
3430 MCCART AVE  
FT WORTH, TX 76110

NW STEEL LLC  
1675 COMMERCE DRIVE  
BOISE, ID 83705

IL 89 01 11 85 (MECH)



MOTOR CARRIER POLICY

ENDORSEMENT - IL T8 00 09 17

POLICY NUMBER Y-840-5D274526-COF-17

\*\* THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY \*\*

NAMED INSURED

IT IS AGREED THAT:

ITEM 1 NAMED INSURED TO READ:

PRIEFERT MANUFACTURING CO. INC.  
PMCI MANAGEMENT I, LLC  
PMCI MANAGEMENT II, LLC  
PMCI PROPERTIES II, LP  
SOUTH CENTRAL LOGISTICS, LLC  
PRIEFERT AND PRIEFERT PARTNERSHIP  
PRIEFERT COMPLEX DESIGNS, LLC  
EDWARD DEAN PRIEFERT PMC TRUST  
NATHAN PRIEFERT PMC TRUST  
TRAVIS PRIEFERT PMC TRUST  
PRIEFERT RETIREMENT TRUST  
DFW STEEL LLC  
BENT PROPERTIES LLC  
NW STEEL LLC

EFFECTIVE DATE 09-01-17 EXPIRATION DATE 09-01-18  
PAGE 0001 DATE OF ISSUE 09-18-17



**Workers' Compensation and Employer's Liability Policy**

Policy number      Issue date      Policy period  
0002002500      8/24/17      9/1/17 to 9/1/18

**Extension of Information Page**

**Item 1: Insured Name Extended**  
Insured copy

Additional named Insured	FEIN	Entity
DFW STEEL LLC	474955746	LLC
PRIEFERT COMPLEX DESIGNS LLC	263219465	LLC
PRIEFERT LOGISTICS LP	752864369	Limited partnership

This endorsement changes the policy to which it is attached effective on the 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, effective on 9/1/17 at 12:01 a.m. standard time, forms a part of

Policy no. 0002002500 of Texas Mutual Insurance Company effective on 9/1/17

Issued to: PRIEFERT MANUFACTURING CO INC

This is not a bill

NCCI Carrier Code: 29939

Authorized representative

PO Box 12058 Austin, TX 78711-2058

8/24/17