## CONTRACT

## WITNESSETH:

The CONTRACTOR, in consideration of the sum to be paid him by the OWNER and of the covenants and agreements herein contained, hereby agrees at his own Proper cost and expense to do all the work and furnish all the materials, tools, labor, and all appliances, machinery, and appurtenances necessary for installation, repair and replacement of sidewalks, curbs, ADA ramps, roadways, shoulder and trench restoration and any scope assigned by the City located throughout the City of Key West, FL, to the extent of the Bid made by the CONTRACTOR, dated the <a href="L6">16</a> day of <a href="NOV">NOV</a>, 2022</a>, all in full compliance with the Contract Documents referred to herein:

INVITATION TO BID, INSTRUCTIONS TO BIDDER, PROPOSAL, PERFORMANCE AND PAYMENT BONDS, CONTRACT FORMS, CONDITIONS OF THE CONTRACT, SPECIFICATIONS, DRAWINGS AND ADDENDA, which consists of RIGHT OF WAY IMPROVEMENTS 2022, ITB 22-010 are hereby referred to and by reference made a part of this Contract as fully and completely as if the same were fully set forth herein and are mutually cooperative therewith.

In consideration of the performance of the work as set forth in these Contract Documents, the OWNER agrees to pay to the CONTRACTOR the amount bid in the Bid as adjusted in accordance with the Contract Documents, or as otherwise herein provided, and to make such payments in the manner and at the times provided in the Contract Documents.

The CONTRACTOR agrees to complete the work within the time specified in the Work Orders and to accept as full payment hereunder the amounts computed as determined by the Contract Documents and based on the said Bid.

The CONTRACTOR agrees to remedy all defects appearing in the work or developing in the materials furnished and the workmanship performed under this Contract during the warranty period after the date of final acceptance of the work by the OWNER, and further agrees to indemnify and save the OWNER harmless from any costs encountered in remedying such defects.

It is agreed that the Contract, based upon the Bid, shall be fully complete within the stated number of consecutive calendar days from the date the Notice to Proceed is issued, for each Work Order.

In the event that the CONTRACTOR shall fail to complete the work within the time limit established in a specific work order or the extended time limit agreed upon, as more particularly set forth in the Contract Documents, liquidated damages shall be paid at the rate of \$500 per day. Sundays and legal holidays shall be included in determining days in default.

This Contract will automatically expire and be terminated two (2) year after the date of the execution of the Contract by the OWNER, unless OWNER grants a one-year contract extension at the discretion of the City.

	IN WITNESS WHEREOF, we, the parties hereto, each herewith subscribe the same, this of, 202_3
	CITY OF KEY WEST, FLORIDA
(	Patter fauchl
	Patti McLauchlin, City Manager By
(	Contractor  By

Title

day



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2022

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME: Iliana Abbate			
Marsh & McLennan Agency LLC	PHONE FAX (A/C, No, Ext):	No):		
9850 N.W. 41st Street   Suite 100	E-MAIL ADDRESS: FLCertificates@MarshMMA.com			
Miami FL 33178	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Travelers Indemnity Co of America	25666		
INSURED CHARLT	OPPI INSURER B : Phoenix Insurance Company	25623		
Charley Toppino & Sons Inc. Monroe Concrete Products Inc.	INSURER C: Travelers Indemnity Company	25658		
P.O BOX 787	INSURER D: Travelers Property Casualty Co of Amer	25674		
Key West FL 33041	INSURER E :			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 685630283 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.

NSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY	Y	Y	DTCO3202M181TIA22	5/19/2022	5/19/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,000 \$ 300,000
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	X	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
;	AU1	TOMOBILE LIABILITY	Υ	Υ	8100N4284482226G	5/19/2022	5/19/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	Х	HIRED Y NON-OWNED						PROPERTY DAMAGE (Per accident)	\$
		AUTOS ONLY AUTOS ONLY							\$
	Х	UMBRELLA LIAB X OCCUR	Υ	Υ	CUP3J6572212226	5/19/2022	5/19/2023	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
		DED X RETENTION\$ 10,000							\$
		RKERS COMPENSATION		Υ	Y UB4K5263662226G	5/19/2022	5/19/2023	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N						E.L. EACH ACCIDENT	\$ 1,000,000
		ICER/MEMBEREXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability Aggregate applies per Project if required by written contract. Re: ITB 22-010 Right of Way Improvements 2022.

KE: ITB ZZ-UTO Kight of vvay improvements ZUZZ.
City of Key West, as Designated Organization, is an Additional Insured as respects General Liability (including Ongoing & Completed Operations) and Auto Liability. Umbrella follows form to the underlying policies as respects to Additional Insureds. General Liability is primary and noncontributory. Waiver of Subrogation as respects General Liability, Auto Liability, Umbrella Liability and Workers Compensation in favor of Additional Insured. All of the above is applicable when required by written contract subject to the terms, conditions, and exclusions of the policy.

CERTIFICATE HOLDER	CANCELLATION
City of Key West	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1300 White St Key West, FL 33040	AUTHORIZED REPRESENTATIVE
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