

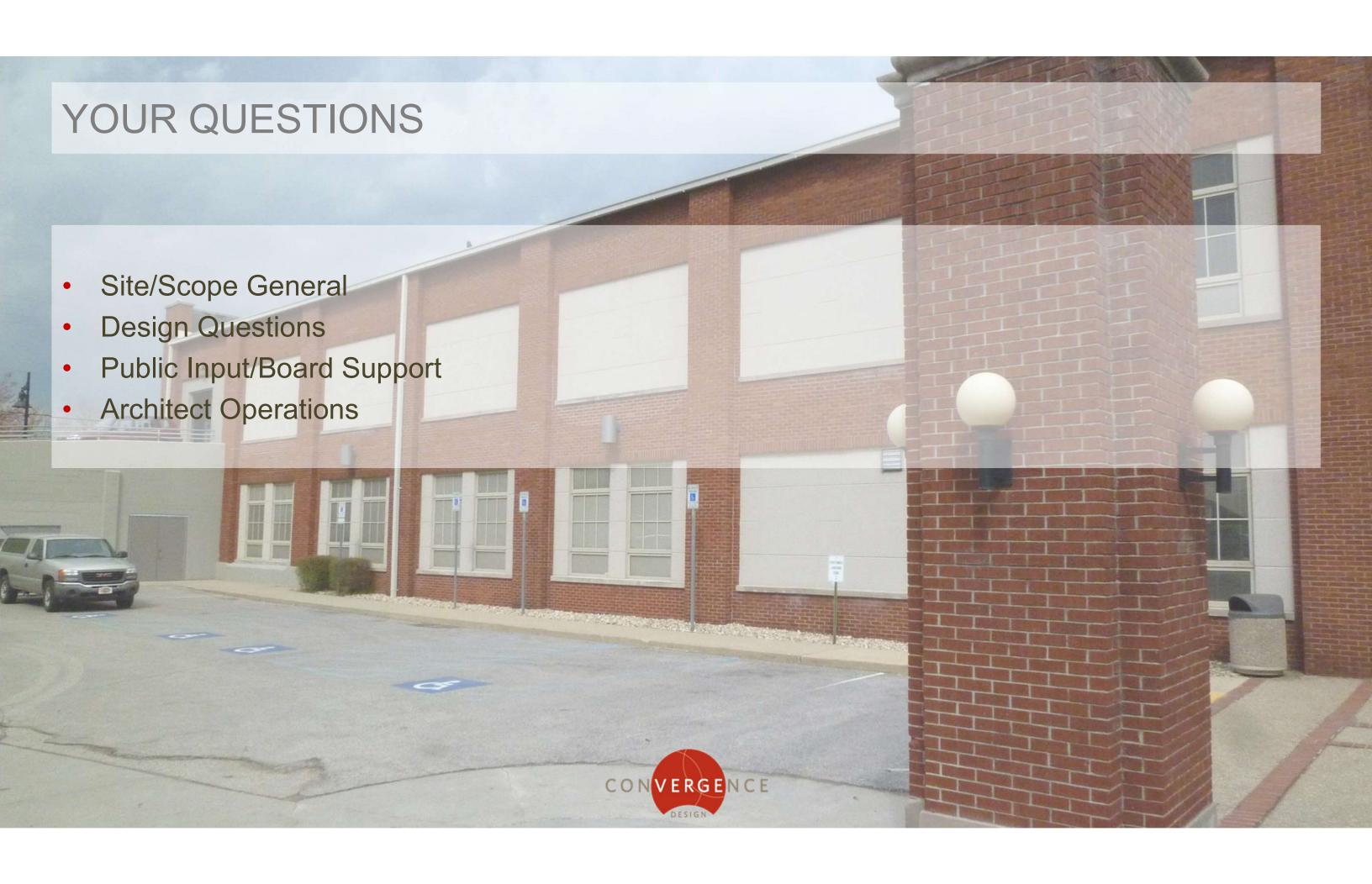


MONROE COUNTY CONVENTION CENTER EXPANSION BLOOMINGTON, INDIANA NOVEMBER 15, 2018



Q











1. Projects of Similar Size, Scale, Price and Program

Name	Location	Cost	Convention	Expansion	Renovation	Hotel
Blue Water Convention Center	Port Huron, MI	\$9M	√	√	√	√
Grand River Center	Dubuque, IA	\$27M	√			\checkmark
Tinley Park Convention Center Expansion	Tinley Park, IL	\$19M	√	√	√	√
Central National Bank Center	Enid, OK	\$29M	√	√	√	√
Peoria Civic Center Revitalization	Peoria, IL	\$44M	✓	✓	\checkmark	
Utah Valley Convention Center	Provo, UT	\$39M	\checkmark			
Seaside Convention & Civic Center Expansion	Seaside, OR	\$15M	✓	√	\checkmark	
HH Dow Leadership Academy	Midland, MI	\$22M	\checkmark	\checkmark	\checkmark	\checkmark
Las Cruces Convention Center Expansion	Las Cruces, NM	\$8M	\checkmark	\checkmark	\checkmark	√
Bancorp South Conference Center Expansion	Tupelo, MS	\$14M	√	\checkmark		√
Tony's Pizza Event Center Renovation	Salina, KS	\$12 M	√	√	√	





1. Projects of Similar Size, Scale, Price and Program

Name	Location	Cost	Convention	Expansion	Renovation	Hotel
Viridian Event Center	West Jordan, UT	\$16M	√			
Convention Center Expansion	Pueblo, CO	\$14M	√	✓	\checkmark	\checkmark
Duluth Entertainment & Convention Center	Duluth, MN	\$60M	√	✓	√	
Springfield Expo Center	Springfield, MO	\$10M	√	√	√	
Qatar National Convention Centre Stage 2	Doha, Qatar	\$300M	√	✓	\checkmark	
Richard E. Berry Center	Houston, TX	\$54M	√			
Show Me Center Renovation	Cape Girardeau, MO	\$8M	√		√	
UIC Forum	Chicago, IL	\$90M	\checkmark			

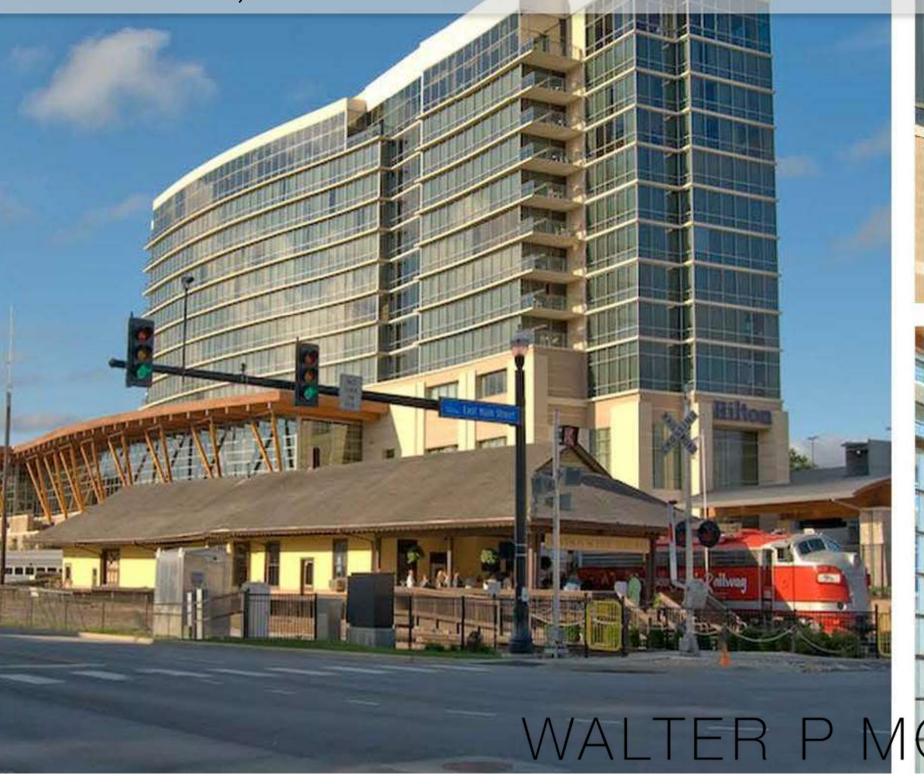
includes projects designed or led by David Greusel while with other firms

Blue Water Convention Center|Double Tree by Hilton Port Huron, Michigan





Branson Convention Center Hotel and Branson, Missouri



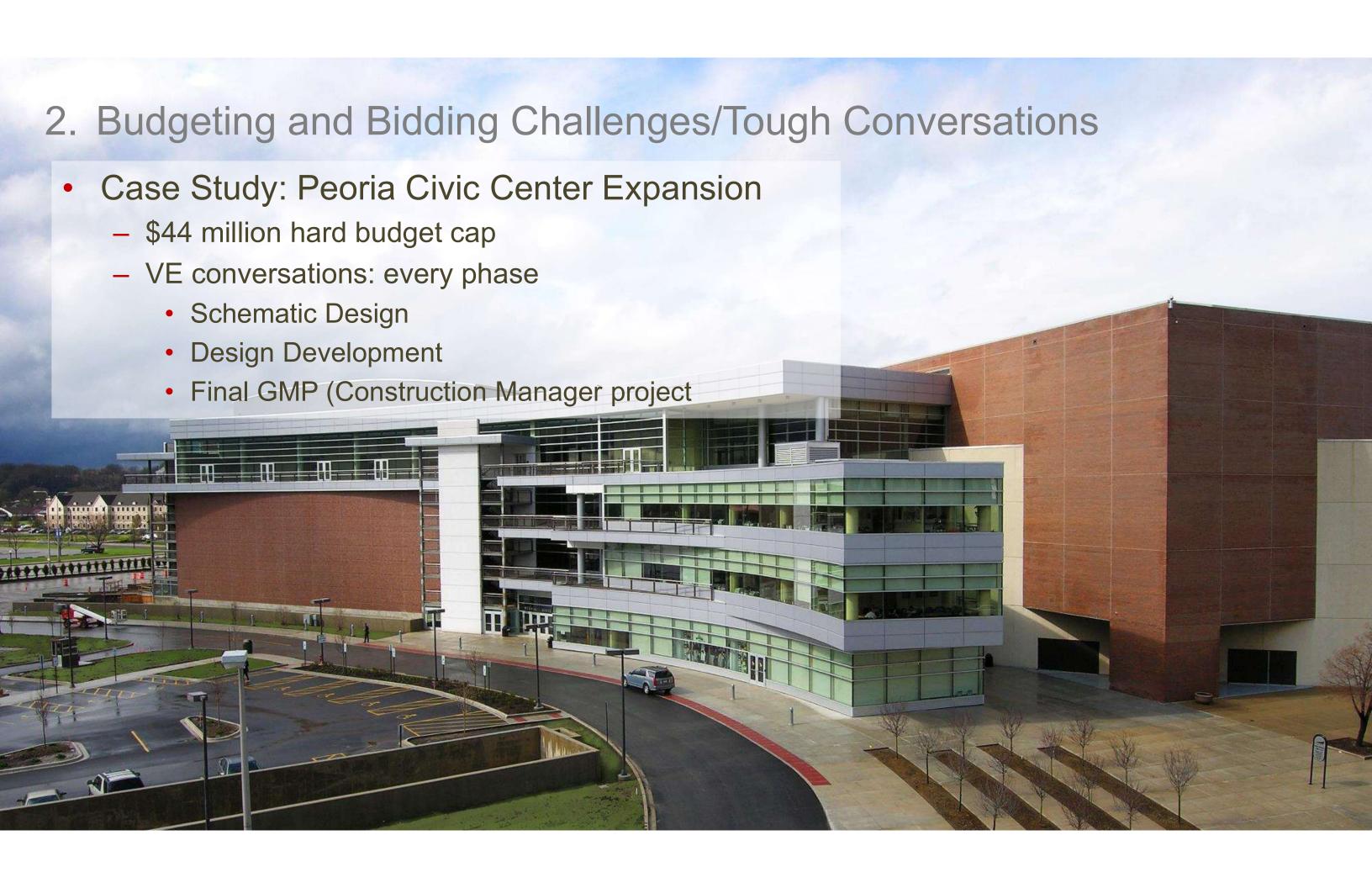












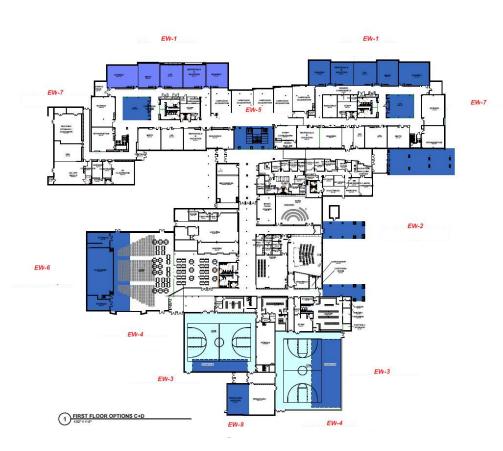






Cost Reduction Tool

- Referendum scope did not address all the needs at the facility
- Pricing broken out by options allowed the Owner to review scope items incrementally



			180,000 SF Building
		\$ 25,397,000	Base Estimate – Total Project Costs – Hard and Soft Costs
			(Options A&B)
	Priority		OPTION C
EW-1	1	\$ 700,000	CREATE TWO DOUBLE LOADED CORRIDORS
EW-2	6	\$ 320,000	NEW ENTRY CANOPIES
EW-3	5	\$ 220,000	FIXED SEATING REPLACEMENT
EW-4	8	\$ 65,000	REFINISH WOOD FLOORS
EW-5	2	\$ 170,000	NEW EXPANDED CENTRAL STAIR
		\$ 1,475,000	Total for C Options
		\$ 26,872,000	New Project Total
	Priority		OPTION D
EW-6	3	\$ 2,100,000	PERFORMING ARTS SPACE
EW-7	4	\$ 670,000	OPERABLE WALLS
EW-8	7	\$ 270,000	EXPANDED FITNESS ROOM/FLEX SPACE
		\$ 3,040,000	Total for D Options
		\$ 29,912,000	New Project Total

3. Character of Bloomington















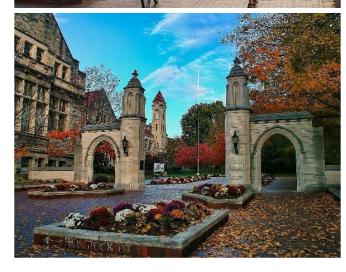
3. Character of Bloomington











Existing character

- Genuine feel
- Midwestern, small-town scale
- Limestone and brick exteriors; warm and inviting
- Melting pot: institutional character and individuality
- Natural: Common use of limestone and wood

New expression

- Reflect the vision Bloomington aspires to be
- Should be forward-thinking, but not edgy

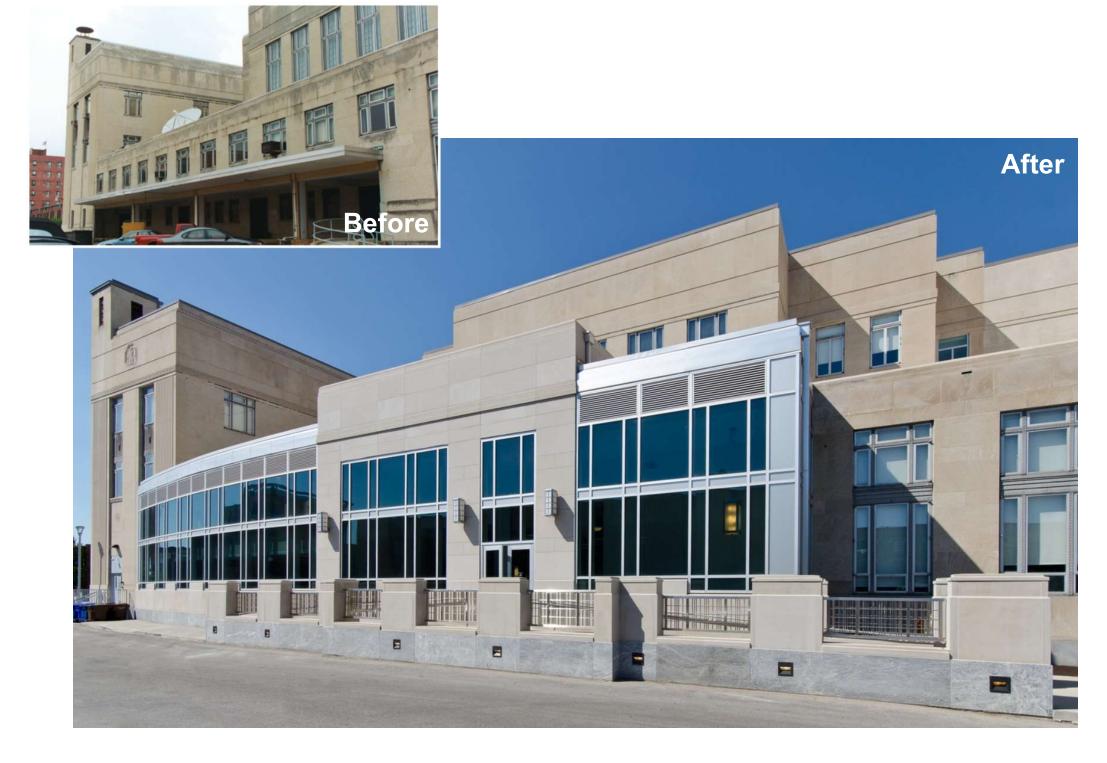




4. Integrated New Design with Existing Local Vernacular

Indiana State University College of Business

- Converted Historic Post Office/Courthouse to the College of Business
- Replaced loading dock with a new southern entry to the business community
- Matched the rhythm and proportions of the windows and massing with a clean, modern addition
- Phased construction allowed for post office to remain operational during construction



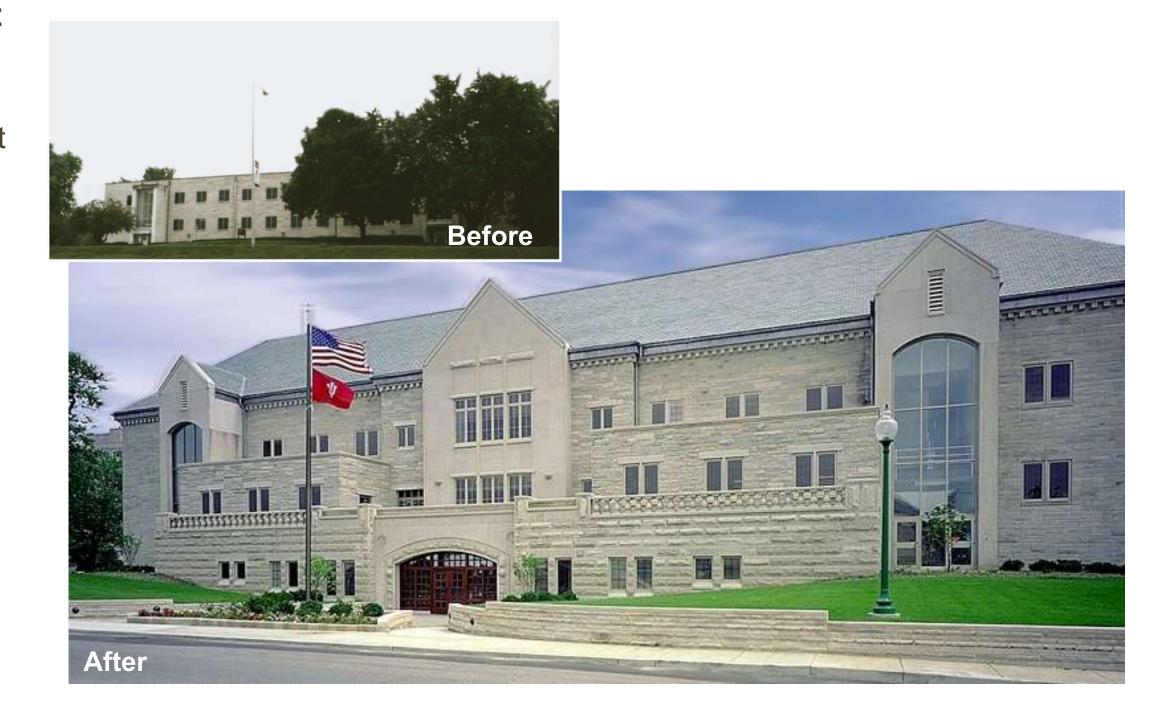
4. New Design with Local Vernacular





Indiana University DeVault Alumni Center

- Created a main entry to the lower level to allow for direct alumni entry from the football field
- Researched original IU
 Quad and used it as basis
 for renovation
- Cleaned existing limestone, added a pitched roof and balconies







4. New and Existing Integration/Historic Integration





H.H Dow Leadership Academy Midland, Michigan







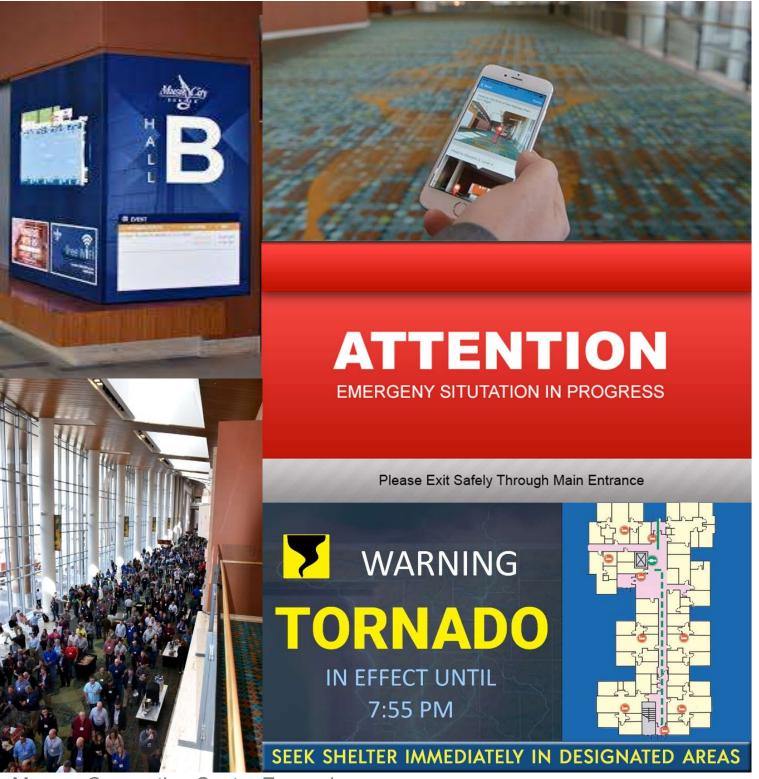








5. Technology – Security and Emergencies

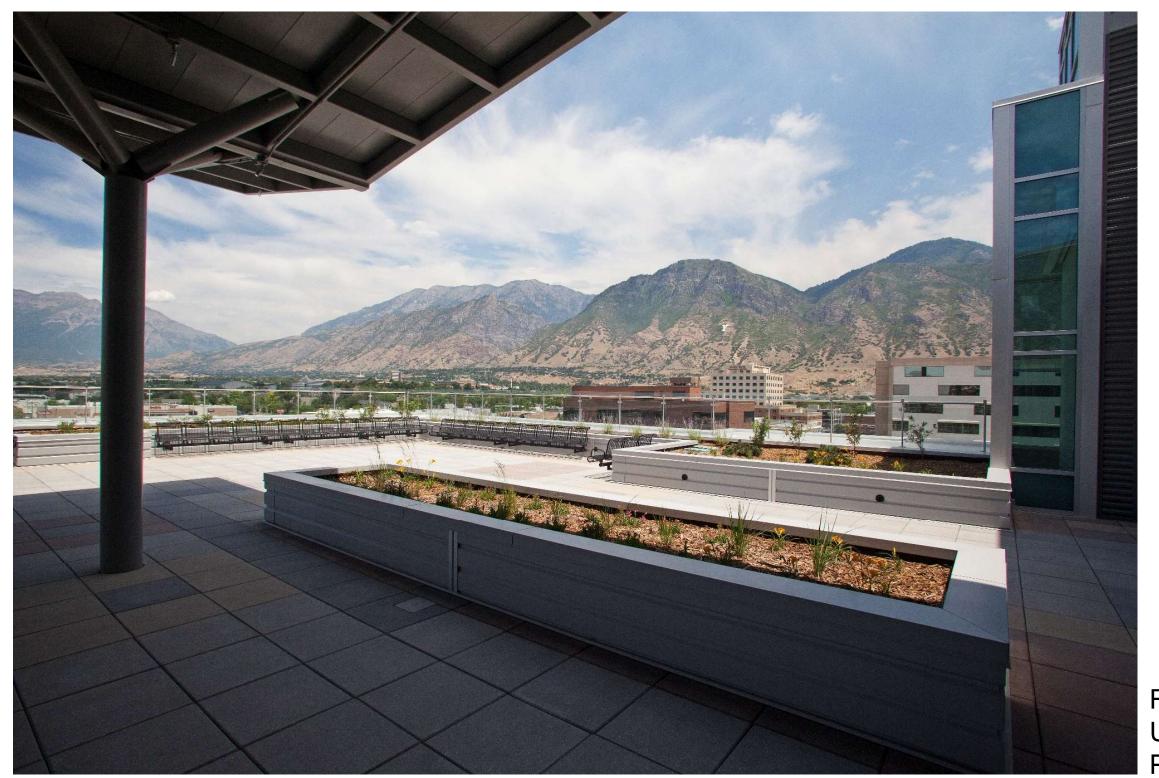


- Life Safety Code requires that all egress doors allow unrestricted exit at all times. These door cannot be locked in the direction of egress; however, Exit Alarm sounders/strobes/signage can be incorporated at emergency egress doors to ensure that they are used for emergency conditions only.
- Banks of discharge doors should be electronically monitored, and equipped with exit device hardware with no exterior trim to restrict use to emergency egress only.
- Voice communication systems (i.e., Public Address, Paging, Fire Evacuation, etc.) can be integrated into a Mass Notification System to allow for evacuation messages and other instructions to be announced during an emergency situation.
- Dynamic signage and flat panel displays could be connected to a Mass Notification System to allow custom messages, wayfinding instructions, and emergency evacuation instructions to be displayed during an emergency.
- Static wayfinding signage and Exit path signage should be clear and concise to communicate egress paths, stairs, etc. at all times.
- Security Staff should be trained on emergency evacuation protocols, equipped with communication devices (radios, etc.), and posted at critical points to provide personal instructions and assistance in an emergency.
- The facility should be designed with a Security Operation Center (SOC) equipped with monitoring equipment and staffed with supervisory security officers to provide alarm and video monitoring, dispatch, and emergency response directives. The SOC should also service as a communication hub with first responders and emergency management services.





6. Indoor Common Space/Outdoor Rentable Space



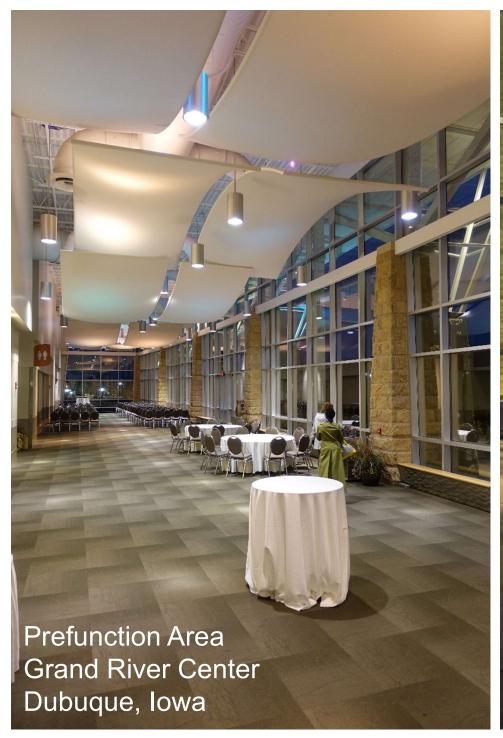
The occupied roof deck of the Utah Valley Convention Center in Provo has proven to be one of the most popular and profitable spaces in the building because of its spectacular views of the Wasatch Mountains.

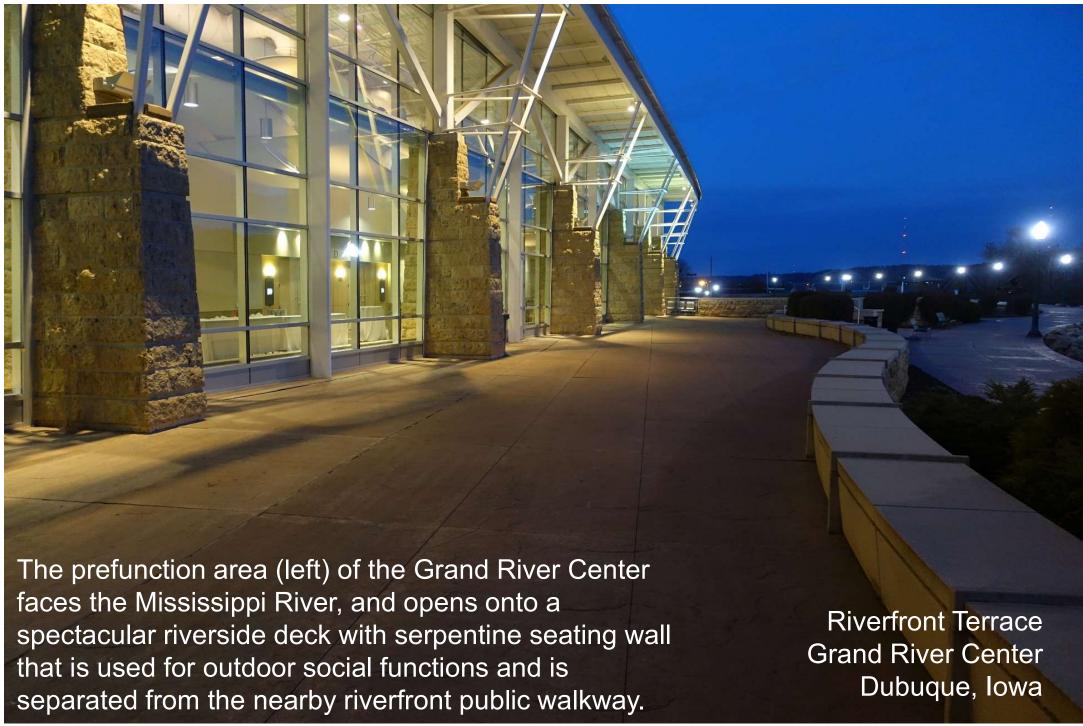
Roof Deck Utah Valley Convention Center Provo, Utah

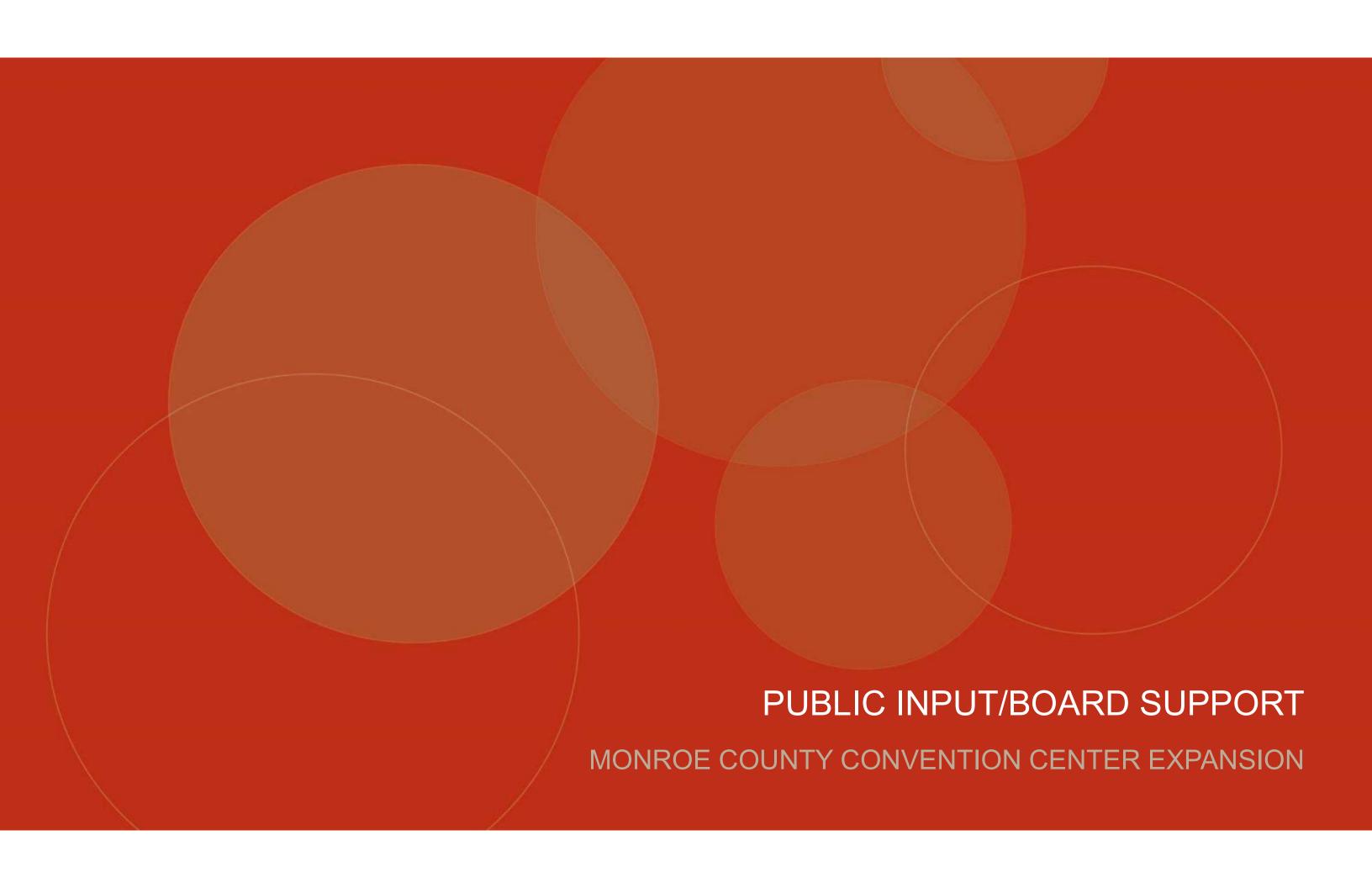




6. Indoor Common Space/Outdoor Rentable Space







7. Public Engagement Tools







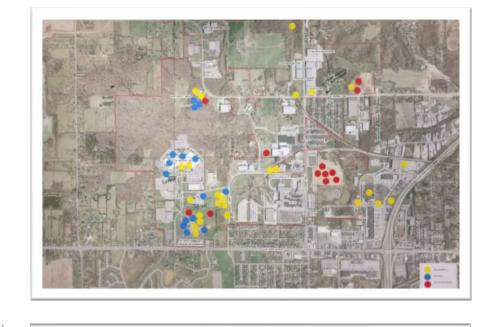


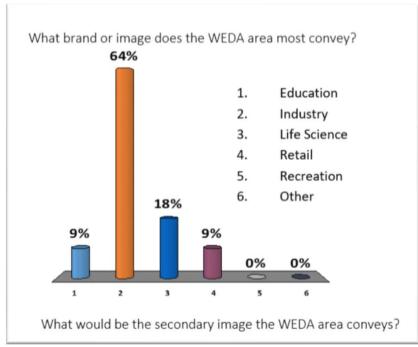
7. Public Input



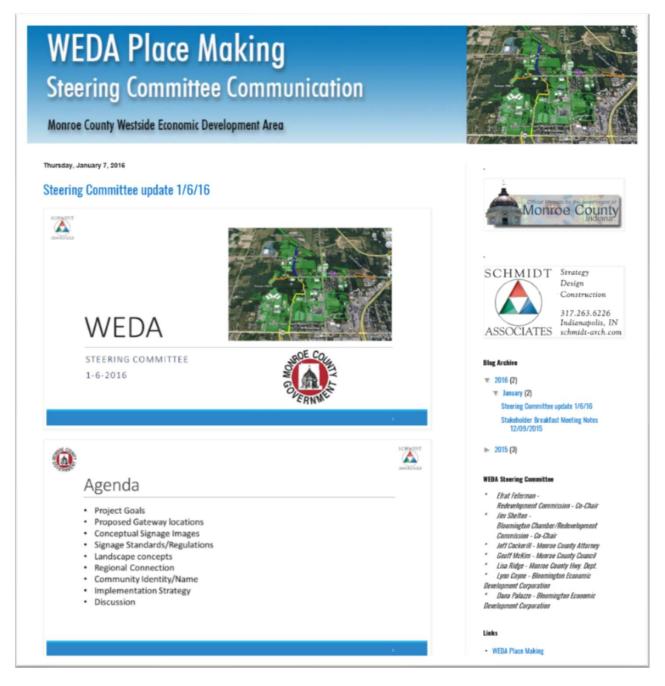


- Interactive polling
- Writing wall workshop
- Mapping wall
- Blog









7. Board Support





Decision Matrix

- Create goals and important criteria
- Develop priority level of criteria
- Rate options against the criteria
- Creates a more objective way to evaluate options
- Can have each member of the committee rate options and then blend scores or discuss differences to find consensus

			OF	TION A			OPTION B		0	PTION C
Priority Level**										
Design Criteria (Ves+1 No -1)	Priority Multiplier		Comments	Priority Multiplier		Comments	Priority Multiplier		Comments
5 SPACE REQUIREMENTS	10.1,10.1	marapiici		Comments	marcipiici		comments	Waterplier		comments
Meets office building program	recommendations	5	1		5	1		5	1	
Provides programmed parking		5	1		5	1		5	1	
Design allows for flexibility in		5	1		5	1		5	1	
Project does not require lease		5	1		5	1		5	1	
Project does not require lease	u space	3	+		3	-	Locate building further to the south to	3	-	
Site allows for future expansion	nne	5	1		5	1	allow expansion to the north	5	1	
5 SAFETY/SECURITY	TIS .	3			3	1	allow expansion to the north	3	1	
Pedestrians are safe on site		5	1		5	1		5	1	
Vehicular traffic is safe on site	3	5	1		5	1		5	1	
3 COSTS		3	1		3	1		3	+	
Least anticipated project cost	(3)	0			0			0		
Middle anticipated project cost	(A) 111	0			0			6	2	
High anticipated project cost	(1)	3	1	Build access road	3	4	managa tana	0		
2 LOCATION	(1)	3	1	bullu access road	3	1	manage topo	U		
Site is not located within City	of Diagramington	-2	(1)		-2	(1)		2	1	
Site is located within 30 min.		2	1		2	1		2	1	
Site has no environmental issi		2	1		2	1	Tono	2		Tono
Location has high resale value		2	1		2	1	Торо	2	1	Торо
I-69 Risk Factor		-2	(1)	interchange	2	1		-2	(1)	on 3 sides
Site has adequate sewer capa	olb.	0	(1)	interchange	2			2		on 5 sides
Location has easy access to In		2	1		2	1		2	1	
Boring Findings are suitable for		2	1		2	1		2	1	
Wetland Finding are suitable it										
Phase 1 Findings are suitable										
Archaeology Report findings a										
development	re suitable for									
1 IMPACT										
Project can be phased		1	1		1	1		1	1	
Project has minimal impact or	workforce	1	1		1	1		1	1	
Duration of Construction (20)		3	3		3	3		3	3	
Duration of Construction (21-		0	3		0	3		0	3	
Duration of Construction (36+		0			0			0		
Duration of Construction (36+	Available Points	U			0			U		
	Total Points	47	15		53	18		56	19	
		65%			74%			78%		







8. Insurance and Claims History

Schmidt Associates claims history

Over the 42 years we have been in existence, we have rarely used our E&O insurance. In total, it has been less than .02% of total construction costs.

Convergence Design claims history

Convergence Design has provided design services in many forms: as lead architect, as a design consultant, and as part of an association of firms. Since its founding, our firm has never been involved in litigation regarding the services we provided. On one recent project, Convergence Design settled a claim regarding a single design defect for approximately \$5,000.00. This represented approximately 0.02% of the contract value. Beyond that, our claims history is unblemished.

-			ATE OF LIA				02/0	MM/DD/YYYY) 07/2018		
BE	HIS CERTIFICATE IS ISSUED AS A MERTIFICATE DOES NOT AFFIRMATIF LOW. THIS CERTIFICATE OF INSI EPRESENTATIVE OR PRODUCER, AN IPORTANT: If the certificate holder i	VELY OF URANCE ID THE C	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER. DITIONAL INSURED, the	EXTEND OR ALTI TE A CONTRACT I policy(ies) must be	ER THE CO BETWEEN T endorsed.	VERAGE AFFORDED B HE ISSUING INSURER If SUBROGATION IS W	SY THE	POLICIES THORIZED subject to		
	e terms and conditions of the policy, ertificate holder in lieu of such endors				ement on th	is certificate does not c	onter r	gnts to the		
	DUCER mes Murphy & Associates, LLC	1-86	6-574-6282	CONTACT NAME: Monica	a Wilks	LEIV				
	8 Walnut Sreet			(A/C, No, Ext): 816 8:	57-7820		866 5	01-3940		
Sui	te 700			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	s@holmesmu	DING COVERAGE		NAIC#		
kan	sas City, MO 64108			INSURER A: TRAVELERS IND CO OF CT 25682						
	RED			INSURER B : TRAVEL	ERS IND CO			25658		
	vergence Design, LLC			INSURER C: TRAVEL	Control of the Contro			19038		
160	0 Genessee, Suite 620			INSURER D: NAVIGA	TORS INS	:0		42307		
Kan	sas City, MO 64102			INSURER E :						
CO	VERAGES CER	TIFICATI	E NUMBER: 52030122	I MOURER F :		REVISION NUMBER:				
TH IN CE	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FUNCTIONS AND CONDITIONS OF SUCH IN THE PROPERTY OF SUCH IN THE POLICIES OF SUCH IN THE PROPERTY OF SUCH IN THE POLICIES OF SUCH INTERPRETATION OF SUCH IN THE POLICIES OF SUCH IN THE POLICIES OF SUCH INTERPRETATION OF SUCH I	OF INSU QUIREME PERTAIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	THE INSURE OR OTHER I S DESCRIBED	D NAMED ABOVE FOR TO	CT TO	WHICH THIS		
NSR LTR		ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	GENERAL LIABILITY		6804H261867	11/08/17		EACH OCCURRENCE		00,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	-	00,000		
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,	000		
						PERSONAL & ADV INJURY GENERAL AGGREGATE		00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		14.50			PRODUCTS - COMP/OP AGG	-	00,000		
	POLICY X PRO- JECT LOC						s			
В	AUTOMOBILE LIABILITY		BA543M7070	11/08/17	11/08/18	COMBINED SINGLE LIMIT (Ea accident)		00,000		
	X ANY AUTO SCHEDULED					BODILY INJURY (Per person)	\$			
	AUTOS AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	s			
	HIRED AUTOS X AUTOS					(Per accident)	5			
В	X UMBRELLA LIAB X OCCUR		CUP8E691073	11/08/17	11/08/18	EACH OCCURRENCE		00,000		
	EXCESS LIAB CLAIMS-MADE	10				AGGREGATE		00,000		
	DED X RETENTION \$ 10,000					I WC STATU I IOTH	\$			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		UB0K594292	03/05/18	03/05/19	X WC STATU- TORY LIMITS OTH- ER	. 1 . 0	00 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT		00,000		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		00,000		
D	Professional Liability		CM17DPL042187IV	11/08/17	11/08/18	Bach Claim		0,000		
						Annl Aggr	2,00	0,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (Attach	ACORD 101, Additional Remarks	Schedule, if more space is	s required)					
CEI	RTIFICATE HOLDER			CANCELLATION						
Ins	ureds Copy			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 REPRESE		ren 1. Was	4.4			
					-		V 1			
				@40		ORD CORPORATION.	•	nts resenve		

8. Insurance and Claims History





Schmidt Associates

THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFF BELOW. THIS CERTIFICATE (REPRESENTATIVE OR PRODU IMPORTANT: If the certificate I the terms and conditions of the certificate holder in lieu of such	RMATIVELY OF INSURAN CER, AND T nolder is an a policy, certa	OR NICE DO HE CE ADDITI	EGATIVELY AMEND DES NOT CONSTITU ERTIFICATE HOLDER IONAL INSURED, the	, EXTE TE A C policy(ND OR ALT ONTRACT E ies) must be	ER THE CO ETWEEN T endorsed.	VERAGE AFFORDED HE ISSUING INSURER IF SUBROGATION IS V	BY THE (S), AU VAIVED	POLICIES THORIZED , subject to
RODUCER	Cildorscille	nido).		CONTA	CT Howard	Dollar			
Roller Insurance Agency, Inc.				PHONE IAIC NO	(317) 8		FAX	/247\ 9	49-4087
977 Technology Dr. Suite B				E-MAIL ADDRE		surance@co	JAIC No.	(317) 0	45-4007
ishers, IN. 46038				ADDRE	SELV				
ishers, IIV. 40000				Same and	-	on Insurance	DING COVERAGE	-	NAIC #
SURED				INSURE		AI IIISUI OIIÇ	Company	-	
Schmidt Associates	Inc			INSURE				- 2	\$
415 Massachusetts				INSURE				- 8	8
Indianapolis IN 4620	Sycare			INSURE					
meianapons in 4620	4			INSURE				- 3	2
OVERAGES	CERTIFIC	ATE N	IMPED.	INSURE	RF:	- 1	REVISION NUMBER:	3	(
THIS IS TO CERTIFY THAT THE PO INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED OF EXCLUSIONS AND CONDITIONS OF	OLICIES OF IN ANY REQUIR R MAY PERTA OF SUCH POL	SURAN EMENT IN, THE	ICE LISTED BELOW HA F, TERM OR CONDITION E INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE EN REDUCEI	THE INSURE OR OTHER I S DESCRIBE	D NAMED ABOVE FOR T DOCUMENT WITH RESPO D HEREIN IS SUBJECT T	CTTO	WHICH THIS
SR TYPE OF INSURANCE	ADDL S	WVD.	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMI	TS	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY						0	EACH OCCURRENCE DAMAGE TO RENTED PREMICES (Fa occurrence)	s 3,00	0,000
X X CLAIMS-MADE OCCU	93	Δ	E824395		05/31/2018	05/31/2019	MED EXP (Any one person)	5	
X Professional Liability	<i>ii</i>		ON CONSTRUCTION		00001/2010	00.01.2010	PERSONAL & ADV INJURY	5	
X 1101033101101 Elability						0	GENERAL AGGREGATE	53.00	0.000
GEN'L AGGREGATE LIMIT APPLIES PE						79	PRODUCTS - COMP/OP AGG	No. III	-
POLICY PRO-						9.	Deductible	\$ 25,0	00:
AUTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT (Ea accident)	-	
ANY AUTO						6	BODILY INJURY (Per person)	5	
ALL OWNED SCHEDUL	.ED					i:	BODILY INJURY (Per accident	13	
NON-OWI	VED					8	PROPERTY DAMAGE (Per accident)	5	
HIRED AUTOS AUTOS						8	(Pel acadent)	5	
UMBRELLA LIAB OCCU		-			-		EACH OCCURRENCE	5	
5 5 (22)(14)(15)(15)(15)(15)(15)	IS-MADE					35	AGGREGATE	5	
DED RETENTION \$	I I I I I I I I I I I I I I I I I I I					8	Noonzonie	5	
WORKERS COMPENSATION	0 0	S - 35					WC STATU- OTH		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUT	Y/N					3	E.L. EACH ACCIDENT	s	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
DESCRIPTION OF OPENALISMS SELW.							E.C. DIOLNISE POLICY LIMIT		
ESCRIPTION OF OPERATIONS / LOCATION	SIVEHICLES (A	Attach AC	CORD 101, Additional Remark	ks Schedu	le, If more space	is required)			
ERTIFICATE HOLDER				CANO	ELLATION				
				SHO	ULD ANY OF EXPIRATION	DATE THE	DESCRIBED POLICIES BE EREOF, NOTICE WILL PROVISIONS,		
				AUTHO	RIZED REPRESE	OL	ward P. Rol	ler	

Schmidt Associates

C	ER'	TIF	ICATE OF LIA	BILITY INS	URANC	E		MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF INS	MAT	TER Y O	OF INFORMATION ONLY	Y AND CONFERS N	O RIGHTS I	UPON THE CERTIFICA	BY THE	DER. THIS
REPRESENTATIVE OR PRODUCER,					DETWEEN I	HE ISSUING INSURE	K(3), AU	INURIZED
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endo	, cert	tain į	policies may require an e					
PRODUCER				CONTACT Roller	Insurance A	gency, Inc.		
Hall & Company				PHONE (317) 8	49-4086	FAX IAIC No	n.	
19660 10th Ave NE				ADDRESS: rollerin	surance@c	omcast.net		· —
Poulsbo, WA 98370				Commence of the Commence of th	State of the state	mnity Co. of America		NAIC#
INSURED				INSURER B: The Ch	arter Oak Fi	re Insurance Compan	у	6
Schmidt Associates, Inc.				INSURER C: The Tra				
415 Massachusetts Ave				The prove of the last to the Victorian	rs Casualty	and Surety Co. of Am	erica	
Indianapolis IN 46204				INSURER E :			-	è
COVERAGES CER	TIFI	CAT	E NUMBER:	INSURER F;		REVISION NUMBER:	-	(
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	OF I	NSUI REM FAIN,	RANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT	THE INSURE FOR OTHER I S DESCRIBE	ED NAMED ABOVE FOR DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECTTO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDU	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIN	MTS	
X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR	039.00	A CONTRACTOR		\$2,445.545.545.645.6	3	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Fa occurrence)	s 2,00 s 300,	100000
	Y	Y	6801J3575051747	05/31/2018	05/31/2019	1.0	\$5,00	0
					8	PERSONAL & ADV INJURY	\$2,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:					2	GENERAL AGGREGATE	\$ 4,00	0,000
POLICY X PRO X LOC		82.	9.	16	2	PRODUCTS - COMP/OP AGO	\$ \$4,00 \$	0,000
AUTOMOBILE LIABILITY					8	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000
B X ANY AUTO					4	BODILY INJURY (Per person	5	
ALL OWNED SCHEDULED AUTOS	Y	Y	BA1033R311-17GRP	05/31/2018	05/31/2019	BODILY INJURY (Per accider	-	
X HIRED AUTOS X NON-OWNED AUTOS					6	PROPERTY DAMAGE (Per accident)	5	
	8	-	ii.		2	200000000000000000000000000000000000000	5	
X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAUS MADE			CUDADOAOAAOATAT	05/04/2040	05/04/0040	EACH OCCURRENCE	4152 KT (425	00,000
CDAING-WADO	8		CUP4D8104121747	05/31/2018	05/31/2019	AGGREGATE	100 July 200	00,000
DED X RETENTION \$10,000 WORKERS COMPENSATION	6	0	8		9	x PER OTH-	5	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					0	E.L. EACH ACCIDENT	51,00	0.000
D OFFICER/MEMBER EXCLUDED? N (Mandatory In NH)	N/A	Y	XAUB4278T99117	05/31/2018	05/31/2019	E.L. DISEASE - EA EMPLOYS		1000-000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	100000000000000000000000000000000000000	100 - 100
		60:					W. Market	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES	(ACO	RD 101, Additional Remarks Sche	dule, may be attached if n	nore space la rec	quired)		
Certificate holder is/are an Additional I	nsure	ed or	the Commercial Genera	al Liability and Aut	Liability w	hen required by writte	n contra	ct or
agreement regarding activities by or or	beh	alf o	f the Named Insured. Th	e Commercial Gen	eral Liability	y insurance is primary	insuran	ce and any
other insurance maintained by the Add	ition	al In	sured shall be excess on	ly and non-contrib	utory with tl	his insurance. A waiv	er of sul	progation
applies to the Commercial General Lial	oility,	Aut	o Liability, Umbrella / Ex-	cess Liability and V	Norkers Cor	npensation / Employe	rs Liabil	ity in favor
of the additional insured.								
CERTIFICATE HOLDER				CANCELLATION				
					DATE THE	DESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.		
Y				AUTHORIZED REPRESE	PITATIVI ON	ward P. Rol	ler	×AA>
<u> </u>				© 1	988-2014 AC	CORD CORPORATION	. All ria	nts reserved

ACORD 25 (2014/01) The A

The ACORD name and logo are registered marks of ACORD

Monroe Convention Center Expansion

8. Insurance and Claims History



Cornerstone

	Client	#. 44	1961				CORN	NPDS .		
A	ACORD. CERTI	FI	CA	TE OF LIAB	ILIT	Y INSU	JRANG	CE		M/DD/YYYY) (2018
C B R	HIS CERTIFICATE IS ISSUED AS A MA ERTIFICATE DOES NOT AFFIRMATIV ELOW. THIS CERTIFICATE OF INSUR EPRESENTATIVE OR PRODUCER, AN	ELY ANC ID TI	OR N E DC HE C	NEGATIVELY AMEND, EX DES NOT CONSTITUTE A ERTIFICATE HOLDER.	TEND C	OR ALTER TI RACT BETWI	HE COVERAGEN THE ISS	GE AFFORDED BY TH :UING INSURER(S), AU	E POLIC JTHORIZ	EIES ED
If	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t iis certificate does not confer any righ	o the	e terr	ns and conditions of the p	policy,	certain polic	ies may requ			
	DUCER				CONTAC NAME:	Christon	her Ensmi	nger		
2,000,000	l Risk Partners				PHONE (A/C. No	, Ext): 317-70	6-9594	FAX (A/C. No	317-7	06-9794
600	E 96th St Suite 400				E-MAIL ADDRES	s: christop	her.ensmir	ger@onirisk.com		
Ind	ianapolis, IN 46240							FORDING COVERAGE		NAIC#
1					INSURE	RA: Selective Ins	urance Company of			39926
INSU							urance Company of			19259
1	Cornerstone P.D.S.						Insurance Company			37885
1	10985 Loyola Court				INSURE					
1	Fishers, IN 46038				INSURE					
1					INSURE					
CO	VERAGES CER	ΠFIC	ATE	NUMBER:				REVISION NUMBER:		
TH	HIS IS TO CERTIFY THAT THE POLICIES	OF	INSU	RANCE LISTED BELOW HAV			THE INSURED	NAMED ABOVE FOR TH		
CI EX	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH	ERTA POL	IN, CIES	THE INSURANCE AFFORDED . LIMITS SHOWN MAY HAV	D BY TH	HE POLICIES N REDUCED I	DESCRIBED H BY PAID CLAI	HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
Α	X COMMERCIAL GENERAL LIABILITY	Х	Х	S1705501		02/11/2018	02/11/2019	EACH OCCURRENCE	\$1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000
								MED EXP (Any one person)	\$10,0	00
								PERSONAL & ADV INJURY	\$1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$3,00	0,000
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGO	\$3,00	0,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY	Х	х	S1705501		02/11/2018	02/11/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000
	ANY AUTO							BODILY INJURY (Per person	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per acciden	t) \$	
	X HIRED AUTOS ONLY X AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
В	WORKERS COMPENSATION		х	WC791948116		02/11/2018	02/11/2019	X PER OT ER	H-	
6.00	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N		1000	Transmitted September Program (1999)		200700-20 2000-32000-000	STANDARD TO SERVICE STANDARD STANDARD	E.L. EACH ACCIDENT	\$500 <u>,</u>	000
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYI	-	de des est
1	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI		
С	Professional			DPS9920763		02/08/2018	02/08/2019	\$1,000,000 Per Cla		
	Liability							\$2,000,000 Aggreg	ate	
								,		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ule, may k	oe attached if mo	re space is requ	ired)		
CEF	RTIFICATE HOLDER				CANC	ELLATION				
						III D ANV CE T	UE ABOVE 25	SCRIBED POLICIES BE	ANOE:	ED DEFORE
	Bloomington Parks & Re c/o David Williams	crea	tion	Department	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE (REOF, NOTICE WILL LICY PROVISIONS.		
1	401 N. Morton									
1	#250				AUTHOR	RIZED REPRESE	NIATIVE			
	Bloomington, IN 47402				1	47	_			
\vdash	1				0	957				
ACC	ORD 25 (2016/03) 1 of 1 The	ACC	ORD	name and logo are registe	ered ma			CORD CORPORATION	. All righ	ts reserved.
	#S1335673/M1325989			_				CKEIS		

Bledsoe Riggert Cooper & James	Bledsoe	Riggert	Cooper	& .	James
--------------------------------	---------	---------	--------	-----	-------

4	CORD® CE	ER	TIF	ICATE OF LIAB	ILITY INSI	JRANC	E		им/DD/YYYY) 09/2018
CE BE	IIS CERTIFICATE IS ISSUED AS A MAT ERTIFICATE DOES NOT AFFIRMATIVEI ELOW. THIS CERTIFICATE OF INSURA EPRESENTATIVE OR PRODUCER, AND	LY O	R NE	GATIVELY AMEND, EXTENDES NOT CONSTITUTE A CON	OR ALTER THE	COVERAGE	AFFORDED BY THE PO	LICIES	3
If S	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to	the t	terms	and conditions of the policy	y, certain policies				
	is certificate does not confer rights to t	the c	ertifi						
	DUCER			- DI	ONTACT Jessica C AME: HONE (317) 31		LEAV	(0.17) 0	
	ker & Associates Insurance Agency			 (A	/C, No, Ext): (517) 5.		(A/C, No):	(317) 3	51-7149
304	4 E Washington Street			Ā	DDRESS: Jessiones	valkeragency.c		- 1	
	lie			IN 46219 IN	The Paris	SURER(S) AFFOR enix Ins Co	RDING COVERAGE		NAIC # 25623
	anapolis RED				JONERA.		ualty Company of America		25674
SUF	Bledsoe Riggert Cooper & James	e Inc			JOKEN B.	elers Indemnit			25658
	1351 Tapp Rd	3 1110.			OUNTER CO.	tal Casualty C	Agentica Control of the Control of t		20443
	1931 Tapp Nu				CONLIND .	tai Oasuaity O	ompany		20443
	Bloomington				SURER E :				
O 1/	ACCOUNTY PROPERTY OF THE PROPE	IEIC	A TE	NUMBER: CL1882215684	SURER F.:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF II			TOMBEIL.	SUED TO THE INSU			RIOD	
CE	DICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH POL	REME AIN, T	NT, T	ERM OR CONDITION OF ANY CO SURANCE AFFORDED BY THE F	ONTRACT OR OTHE	R DOCUMENT D HEREIN IS S	WITH RESPECT TO WHICH	THIS	
R	2009-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
+	COMMERCIAL GENERAL LIABILITY	חפאוו	WVD	TOLIGI HOMBER	(MM//DD/1111)	(MINIZODITITI)	FACH OCCURRENCE	\$ 2,000	0,000
ŀ	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	
ı	GENINO IN DE 24 OCCOR						MED EXP (Any one person)	\$ 10,00	00
.				680-8J500440-18-47	08/24/2018	08/24/2019	PERSONAL & ADV INJURY	\$ 2,000	0,000
t	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000	0,000
ı	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 4,000	
İ	OTHER:							\$	
7	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
Ī	X ANY AUTO						BODILY INJURY (Per person)	\$	
3	OWNED SCHEDULED AUTOS ONLY HIRED SCHEDULED NON-OWNED			BA-8J501239	08/24/2018	08/24/2019	BODILY INJURY (Per accident)	\$	
ſ	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	4 60							\$	
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 2,000	
3	EXCESS LIAB CLAIMS-MADE			ZUP-81M85119-18-NF	08/24/2018	08/24/2019	AGGREGATE	\$ 2,000	0,000
- 1	DED X RETENTION \$ 10,000							\$	
- 1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						➤ PER OTH- STATUTE ER		
	ANY DECEDE TO DEPARTMENT VECTOR IN IT.	N/A		UB-008J503491	08/24/2018	08/24/2019	E.L. EACH ACCIDENT	\$ 1,000	
- 1	(Mandatory in NH)					100034370,00000000000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	
4	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	
	Professional Liability			4 FUE 04 000 4 0 -		00/04/2015	Per Claim Limit	100	00,000
1	(Claims-made form)			AEH591903125	08/24/2018	08/24/2019	Aggregate Limit	\$2,00	00,000
end nd i iabi	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE eral Liability, Automobile Liability and Umbre Automobile Liability is provided on a primary silty and Workers Compensation include a war on-payment, shall be provided to the certifical extend over professional liability.	ella Lia r, non aiver	ability -contr of sub	provides for additional insured with the provides for additional insured by with the progation when agreed by writter	when agreed by writ ritten contract or ag n contract or agreen	ten contract or reement. Gene nent. 30 days r	ral Liability, Automobile otice of cancellation, excep	ot	
ER	RTIFICATE HOLDER				ANCELLATION				
	*** FOR INFORMATION ONLY*	**			SHOULD ANY OF T	ATE THEREO	SCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVE Y PROVISIONS.	NCELLED RED IN	BEFORE
				I AL	JTHORIZED REPRESE!	NIAIIVE			



Why Schmidt & Convergence Design?





- ABC: Convergence Design specializes in Arenas, Ballparks, Convention Centers.
- The A Team: This project will receive the focused attention of our senior principals.
- Soap Bubbles: If you are looking for design solutions that fit within Bloomington's historic urban context, we're your team. If you're looking for buildings that look like soap bubbles, look elsewhere.
- Steak: This project is extremely important to our firm's success, and we want it to be successful for you. This is steak for us, not filler.





Project Schedule

