



Stantec Consulting Services Inc.
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July 13, 2015
File: 191780725

**Attention: Nell Donaldson
City of Portland Planning Division
389 Congress Street
Portland, Maine 04101**

Dear Ms. Donaldson,

**Reference: Proposal for Peer Review
Newbury Street/Seaport Lofts Development Project
Portland, Maine**

Stantec Consulting Services, Inc. (Stantec) is pleased to submit this proposal to provide professional services for the subject project.

SITE AND PROJECT DESCRIPTION

We understand that this project involves reviewing a report prepared by Haley & Aldrich (H&A report) dated June 24, 2015 which provides the results of their independent technical evaluation of retaining wall movements at the Newbury Street/Seaport Lofts Development (Site) located at the intersection of Hancock and Newbury Street in Portland, Maine. The Seaport Lofts Development consists of constructing a new four-story residential building with on-site parking. As part of the development a cast-in-place retaining wall was constructed along the northern boundary of the Site to provide 10 to 12 feet of grade separation between a new parking area and adjacent structures. Near the end of the construction of the new wall, surrounding ground surface and adjacent buildings experienced settlement as the excavation support system was being removed. Because of the settlement, the City of Portland Planning & Urban Development Department issued a Stop Work Order (SWO) on May 19, 2015. Since the SWO was issued no further work has been conducted at the site. H&A was retained by The Travelers Insurance Company to review the conditions at the Site, determine the cause of the settlement, and determine what precautions are to be implemented prior to the resumption of construction. Currently the City of Portland has requested a proposal to review the H&A report and determine if that the report and plan of action outlined in the report meet industry practice and satisfy the provisions of the International Building Code.

SCOPE OF SERVICE

We propose the following scope of service to evaluate the contents of the H&A report.

Task 1 – Site Visit

Two senior level geotechnical engineers will visit the Site to familiarize themselves with the conditions and observe the adjacent impacted structures at the Site, in particular we will observe the condition of the new retaining and nearby structures. Our observations will be visual and limited to the exterior of the structures. We will not enter any of the structures.

Task 2 – Report Review and Prepare Summary Memo

We will review the H&A report and offer comments regarding their engineering analysis, conclusions and recommendations for continuing the construction at the Site. Our review will be based on industry practice and the International Building Code. We will summarize our findings in a brief memorandum. Our review will only involve the H&A report.



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One electronic (pdf) copy of our memorandum is to be submitted. Paper copies can be provided if requested.

Task 3 – Meeting with City of Portland - Optional

If desired we can meet with the City of Portland to review and discuss the results of our findings.

SCOPE REVISIONS

Services not explicitly proposed herein are not included within this scope of service. In the event that project requirements change or unforeseen conditions are encountered, which require additional work beyond the agreed scope of services, we will attempt to bring these to your attention before proceeding and obtain an addendum to our scope of services and cost. Additional services and/or deviations from the scope of service outlined herein may warrant modifications to the total fee.

FEE

Stantec proposes completing the scope of services outlined herein on a lump sum basis. It is suggested that a budget of **Two Thousand Five Hundred Dollars and No Cents (\$2,500.00)** be established for Task 1 and 2. If a meeting is desired to discuss the results of our findings and a budget increase of **\$600** will be required. The following table presents a breakdown of costs:

Task	Labor and Expenses
1) Site Visit	\$1,200
2) Review H&A Report and Provide Memo	\$1,300
Total	\$2,500
3) Meeting With City of Portland – Optional	\$600

SCHEDULE

Our summary report can be completed within 10 days from notice-to-proceed.

PROPOSAL ACCEPTANCE

If this proposal is acceptable, please sign in the indicated spaces below and return it to the undersigned. This work will be conducted in accordance with the Agreement Between the City of Portland and Stantec Consulting Services, Inc. dated May 12, 2014, which was in response to RFQ #1614 issued by the City of Portland. A copy of our updated certificate of insurance is attached.



July 13, 2015
Nell Donaldson
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Portland, Maine**

Please do not hesitate to call the undersigned if we can provide any additional information or answer any questions.

STANTEC CONSULTING SERVICES INC.

Nicholas C. D'Agostino, P.E.
Senior Associate/Geotechnical Engineer
Phone: (978) 577-1440
Fax: (978)-692-4578
Nicholas.D'agostino@stantec.com

Trey Dykstra, PE
Project Manager/Geotechnical Engineer
(603) 206-7552 Direct Line
(603) 669-7636
Trey.Dykstra@stantec.com

Attachment: Certificate of Insurance

Acceptance

I accept the Price, Scope, Terms and Conditions of this proposal.

Signature

Printed Name/Title

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2015

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 AON REED STENHOUSE INC. AON RISK SERVICES CENTRAL, INC. 900 - 10025 - 102A AVENUE EDMONTON, AB T5J 0Y2	CONTACT NAME ANDREA OTTO	PHONE (A/C, No, Ext): 1-952-807-0679	FAX (A/C, No): 1-312-381-6608
	E-MAIL ADDRESS: ANDREA.OTTO@AON.COM		
INSURED STANTEC CONSULTING SERVICES INC. 55 GREEN MOUNTAIN DRIVE SOUTH BURLINGTON VT 05403	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ZURICH AMERICAN INSURANCE COMPANY		16535
	INSURER B: SENTRY INSURANCE A MUTUAL COMPANY		24988
	INSURER C: ZURICH INSURANCE COMPANY		
	INSURER D: SENTRY INSURANCE A MUTUAL COMPANY		24988
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 731 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 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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL/CROSS LIABILITY <input checked="" type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	X		GLO5415704 XCU COVER INCLUDED	05/01/15	05/01/16	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			90-17043-08	05/01/15	05/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			8831307 EXCESS GENERAL, AUTO AND EMPLOYERS LIABILITY (FOLLOW FORM)	05/01/15	05/01/16	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	90-17043-06	05/01/15	05/01/16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
SOUTH BURLINGTON, VT. STANTEC PROJECT # 1953. CLIENT PROJECT # RFQ #1614. RE: GENERAL CONSULTING SERVICES - ON-CALL. THE CITY OF PORTLAND IS INCLUDED AS AN ADDITIONAL INSURED BUT ONLY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED. THE COVERAGE SHALL NOT BE CANCELLED OR NON RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER AND ADDITIONAL INSUREDS. ENDORSEMENT # CG 20 10 07 04 IS ATTACHED.

CERTIFICATE HOLDER CITY OF PORTLAND 389 CONGRESS STREET, ROOM 211 PORTLAND ME 04101

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 <i>Andrea R. Otto</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2014

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 MARSH CANADA LIMITED 680, 10180 - 101 STREET EDMONTON, AB T5J 3S4	CONTACT NAME MICHAEL POPLETT
	PHONE (A/C, No, Ext): 780-917-4850 FAX (A/C, No): 780-429-1422
	E-MAIL ADDRESS: MICHAEL.POPLETT@MARSH.COM
	INSURER(S) AFFORDING COVERAGE
	INSURER A:
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E: LLOYD'S OF LONDON 37540
	INSURER F:

COVERAGES **CERTIFICATE NUMBER: 627** **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 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 Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E	PROFESSIONAL LIABILITY INCLUDING CONTRACTOR'S POLLUTION LIABILITY		N/A	QF047014 NO RETROACTIVE DATE	08/01/14	08/01/15	CLAIM & AGGREGATE LIMIT \$3,000,000 INCLUSIVE OF COSTS CLAIMS MADE BASIS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
SOUTH BURLINGTON, VT. STANTEC PROJECT # 1953. CLIENT PROJECT # RFQ #1614. RE: GENERAL CONSULTING SERVICES - ON-CALL. THE COVERAGE SHALL NOT BE CANCELLED OR NON RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER.

CERTIFICATE HOLDER CITY OF PORTLAND 389 CONGRESS STREET PORTLAND ME 04101	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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POLICY NUMBER: GLO5415704

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON
OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s): CITY OF PORTLAND

Location(s) Of Covered Operations: GENERAL CONSULTING SERVICES - ON-CALL.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

NAMED INSURED: Stantec Inc.

CONSULTANT INSURED: Stantec Consulting Services Inc.

Attached to and forming part of Policy of the Zurich American Insurance Company.

AON REED STENHOUSE INC., AON RISK SERVICES CENTRAL, INC., EDMONTON, ALBERTA

Branch.file

A I Work # CG 20 10 07 04

Serial #: 683