



1715 North Westshore Blvd., Suite 875  
Tampa, Florida 33607  
tel: 813 281-2900  
fax: 813 288-8787

June 9, 2015

Mr. James Bouquet  
Director of Engineering Services  
City of Key West  
3132 Flagler Ave.  
Key West, FL 33041

Subject: Request for General Engineering Services Contract Extension  
(Resolution No. 12-280)

Dear Mr. Bouquet:

CDM Smith respectfully requests that the City of Key West grant us the two-year contract renewal pursuant to Article 4 of our Agreement with the City dated November 13, 2012 and adopted under Resolution No.12-280.

With this request, I have attached a current "Exhibit A", updated per the provisions of Paragraph 5.1.2.3 of the Agreement and a current Certificate of Insurance. Our research of the BLS shows the employment cost index for Management, Professional and related as of December 2012 at 118.0 and the same index at December 2014 at 123.2 which results in an increase of  $123.2/118.0 = 1.044$  or 4.4 percent.

If there is anything else you require, please do not hesitate to contact me at 813-281-2900 or at [strobridgede@cdmsmith.com](mailto:strobridgede@cdmsmith.com). We look forward to continue working with the City of Key West.

Very truly yours,

Daniel E. Strobridge, QEP  
Vice President  
CDM Smith Inc.





EXHIBIT A

HOURLY FEE SCHEDULE  
JUNE 2015  
CDM SMITH INC.

<u>Position Title</u>	<u>Hourly Rate</u>
Officer	\$255.00
Principal/Associate	\$230.00
Senior Professional	\$177.00
Professional II	\$139.00
Professional I	\$120.00
Senior Staff Support	\$117.00
Staff Support	\$87.00
Project Administration	\$81.00
Outside Professional	Cost x 1.1
Other Direct Cost	Cost x 1.1

Perez Engineering & Development Inc.

Principal	\$179.00
Senior Engineer	\$141.00
Project Engineer	\$122.00
Design Engineer	\$94.00
Resident Inspector	\$88.00
CAD Designer	\$84.00
Clerical	\$53.00

Sandra Walters Consultants Inc.

Principal	\$136.00
Lead Scientist	\$145.00
Senior Scientist	\$119.00
Scientist II	\$92.00
Scientist I	\$83.00
Senior Engineer	\$135.00
Engineer I	\$115.00
Technician III	\$81.00
Technician II	\$73.00
Technician I	\$65.00
Communications Specialist	\$96.00
Asst. Comms. Specialist	\$73.00
Graphic Artist	\$92.00
Administrative	\$65.00



Senior Engineer	\$144.00
Engineer I	\$122.00
Technician III	\$86.00
Technician II	\$78.00
Technician I	\$69.00
Communications Specialist	\$102.00
Asst. Comms. Specialist	\$78.00
Graphic Artist	\$98.00
Administrative	\$69.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/23/2014

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Boston MA Office One Federal Street Boston MA 02110 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): 800-363-0105	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> CDM Smith Inc. ONE CAMBRIDGE PLACE 50 HAMPSHIRE STREET CAMBRIDGE MA 021390000 USA	INSURER A: Zurich American Ins Co      27855	
	INSURER B: Lloyd's Syndicate No. 2623      AA1128623	
	INSURER C: ACE Property & Casualty Insurance Co.      20699	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER: 570056318561**      **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL0837663219	01/01/2015	01/01/2016	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      \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP 8376631-19	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident)      \$2,000,000 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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$25,000			XOOG27637449	01/01/2015	01/01/2016	EACH OCCURRENCE      \$5,000,000 AGGREGATE      \$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC837663320	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <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
B	Archit&Eng Prof			QC1501367	01/01/2015	01/01/2016	per claim      \$3,000,000 aggregate      \$3,000,000 SIR/Deductible      \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
General Engineering Services. City of Key West is included as Additional Insured in accordance with the policy provisions of the General Liability, Auto Liability, Umbrella Liability policies. General Liability, Auto Liability, Umbrella Liability evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Auto Liability, Umbrella Liability, and Workers Compensation policies.

### CERTIFICATE HOLDER

City of Key West  
3140 Flagler Avenue  
Key West FL 33040 USA

### 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

*Aon Risk Services Northeast, Inc.*

Holder Identifier :

Certificate No : 570056318561