

December 16, 2021

CONSULTANT NAME

FIRM

ADDRESS

RE: # - PROJECT NAME

 University of Missouri – CAMPUS

Dear NAME:

Enclosed are \_\_\_ copies of a Geotechnical Engineer Agreement between Owner and Consultant in connection with the above project. Sign and return all copies of this Agreement to me at the address above. Please include your Federal Identification Number. An executed copy will be returned to you. The current reimbursable expense budget is $\_\_\_\_\_\_\_\_ and this budget may not be exceeded without written authorization from the Project Manager. Please refer to Article 9.9 of the agreement.

For your convenience, the updated version of the UM Consultant Procedures and Design Guidelines as referenced in Exhibit A is available at:

http://www.umsystem.edu/ums/departments/fa/management/facilities/guidelines/

When returning your executed agreements, include certificates of insurance or copies of your insurance policies verifying you are covered by:

1. Comprehensive General Liability (CGL)

A CGL policy listing "The officers, employees, and agents of The Curators of the University of Missouri" as additional insured in the amounts stated in 2.1.10.3

2. Auto Liability showing Any Auto **OR** Hired, Owned, or Non-Owned coverage in the amounts stated in 2.1.10.4.

3. Professional Liability in the amounts stated in 2.1.10.5 and Exhibit A.

4. Worker's Compensation (employer's liability) in the amounts stated in 2.1.10.6.

The certificates must state, or the policies must be endorsed to read coverage will not be cancelled or altered until after the Owner has received 10 days prior written notice.

*Forward all correspondence on this project to me as UM Project Manager, and copy to NAME, ADDRESS as UM\_\_ Project Manager. All work and changes to original written project scope must be approved and authorized by me. Payment will be made only for approved work.*

Please submit invoices for this project on your company letterhead, and identify the project name and number on the invoice to assure timely payment. All payment requests for professional services should be forwarded directly to me.

Sincerely,

Project Manager Name

Title

Enclosures

c: Campus Admin Staff

UNIVERSITY OF MISSOURI

GEOTECHNICAL ENGINEER CONSULTANT AGREEMENT BETWEEN

OWNER AND CONSULTANT

AGREEMENT

Made as of the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_in the year Two Thousand \_\_\_\_\_\_\_\_\_\_\_\_

BETWEEN the Owner: The Curators of the University of Missouri

And the Consultant CONSULTANT NAME

 CONSULTANT ADDRESS

For the following project: PROJECT #

 PROJECT NAME

hereinafter called "the project", and as more particularly described in the Project Description contained in Exhibit A, the Consultant's Hourly Rate Schedule (Exhibit B) attached hereto and incorporated by reference. The Owner will employ the Consultant to perform professional services in respect thereto and as hereinafter set forth.