



FLORIDA KEYS LAND SURVEYING

19960 OVERSEAS HIGHWAY, SUGARLOAF KEY, FL 33042

PHONE: (305) 394-3690

EMAIL : FKLSemail@gmail.com

www.floridakeyslandsurveying.net

February 9, 2016

Janet Muccino
City of Key West, Engineering Services
P.O. Box 1409
Key West, Fl 33041

RE: Two-Year Extension for Professional Surveying Services

Dear Ms. Muccino,

In response to your letter dated January 12, 2016, Florida Keys Land Surveying hereby requests our Professional Surveying Services Contract with the City of Key West (Resolution No. 13-008) be extended an additional two years in accordance with the above referenced resolution and Agreement.

Our current rate sheet and Certificate of Insurance are being attached to this letter.

Please let me know if there is anything additional that is needed from our firm and thank you for the opportunity to continue to work with the City of Key West.

Sincerely,

Eric Isaacs
PSM 6783
Florida Keys Land Surveying



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CITY OF KEY WEST

- SURVEY SERVICES RATES -

SERVICE	HOURLY RATE	DAILY RATE
1-3 MAN TOTAL STATION CONVENTIONAL FIELD CREW	\$125.00	\$950.00
1-3 MAN GPS FIELD CREW	\$150.00	\$1,100.00
2 MAN DIGITAL LEVELING CREW	\$130.00	\$950.00
2 MAN OPTICAL LEVELING CREW	\$125.00	\$950.00
AUTOCAD DRAFTING	\$80.00	
RECORDS RESEARCH	\$75.00	
FLORIDA LICENSED PROFESSIONAL SURVEYOR AND MAPPER	\$100.00	

**ALL HOURLY RATES ARE CHARGED AT A MINIMUM OF 1 HOUR & DAILY RATES SHOWN HEREON ARE FOR A TYPICAL 8 HOUR WORK DAY.

WE LOOK FORWARD TO WORKING WITH YOU!



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
12/1/2015

AGENCY Southernmost Insurance		CARRIER Covington Specialty Insurance Co		NAIC CODE
POLICY NUMBER VBA35084900 RENOF	EFFECTIVE DATE 1/3/2016	APPLICANT / FIRST NAMED INSURED Florida Keys Land Surveying, LLC		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<p>COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE</p> <p>OWNER'S & CONTRACTOR'S PROTECTIVE</p> <p><input checked="" type="checkbox"/> Contractual Liability</p> <p>DEDUCTIBLES</p> <p><input type="checkbox"/> PROPERTY DAMAGE \$</p> <p><input type="checkbox"/> BODILY INJURY \$</p> <p><input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE</p>	<p>GENERAL AGGREGATE \$ 2,000,000</p> <p>LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:</p> <p>PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000</p> <p>PERSONAL & ADVERTISING INJURY \$ 1,000,000</p> <p>EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000</p> <p>MEDICAL EXPENSE (Any one person) \$ 5,000</p> <p>EMPLOYEE BENEFITS \$</p> <p style="text-align: right;">\$</p>	<p>PREMIUMS</p> <p>PREMISES/OPERATIONS</p> <p>PRODUCTS</p> <p>OTHER</p> <p>TOTAL</p>
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OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Blanket Waiver of Transfer of Rights of	99999							
1		Land Surveying	99471	P Payroll	51700	006				
1		Additional Interest	49950							

RATING AND PREMIUM BASIS
 (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE: