

May 1, 2015

Mr. Jim Bouquet P.E.
Director of Engineering Services
City of Key West
3140 Flagler Avenue
Key West, FL 33040

**Subject: Agreement for General Engineering Services Energy Services with
the City of Key West, RFQ No.12-005 / Resolution No. 12-280 -
Request for Two (2) Year Contract Renewal**

Dear Mr. Bouquet,

The purpose of this letter is to request to extend the current Agreement for General Engineering Services (Agreement) between Black & Veatch and the City of Key West.

The Agreement with the City (Resolution No. 12-280) is set to expire on October 3, 2015. Per Article 4, the Agreement may be renewed for one (1) two (2) year term. Black & Veatch desires to continue to provide services to the City of Key West per the terms of the original Agreement. The list of Sub-consultants remains the same as indicated in Article 7.6 of the Agreement.

We welcome the opportunity to discuss the details of our request and invite you to contact us at (954) 465-6872. Thank you for your time and consideration; we look forward to continue to support the City on this important contract.

Very truly yours,
BLACK & VEATCH



Brent Reuss, PE
Senior Vice-President



Rafael E. Frias III, PE
Client Director

May 1, 2015

Mr. Jim Bouquet P.E.
Director of Engineering Services
City of Key West
3140 Flagler Avenue
Key West, FL 33040

Subject: Agreement for General Engineering Services with the City of Key West, RFQ No.12-005 / Resolution No. 12-280 – Request for Hourly Rate Schedule Update

Dear Mr. Bouquet,

The purpose of this letter is to submit a request to update the current Hourly Rate Schedule (Exhibit A of the Agreement), which have been in effect since contract inception on November 14, 2012. Per Article 5.1.2.3, the Hourly Rate Schedule may be adjusted annually based on the Data Resource Institute (DRI) forecast of wage and price escalation (the U.S. Bureau of Labor and Statistics (BLS) employment Cost Index (ECI) for Private Industry).

The requested increase is based on the quarterly ECI compiled by the Bureau of Labor Statistics, for the periods of December 2012 to December 2013 and December 2013 to December 2014 as indicated below:

- December 2012 to December 2013: ECI factor $119.6/117.3 = 1.02$
- December 2013 to December 2014: ECI factor $122.4/119.6 = 1.02$
- The overall ECI factor is 1.04.

The proposed Hourly Rate Schedules for Black & Veatch and Sub-consultants listing the adjusted rates are attached to this letter.

We welcome the opportunity to discuss the details of our request and invite you to contact us at (954) 465-6872. Thank you for your time and consideration; we look forward to continue to support the City on this important contract.

Very truly yours,
BLACK & VEATCH


Rafael E. Frias III, PE
Client Director

ATTACHMENT A

**General Engineering Services for City of Key West
City's RFQ 12-005**

Billing Rates - Black & Veatch Corporation

TITLE	2012 BILLING RATES	PROPOSED BILLING RATES
Project Director	\$250.00	\$260.87
Senior Project Manager	\$190.00	\$198.26
Project Manager	\$170.00	\$177.39
Senior Technical Specialist	\$215.00	\$224.35
Technical Specialist	\$195.00	\$203.48
Senior Engineering Manager	\$190.00	\$198.26
Engineering Manager	\$165.00	\$172.17
Senior Engineer	\$150.00	\$156.52
Project Engineer	\$135.00	\$140.87
Staff Engineer III	\$115.00	\$120.00
Staff Engineer II	\$110.00	\$114.78
Staff Engineer	\$95.00	\$99.13
Senior Engineering Technician	\$120.00	\$125.22
Engineering Technician	\$90.00	\$93.91
Professional Architect	\$155.00	\$161.74
Professional Geologist	\$160.00	\$166.96
Senior Administrator	\$85.00	\$88.70
Administrative Assistant	\$70.00	\$73.04

Proposed Adjustment Factor (1.02 x 1.02) 1.04

ECI for December 2012	117.3
ECI for December 2013	119.6
Adjustment 2012-2013	1.02

ECI for December 2013	119.6
ECI for December 2014	122.4
Adjustment 2013-2014	1.02

Source - U.S. Bureau of Labor and Statistics Employment Cost Index (ECI) for Private Industry



CRJ & Associates, Inc.

Consulting Engineers and Planners

KEY WEST GSA CONTRACT - RATES UPDATE (RFQ No. 12-005)

12/31/2012 thru 12/31/2013

PROFESSIONAL ENGINEERING FEES (Increased by ECI Factor 1.02)

	Position / Title	Original Base Hourly Rate	2012 - 2013 Rates 1.02
1	Principal	\$ 139.20	\$ 141.98
2	Senior Project Manager	\$ 130.50	\$ 133.11
3	Project Manager	\$ 130.50	\$ 133.11
4	Senior Engineer	\$ 116.00	\$ 118.32
5	Project Engineer	\$ 101.50	\$ 103.53
6	E.I.T. (Engineer in Training)	\$ 72.50	\$ 73.95
7	Construction Manager	\$ 101.50	\$ 103.53
8	Cost Estimator	\$ 87.00	\$ 88.74
9	Senior Planner	\$ 130.50	\$ 133.11
10	Planner	\$ 101.50	\$ 103.53
11	Senior CADD Technician	\$ 81.20	\$ 82.82
12	CADD Technician	\$ 69.60	\$ 70.99
13	Threshold Inspector	\$ 66.00	\$ 67.32
14	Engineering Inspection	\$ 88.00	\$ 89.76
15	Field Representative - Construction Observation	\$ 55.00	\$ 56.10
16	Administrative / Clerical	\$ 46.40	\$ 47.33

The above hourly rate increases have been computed as per BLACK & VEATCH's Letter to Mr. Jim Bouguet, P.E. - Director of Engineering Services, City of Key West, FL

5/1/2015

Marc A. Fermanian, MSCE, P.E. - President of CRJ & Associates, Inc.

Date



CRJ & Associates, Inc.

Consulting Engineers and Planners

KEY WEST GSA CONTRACT - RATES UPDATE (RFQ No. 12-005)

12/31/2013 thru 12/31/2014

PROFESSIONAL ENGINEERING FEES (Increased by ECI Factor 1.02)

	Position / Title	2012-2013 Hourly Rate	2013 - 2014 Rates 1.02
1	Principal	\$ 141.98	\$ 144.82
2	Senior Project Manager	\$ 133.11	\$ 135.77
3	Project Manager	\$ 133.11	\$ 135.77
4	Senior Engineer	\$ 118.32	\$ 120.69
5	Project Engineer	\$ 103.53	\$ 105.60
6	E.I.T. (Engineer in Training)	\$ 73.95	\$ 75.43
7	Construction Manager	\$ 103.53	\$ 105.60
8	Cost Estimator	\$ 88.74	\$ 90.51
9	Senior Planner	\$ 133.11	\$ 135.77
10	Planner	\$ 103.53	\$ 105.60
11	Senior CADD Technician	\$ 82.82	\$ 84.48
12	CADD Technician	\$ 70.99	\$ 72.41
13	Threshold Inspector	\$ 67.32	\$ 68.67
14	Engineering Inspection	\$ 89.76	\$ 91.56
15	Field Representative - Construction Observation	\$ 56.10	\$ 57.22
16	Administrative / Clerical	\$ 47.33	\$ 48.27

The above hourly rate increases have been computed as per BLACK & VEATCH's Letter to Mr. Jim Bouguet, P.E. - Director of Engineering Services, City of Key West, FL

Marc A. Fermanian, MSCE, P.E. - President of CRJ & Associates, Inc.

5/1/2015

Date



AVIROM & ASSOCIATES, INC.

SURVEYING & MAPPING

Avirom & Associates, Inc. Current Hourly Rates

Principal	\$156.00/hour
Professional Land Surveyor	\$104.00/hour
Survey Crew	\$130.00/hour
Computer Computations & Drafting	\$88.40/hour

GEOSOL, INC.
 City of Key West General Engineering Contract
 Monroe County; FL

DATE PREPARED: OCT. 26, 2012

EMPLOYEE CATEGORY & CERTIFIED WAGE RATES

PROFESSIONAL CATEGORY	2012	2012	2012
	HOURLY RATE (\$) UNBURDENED	PROPOSED CONTRACT HOURLY RATE (\$) UNBURDENED	PROPOSED CONTRACT HOURLY RATE (\$) BURDENED
SENIOR ENGINEER (Oracio Riccobono, P.E.)	53.25	53.25	156.66
PROJECT ENGINEER (Reinaldo Villa, P.E.)	41.20	41.20	121.21
ENGINEERING INTERN (Adnan Ismail, E.I.)	27.06	27.06	79.61
SENIOR ENGINEERING TECHNICIAN (Jose Gonzalez)	26.77	26.77	78.75
ENGINEERING TECHNICIAN (Roberland Morales)	26.27	26.27	77.28
CADD TECHNICIAN (Santiago Bermudez)	25.00	25.00	73.55
SECRETARIAL/CLERICAL (Aurora Riccobono)	33.27	20.00	58.84

FDOT OVERHEAD RATE = 161.61 %
 OPERATING MARGIN = 30%
 FCCM = 2.579%
 DIRECT EXPENSES = 0%
 MULTIPLIER = (161.61/100)+1+(30/100)+(2.579/100)+(0/100) = 2.9419
 YEARLY ESCALATION RATE = 0%

I CERTIFY THAT THE ABOVE RATES ARE THOSE CHARGED TO CLIENTS IN THE PRIVATE AND PUBLIC SECTOR.

RESPECTFULLY SUBMITTED BY
 GEOSOL, INC.

ORACIO RICCOBONO, P.E.
 PRESIDENT

INSURANCE CERTIFICATES



CERTIFICATE OF LIABILITY INSURANCE

11/1/2015

DATE (MM/DD/YYYY)

4/28/2015

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).

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Zurich American Insurance Company		16535
INSURER B : American Zurich Insurance Company		40142
INSURER C : Lexington Insurance Company		19437
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES BLAVE01 **CERTIFICATE NUMBER:** 13161784 **REVISION NUMBER:** XXXXXXXX

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.

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 <input checked="" type="checkbox"/> CONTRACTUAL <input checked="" type="checkbox"/> BFPD & C/O & XCU GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	GLO 4641358	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	BAP 4641355	11/1/2014	11/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	62785285	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ XXXXXXXX
B 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/A		Y	WC 4641353 (AOS) WC 4641354 (ID, MA, WI)	11/1/2014 11/1/2014	11/1/2015 11/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 NOTE: AON RISK SERVICES, LOCATED AT 8182 MARYLAND AVE., SUITE 1500, ST LOUIS, MO 63105, IS THE BROKER OF RECORD FOR THE UMBRELLA POLICY EVIDENCED ABOVE. GSA, CITY'S RFQ 12-005, KEY WEST GENERAL ENGINEERING SERVICES IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS GENERAL, AUTO AND UMBRELLA LIABILITY, THESE COVERAGES ARE PRIMARY AND NON-CONTRIBUTORY AS REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION APPLIES TO WORKER'S COMPENSATION, GENERAL, AUTO AND UMBRELLA LIABILITY WHERE ALLOWED BY STATE LAW AND AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER 13161784 KEY WEST GENERAL ENGINEERING SERVICES CITY OF KEY WEST 3140 FLAGLER AVENUE KEY WEST FL 33040	CANCELLATION See Attachments 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
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Additional Insured- Automatic- Owners, Lessees or Contractors

Policy No.	Exp. Date of Policy	Eff. Date of Policy	Agency NO.	Addl. Prem.	Return Prem.
GLO 4641358	11/1/2015	11/1/2014			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured:

Address (including ZIP Code):

This endorsement modifies insurance provided under the:
Commercial General Liability Coverage Part

- A. **Section II- Who Is an Insured** is amended to include as an insured any person or organization who you are required to add as an additional insured on this policy under a written contract or written agreement.
- B. The insurance provided to the additional insured person or organization applies only to "bodily injury", "property damage" or "personal and advertising injury" covered under **SECTION 1- Coverage A- Bodily Injury And Property Damage Liability and Section 1- Coverage B- Personal And Advertising Injury Liability**, but only with respect to liability for the "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part by:
 1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf; and resulting directly from:
 - a. Your ongoing operations preformed for the additional insured, which is the subject of the written contract or written agreement; or
 - b. "Your work" completed as included in the "products-completed operations hazard", preformed for the additional insured, which is the subject of the written contract or written agreement.
- C. However, regardless of the provisions of paragraphs **A.** and **B.** above:
 1. We will not extend any insurance coverage to any additional insured person or organization
 - a. That is not provided to you in this policy; or
 - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
 2. We will not provide Limits of Insurance to any additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or

- b. The Limits of Insurance you are required to provide in the written contract or written agreement.
- D. The insurance provided to the additional insured person or organization does not apply to:
 - "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:
 - 1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - 2. Supervisory, inspection, architectural or engineering activities.
- E. The additional insured must see to it that:
 - 1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
 - 2. We receive written notice of a claim or "suit" as soon as practicable; and
 - 3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.
- F. For this coverage provided by this endorsement:
 - 1. The following paragraph is added to Paragraph **4a.** Of the Other Insurance Condition of **Section IV-Commercial General Liability Conditions.**

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a named insured.

- 2. The following paragraph is added to Paragraph **4.b** of the Other Insurance Condition of **Section IV- Commercial General Liability Conditions:**

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured by attachment or endorsement to another policy providing coverage for the same "occurrence", claim, or "suit". This provision does not apply to any policy in which the additional insured is a named insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

G. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insured's, and which endorsement applies specifically to that identified additional insured.

Any provisions in this Coverage Part not changed by the terms and conditions of this endorsement continue to apply as written.

COMMERCIAL AUTO

CA 20 48 02 99
POLICY NUMBER: BAP 4641355 (AOS)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- Business Auto Coverage Form
- Garage Coverage Form
- Motor Carrier Coverage Form
- Truckers Coverage Form
- Business Auto Physical Damage Coverage Form

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

SCHEDULE

Name of Person(s) or Organization(s):

Any person or organization with whom you have agreed, through written contract, agreement or permit, executed prior to the loss, to provide primary additional insured coverage.

Policy Number: WC 4641353
WC 4641354

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

(Ed. 4-84)

WC 00 03 13

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

BLANKET - WHERE REQUIRED BY CONTRACT OR AGREEMENT

WC 00 03 13 (Ed. 4-84)

Waiver Of Subrogation (Blanket) Endorsement

Policy No.	Eff.Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem
GLO 4641358	11/1/2014	11/1/2015	11/1/2014			

This endorsement modifies the insurance provided under the following:

Commercial General Liability Coverage Part

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us Condition:**

If you are required by a written contract or agreement, which is executed before a loss, to waive your rights of recovery from others, we agree to waive our rights of recovery. This waiver of rights shall not be construed to be a waiver with respect to any other operations in which the insured has no contractual interest.

Policy Number: BAP 4641355

**ZURICH AMERICAN INSURANCE COMPANY
Waiver Of Subrogation (AUTO) Endorsement**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

**Business Auto Coverage Form
Truckers Coverage Form
Garage Coverage Form
Motor Carrier Coverage Form**

Name of Person or Organization:

ALL PERSONS AND/OR ORGANIZATIONS THAT REQUIRE A WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

The following is added to the **Transfer of Rights of Recovery Against Others To Us Condition**:

We waive any right of recovery we may have against the designated person or organization shown in the schedule because of payments we make for injury or damage caused by an "accident" or "loss" resulting from the ownership, maintenance, or use of a covered "auto" for which a Waiver of Subrogation is required in conjunction with work performed by you for the designated person or organization. The waiver applies only to the designated person or organization shown in the schedule.

U-CA-320-B CW (4/94)

Notification to Others of Cancellation, Nonrenewal or Reduction of Insurance

Policy No.	Eff. Date of Policy	Exp. Date of Policy	Eff. Date of End.	Producer No.	Add'l Prem	Return Prem.
GLO 4641358	11/1/2014	11/1/2015	11/1/2014			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Part
 Liquor Liability Coverage Part
 Products/Completed Operation Liability Coverage Part

A. If we cancel or non-renew this Coverage Part(s) by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:

1. To the name and address corresponding to each person or organization shown in the Schedule below; and
2. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.

B. If we cancel this Coverage Part(s) by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.

C. If coverage afforded by this Coverage Part(s) is reduced or restricted, except for any reduction of Limits of Insurance due to payment of claims, we will mail or deliver notice of such reduction or restriction:

1. To the name and address corresponding to each person or organization shown in the Schedule below; and
2. At least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.

D. If notice as described in Paragraphs **A.**, **B.** or **C.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE

Name and Address of Other Person(s)/ Organization(s)	Number of days Notice:
KEY WEST GENERAL ENGINEERING SERVICES CITY OF KEY WEST 3140 FLAGLER AVENUE KEY WEST FL 33040	30

All other terms and conditions of this policy remain unchanged.

Notification to Others of Cancellation, Nonrenewal or Reduction of Insurance

Policy No.	Eff.Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP 4641355	11/1/2014	11/1/2015				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:
Commercial Automobile Coverage Part

- A. If we cancel or non-renew this Coverage Part by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:
 - a. To the name and address corresponding to each person or organization shown in the Schedule below.
 - b. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.
- B. If we cancel this Coverage Part by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C. If coverage afforded by this Coverage Part is reduced or restricted, except for any reduction of Limits of Insurance due to payment of claims, we will mail or deliver notice of such reduction or restriction:
 - a. To the name and address corresponding to each person or organization shown in the Schedule below; and
 - b. At least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D. If notice as described in Paragraphs A, B, or C, of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
KEY WEST GENERAL ENGINEERING SERVICES CITY OF KEY WEST	30
3140 FLAGLER AVENUE KEY WEST FL 33040	

All other terms and conditions of this policy remain unchanged.

NOTIFICATION TO OTHERS OF CANCELLATION, NONRENEWAL OR REDUCTION OF INSURANCE ENDORSEMENT

This endorsement is used to add the following to Part Six of the policy.

**PART SIX
CONDITIONS**

- A.** If we cancel or non-renew this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If coverage afforded by this policy is reduced or restricted, except for any reduction of Limits of Liability due to payment of claims, we will mail or deliver notice of such reduction or restriction to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D.** If notice as described in Paragraphs **A.**, **B.** or **C.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s)	Number of Days Notice:
KEY WEST GENERAL ENGINEERING SERVICES CITY OF KEY WEST 3140 FLAGLER AVENUE KEY WEST FL 33040	30

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of this policy)

Endorsement Effective Date
Insurance Company

Policy Number

Endorsement No. Prem.



CERTIFICATE OF LIABILITY INSURANCE

11/1/2015

DATE (MM/DD/YYYY)

10/28/2014

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).

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No., Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Lexington Insurance Company		19437
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES BLAVE01 CERTIFICATE NUMBER: 12051962 REVISION NUMBER: XXXXXXXX

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	PROFESSIONAL LIABILITY	N	N	026030198	11/1/2014	11/1/2015	\$1,000,000 EACH CLAIM AND IN THE ANNUAL AGGREGATE FOR ALL PROJECTS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
GSA. CITY'S RFQ 12-005.

CERTIFICATE HOLDER**CANCELLATION** See Attachment

12051962
KEY WEST GENERAL ENGINEERING SERVICES
CITY OF KEY WEST
3140 FLAGLER AVENUE
KEY WEST FL 33040

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

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This endorsement, effective: 11/1/2014
Forms a part of policy no.: 026030198
Issued to: BLACK & VEATCH CORP
By:

ADVICE OF CANCELLATION

This endorsement modifies insurance provided by the policy:

SCHEDULE

Name of Certificate Holder (s) and Address

KEY WEST GENERAL ENGINEERING SERVICES
CITY OF KEY WEST

3140 FLAGLER AVENUE

KEY WEST FL 33040

If the **Insurer** cancels this policy for any reason other than cancellation for non-payment of premium, a thirty (30) day notice of cancellation shall be given in accordance with the terms and conditions of the policy to the Certificate Holder(s) shown in the above Schedule.

Other than the right to receive notice of cancellation as set forth herein, this endorsement confers no rights under this policy to the Certificate Holder(s) including, but not limited to, additional insured status or additional Named Insured status.

As used herein, **Insurer** means the insurance company shown in the header of the Declarations Page of this policy.

Other than the right to receive notice of cancellation or a notice of a **Material Change** as set forth herein, this endorsement confers no rights under this policy to the Certificate Holder(s) including, but not limited to, additional **Insured** status or additional **Named Insured** Status.

The following definition applies to this endorsement:

Material Change means the addition of an endorsement(s) to the policy after the policy inception date which:

- a. Reduces the Limits of Insurance/Liability; or
- b. Adds and Exclusion(s) to the policy.

All other terms and conditions of the policy remain the same