

APPLICATION FOR CAPITAL PROJECT FUNDING

This application is to request funding from the following District:

- ☒ **District I:** Key West – (shall encompass the city limits of Key West)
- ☐ **District II:** Lower Keys – (from city limits of Key West to west end of Seven Mile Bridge)
- ☐ **District III:** Marathon – (from west end of Seven Mile Bridge to Long Key Bridge)
- ☐ **District IV:** Islamorada – (between Long Key Bridge and Mile Marker 90.939)
- ☐ **District V:** Key Largo – (from Mile Marker 90.940 to the Dade/Monroe County Line and any portions of mainland Monroe County)

APPLICANT ORGANIZATION: City of Key West

(Registered business name EXACTLY as it appears on www.sunbiz.org. **Attach as Exhibit A**

Type of Applicant: ☐ Non-Profit ☒ Governmental Entity

Project Title: Mallory Square Wharf Improvements

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER OF APPLICANT'S ORGANIZATION
59-6000346

DESIGNATED PROJECT CONTACT PERSON:

Please provide a contact for general correspondence for this project. The person listed below should be able to accept responsibility for receipt of information including agreement and reimbursement information.

Name and Title: Keith Bring / Project Manager

Telephone/Mobile Number: (305) 809-3866

Email Address: keith.bring@cityofkeywest-fl.gov

Address: 1300 White Street

Key West, FL 33040

Website for Facility: <https://www.mallorysquare.com/>

LOCATION OR ADDRESS OF PROJECT: Provide physical (postal service) address, RE# and legal description (lot, block, subdivision) and attach map.

400 Wall Street, Key West, FL 33040, RE#00000170-000000

WHICH OF THE FOLLOWING APPLIES TO YOUR FACILITY?

☒ Publicly owned and operated ☐ Owned and operated by a non-profit organization

☐ Publicly owned and operated by a non-profit organization

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR FACILITY?

☐ Convention Center ☐ Sports Stadium ☐ Sports Arena ☐ Coliseum

☐ Auditorium ☐ Aquarium ☐ Museum ☐ Zoological Park

☐ Nature Center ☐ Fishing Pier ☐ *Beach or Beach Park Facility, channel, estuary or lagoon

☒ Public Facilities in accordance with conditions set forth in F.S. 125.0104(5)(a)(6)

WHICH OF THE FOLLOWING APPLIES TO YOUR PROJECT?

☐ Acquire ☒ Construct ☐ Extend ☐ Enlarge ☐ Remodel

☒ Repair ☐ Improve

***IF YOU CHECKED THE BOX FOR BEACH OR BEACH PARK FACILITY, WHICH OF THE FOLLOWING APPLIES:**

☐ Improve ☐ Renourishment ☐ Restoration ☐ Erosion Control

☐ Maintenance ☐ Construct ☐ Repair

If the TDC/County requires a Conservation Easement Deed or mortgage note requiring repayment of TDC monies in the event of transfer of ownership or change in use of the premises, would you be agreeable to executing same?

☒ Yes ☐ No

CODE ENFORCEMENT: Does your organization/property have any outstanding code violations and/or fines/costs or liens? (please note that pursuant to Section 2-25(e), Monroe County Code, organizations with outstanding code compliance fines are not eligible to receive grants or contracts from the county until such time as the fines are resolved through payment or settlement). ☐ Yes ☒ No. If you have answered yes, please explain below:

Please only complete the section of page 12 or 13 which corresponds to your type of application
Please refer to information on page 8 regarding total project cost prior to filling out these sections

Non-Profit Organizations

Payment may be up to one hundred percent (100%) reimbursement of the total cost of each segment of the project, subject to the maximum reimbursement amount of expenditures for each segment (if the project work is segmented) as set forth in the agreement. Applicant must be prepared to pay the entire cost of each segment of work in advance of seeking the up to one hundred percent (100%). For purposes of this application no more than fifty percent (50%) of out of pocket cost for non-profits shall be of in-kind services and materials, and no in-kind services shall be reimbursed. If the TDC Funds Requested are allocated at less than 100% of the total project cost, only then may the organization request to allow additional in-kind services after submission of the application, which must be entered into the final agreement. The project may be broken down into 2 or 3 segments. When one segment is completed, reimbursement of the TDC portion of that completed segment cost can be applied for through the TDC. For acquisition of property, see importation information on page 6.

Total Project Cost:	TDC Funds Requested: (up to 100% of Total Project Cost)	Organizations' Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	Confirmed In-Kind Services: (Up to 50% of Out of Pocket Cost)	Confirmed/Available Hard Dollar Funds: (Total Project Cost Less In-Kind Services)	Organizations' Financial Investment: (Out of Pocket Cost Less In-Kind Services)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

In the space below list all in-kind services and goods and their values. These values are subject to negotiation with the TDC/County Please refer to page 5 of this application.

Governmental Entities

Payment may be up to one hundred (100%) reimbursement of the total cost of each segment of the project, subject to the cap on expenditures for that segment as set forth in the agreement. Applicant must be prepared to pay the entire cost of each segment in advance of seeking up to 100% reimbursement. The project may be broken down into 2 or 3 segments. For acquisition of property see important information on page 6.

Total Project Cost:	TDC Funds Requested: (Up to 100% of total Project Cost)	Governmental Agency's Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in the budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	

Public Facilities

Segment #1 – Study

Payment will be 100% reimbursement of the total project cost of the study segment of the project, subject to the cap on expenditures for that segment as set forth in the agreement. Applicant must be prepared to pay the entire cost of this segment in advance of seeking reimbursement. The project may be broken down into additional segments. For acquisition of property see importation information on page 6.

Total Study Cost:	TDC Funds Requested: (up to 100% of Total Study Cost)	Governmental Agency's Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in the budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input checked="" type="checkbox"/>
<u>\$15,000</u>	<u>\$15,000</u>	<u>\$0</u>	

Estimated Completion date for study:
April 30, 2026

Segment #2 – Project

Payment will be up to 70% reimbursement of the physical project segment, subject to the cap on expenditures for that segment as set forth in the agreement. Applicant must be prepared to pay the entire cost of each segment in advance of seeking reimbursement. The project may be broken down into additional segments. For acquisition of property see importation information on page 6.

Total Project Cost: (not including study)	TDC Funds Requested: (up to 70% of Total Project Cost)	Governmental Agency's Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in the budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input checked="" type="checkbox"/>
<u>\$7,100,000</u>	<u>\$3,500,000</u>	<u>\$3,600,000</u>	

TDC requires confirmation in writing that the project funds are in place at the time of this application for grant funds (see Performance Guarantee on page 4). **Enclose proof of funding as Exhibit B.**

In the space below list the specific items/services, and the estimated dollar amount for each of those items/services on which your requested TDC funds will be spent on (please do not include warranty fees, items relating to administrative, office, or retail space as part of your budget. Design may only be included for Public Facilities Category Projects):

Segment 2 Estimated Project Costs:

Design \$ 600,000

Fully permittable construction plans to repair/reconstruct the wharf with resiliency features for future protection

Construction \$6,500,000

Repair/replacement of existing wharf that may include demolition and construction of a new section;

Total Estimated Project Cost \$7,100,000

*Note: Due to the urgency of this project, a structural assessment will begin the end of April 2025. The subsequent report and findings will impact design and construction.

1. Use:

a) Original use of structure/facility and date of construction:

Public plaza, early 1980's

b) Present Use:

Public plaza attracting between 1.5 and 2 million visitors annually

c) Proposed Use:

Public plaza with enhanced boardwalk to ensure public health and safety

d) Attach photograph of existing site as **Exhibit C**.

e) Historic designation: Indicate whether the property has been listed in the National Register, is located in a National Register district, is a locally designated historic landmark or is located in a locally designated historic district. If located within a historic district, provide the official name of the district. This information is available from the planning agency having jurisdiction over the property.

Located in the Key West Historic District; not National Register district

2. All Capital projects funded by the TDC shall be owned and operated by a governmental entity or non-profit organization. Applicant shall provide proof of property ownership, long term lease or service contracts for consideration of funding and should show sufficient expertise or financial capability to operate such facilities (**Enclose as Exhibit D**).

Ownership or other interest in property by applicant:

a) Official records reference for ownership documentation

b) If not owned by applicant, provide long term lease of property or service contract and provide notarized consent letter from owner for use of property as outlined in this application.

3. If proposed project calls for transfer of title of real property to County, at least two (2) current real estate appraisals and one (1) environmental assessment shall be provided (**Enclose**

as Exhibit E). The TDC/County shall ascertain, prior to acceptance of any donation or prior to the purchase, that the property will pose no environmental hazard or liability for same, to County. The TDC/County must also ascertain permissible governmental interest in the transfer of title. Indicate any such proposed title transfers here:

Not Applicable

4. This paragraph applies only to an acquisition funding request, but you will still need to complete items 5-13, whether this is a new construction or renovations, additions, or exhibits. Indicate the area of the property to be acquired in acres:

Not Applicable

In evaluating applications for acquisition funding, an important consideration is the appropriateness of the size of the site to be acquired. Determinations of the appropriateness of the site size will be made on a case-by-case basis and will depend on the characteristics for which the property is considered to be significant. Sufficient property should be acquired to assure that the historic relationship of a structure or archaeological site to its surrounding environment is preserved as applicable. However, it is important that no more property than is necessary to achieve established preservation objectives be included in the acquisition project application. As these factors are critical to favorable consideration of your grant application and will have substantial impact on the cost of the required application documentation, we encourage prospective applicants to consult with the staff of the TDC administrative office prior to initiating the required documentation.

5. Protection of Property: Indicate any type of state or federal protection currently afforded the property. It may be that more than one type may be applicable. Provide citations for applicable local protective ordinances. Include copies of property-specific restrictive legal instruments in an attachment (**Enclose as Exhibit F**). By signing and submitting this application, the proposer warrants that all restrictions are disclosed. Failure to include every restriction on the property may result in immediate termination of any agreement and demand for return of any monies paid thereunder.

Not Applicable

6. Is the property threatened by imminent destruction, deterioration or other loss which may include demolition, vacancy, severe deterioration, loss of structural integrity, encroaching development, adverse environmental conditions, vandalism, etc.? Be specific regarding the nature of immediacy of the threat. If so, describe in detail:

The wharf has deterioration of the underside of the precast planks that span the overall concrete structure. This scope of work is to replace the damaged precast sections and also improve resiliency to the square. A structural assessment will begin the end of April 2025.

7. a) Are there any building restrictions on the site? If so, describe. Attach copies of all recorded easement and restrictive covenants. By signing and submitting this application, the proposer **warrants** that **all** restrictions are disclosed. Failure to include **every** restriction on the property may result in immediate termination of any agreement and demand for return of any monies paid thereunder (**Enclose as Exhibit G**).

Not Applicable

b) Is the proposed project compatible with the County's and/or the Municipality's Concurrency Requirements under the existing and proposed Land Use Comprehensive Plan?

☒ Yes

☐ No

Describe below how you have ascertained such compatibility. Note if your description does not provide information about existing permits and/or review by the appropriate Planning Department, your application shall be rejected. Please list all permits required to complete this project.

The project area is an existing and current public plaza therefore its land use is consistent with plans and concurrency requirements. Local development plans, certificate of appropriateness, and building permits will be requested and provided by the City. Depending on the extent of the repair, any state and federal permits will be coordinated by City of Key West staff and design team.

c) Does the site contain endangered or threatened species of flora or fauna?

☒ Yes

☐ No

If yes, attach explanation as **Exhibit H**

d) Indicate whether or not the project will be accessible to the handicapped per Chapter 553, Part V Florida Statutes and the Americans with Disabilities Act of 1990, Public Law 101-336, as amended.

☒ Yes

☐ No

If no, attach explanation as **Exhibit I**

e) Explain how your facility will utilize recycling within the work of your proposed project:

The City has an extensive public recycling program. For specific reference, please see the City Code Section 58. The recycling program is managed under contract by Waste Management, Inc.

f) Public accessibility and use: Indicate the extent to which the property is currently or will be scheduled to be open to the public each year (hours per day, days per week and weeks per year) upon project completion. Estimate the number of persons who will use or visit the completed facility annually. Explain how this estimate was derived. For archaeological projects, if the site will not be accessible to the public, estimate the number of persons annually who will be exposed to the interpretive materials and reports resulting from the project. Include details on how was your estimate was derived?

The facility will be open and available to the general public year round, 365 days of the year. Of the 2.7 million people that visit Key West annually, we expect at least 1.5 million of them to visit Mallory Square. This number is based on the popularity of Mallory Square as being the number three (3) thing to do in Key West as ranked by TripAdvisor.com, the number of those participating in the nightly Sunset Celebration, and events held at Mallory Square and nearby that draw hundreds of thousands of tourists every year.

g) Is there currently signage for this project/facility on U.S.1?

☐ Yes ☒ No

If No, are there plans to install signage and if so, do you have FDOT approval? Explain below:

The location of Mallory Square is well known to the 2.7 million visitors each year.

h) If the project/facility is located in a Historic District, is there currently signage for the project/facility in the Historic District?

☒ Yes ☐ No ☐ Not located in a Historical District

i) Does the project/facility require any parking variances? Explain how this was determined in the space below.

☐ Yes ☒ No

This project will not impact any parking changes to the square so no variance will be required at this time.

8. Describe present physical condition of site (attach legal description per property tax records). Indicate the present condition of the property by checking the appropriate term below:

☐ Excellent: The property is habitable and occupied; no repairs are needed. All physical evidence indicates that the property is under continuous maintenance. Application is for expansion and enhancement.

☐ Good: The property is habitable and occupied; only replacement or cosmetic repairs are needed (e.g. peeling paint, missing ornamental features, windows, doors, some deteriorated mortar, etc.) Property is maintained but in need of minor repair.

☒ Fair: The property is habitable but may be vacant. Both the structural integrity (foundation, framing, etc.) and weather tight integrity of the property (siding, walls, roofing, etc.) are in jeopardy because of prolonged neglect.

☐ Poor: The property is uninhabitable and vacant. Major structural repairs are needed. Weather tight integrity has been lost. The property is derelict, abandoned and not habitable without major rehabilitation work.

List any specific factors or problems which contribute to the present condition of the property:

Mallory Square is in fair condition. However, the wharf along the seawall is experiencing a serious issue. The structure is showing signs of deterioration worse than expected, creating serious public health and safety risks resulting in a 45-foot area from the water's edge inward being closed off to public use to ensure public safety.

9. Status of project planning: (Design/Architectural/Engineering cost are only permissible for TDC funding if the project falls under the Public Facility category. Any work initiated prior to approval of an Agreement by the Monroe County Board of County Commissioners will be at applicants' own cost):

☐ Not yet initiated

☒ Initiated

☐ Schematics Completed

☐ Design development completed

☐ Construction documents completed

☐ Permits have been obtained (if required)

10. Name and Address of Project Consultant (architect, engineer, contractor, etc)

Structural assessment: Tetra Tech Inc, 759 S Federal Hwy, Suite 314, Stuart, FL 34994

Enclose preliminary plans or architectural documents completed to date – 1 set (**Enclose as Exhibit J**)

11. Has an Agreement for architectural services or construction services been executed?

☐ Yes (cost will not be reimbursed by TDC)

☒ No

☐ Project does not require architectural services

12. It is the County's policy **not to fund operations and maintenance cost** of facilities. Describe the means by which the structure(s) affected by this project will be maintained subsequent to restoration/rehabilitation. Include sources and estimated amounts of funding for such maintenance.

The City Department of Community Services will be responsible for maintaining these enhanced facilities. The costs of maintenance and operations will be funded in the City's Annual Budget each year during the normal budget preparation process.

13. How will this project positively impact the visitor experience in Monroe County? Please site examples.

Repair/replacement of the existing wharf will positively impact the visitor experience by restoring access to the water's edge and allowing full enjoyment of the area, especially during the iconic Sunset Celebration experience.

14. Applicant must demonstrate the ability to complete the project as proposed and to maintain and operate the project as a viable and long-term tourist attraction that is open to the public. Included in this demonstration should be a proposed operational budget and marketing program to promote this facility as a tourist attraction. (**Attach as Exhibit K.1 the proposed operational budget of the facility and as Exhibit K.2. the marketing plan and/or promotional efforts for the facility**).

15. Estimated Project completion date. As a reminder this funding becomes available October 1, 2025 so your start date on your project will be after October 1, 2025:
April 30, 2028 (2.5 years which includes 18-months for permitting)



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Detail by Entity Name

Florida Not For Profit Corporation
THE CITY OF KEY WEST, INC.

Filing Information

Document Number N13000007165 FEI/EIN Number 38-3916807 Date Filed 08/07/2013 Effective
Date 08/07/2013 State FL Status ACTIVE Last Event REINSTATEMENT Event Date Filed 10/02/2014

Principal Address

1300 White Street
KEY WEST, FL 33040

Changed: 02/09/2017

Mailing Address

1300 White Street
KEY WEST, FL 33040

Changed: 02/09/2017

Registered Agent Name & Address Ramsingh, Ronald J, ESQ

1300 White Street
KEY WEST, FL 33040

Name Changed: 03/27/2023

Address Changed: 02/09/2017

Officer/Director DetailName & Address

Title P

Henriquez, Danise

1300 White Street
KEY WEST, FL 33040

Title B

Castillo, Aaron

1300 White Street
KEY WEST, FL 33040

Title B

Kaufman, Samuel

1300 White Street
KEY WEST, FL 33040

Title B

Carey, Lissette

1300 White Street
KEY WEST, FL 33040

Title B

Lee, Donald

1300 White Street
KEY WEST, FL 33040

Title B

Haskell, Monica

1300 White Street
KEY WEST, FL 33040

Title B

Hoover, Mary Lou

1300 White Street
Key West, FL 33040

Annual Reports

Report Year	Filed Date
2023	03/27/2023
2024	02/05/2024
2025	02/10/2025

Document Images

02/10/2025 -- ANNUAL REPORT	View image in PDF format
02/05/2024 -- ANNUAL REPORT	View image in PDF format
03/27/2023 -- ANNUAL REPORT	View image in PDF format
02/07/2022 -- ANNUAL REPORT	View image in PDF format
01/27/2021 -- ANNUAL REPORT	View image in PDF format
01/21/2020 -- ANNUAL REPORT	View image in PDF format
04/05/2019 -- ANNUAL REPORT	View image in PDF format
01/24/2018 -- ANNUAL REPORT	View image in PDF format
02/09/2017 -- ANNUAL REPORT	View image in PDF format
05/11/2016 -- ANNUAL REPORT	View image in PDF format
01/27/2015 -- ANNUAL REPORT	View image in PDF format
10/02/2014 -- REINSTATEMENT	View image in PDF format
08/07/2013 -- Domestic Non-Profit	View image in PDF format

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[Events](#) **No Name History**

Florida Department of State, Division of Corporations	
<u>Florida Department of State</u>	
•	<u>DIVISION OF CORPORATIONS</u>

CITY OF KEY WEST
FY 25/26 CIP PROJECT DETAIL

Project No: IS43022501
Project Name: Mallory Square Wharf
Location: Mallory Square
Department: Engineering
Account No: 101-4302-543.63-00

Date: 04/22/25
Contact: K. Bring
Project Start: 04/28/25
Project Complete: 04/30/28
Project Estimate: \$ 7,115,000
Project Funding to Date: \$ -

Project Description/Justification:

Inspection, design & construction of the repair/replacement of the Mallory Square wharf to include a full structural assesement report and findings; fully permittable construction plans; demolition/disposal and replacement of existing sections of wharf and necessary permitting as guided by the structural assessment.

Reasons for Funding Modification (if applicable):

Operating Impact:

Related Projects:

Project Phase Summary

Phase	Committed	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	
Design/Permitting	\$ -		\$ 615,000				
Construction			\$ 6,500,000				
Total	\$ -	\$ -	\$ 7,115,000	\$ -	\$ -	\$ -	\$ 7,115,000

Funding Source Summary

Phase	Committed	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	
Infrastructure	\$ -	\$ -	\$ 3,600,000				
TDC			\$ 3,515,000				
Total	\$ -	\$ -	\$ 7,115,000	\$ -	\$ -	\$ -	\$ 7,115,000

MALLORY SQUARE – EFFECTIVE IMMEDIATELY

🚧 The affected area is shown below, marked with red “X”s:

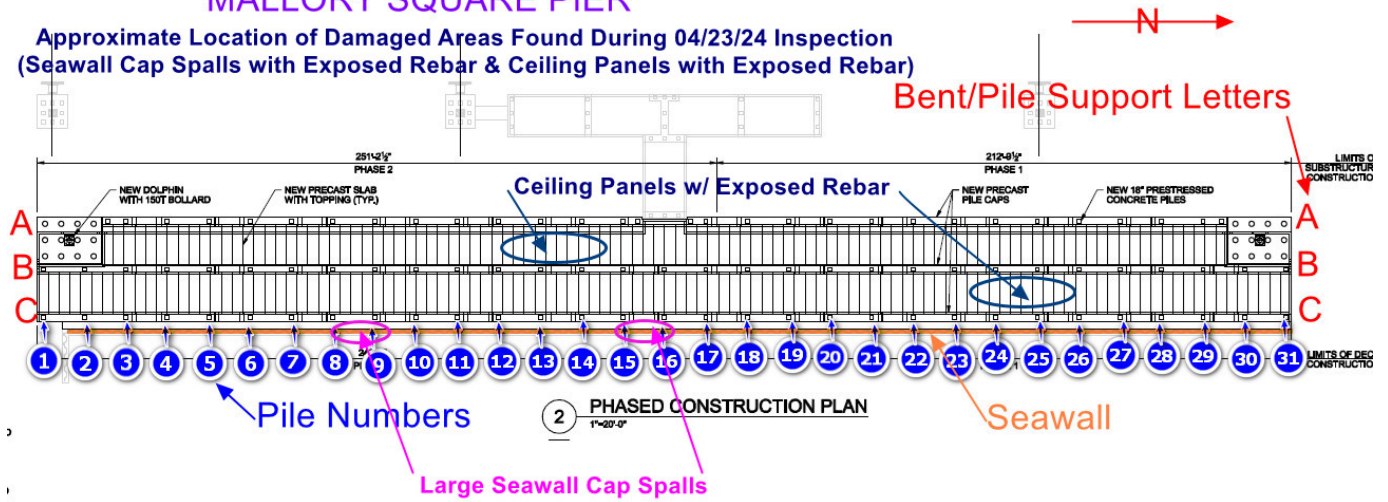


Engineering evaluations revealed signs of deterioration along the seawall. As a precautionary measure, the City of Key West has barricaded off the area from the planters to the water's edge to ensure

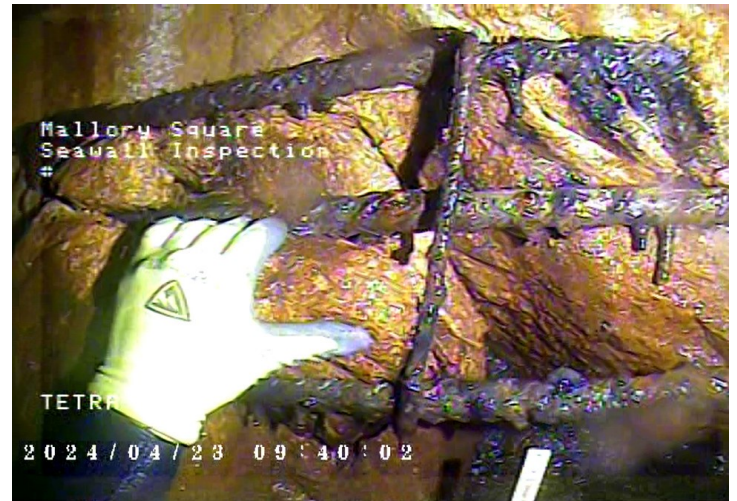
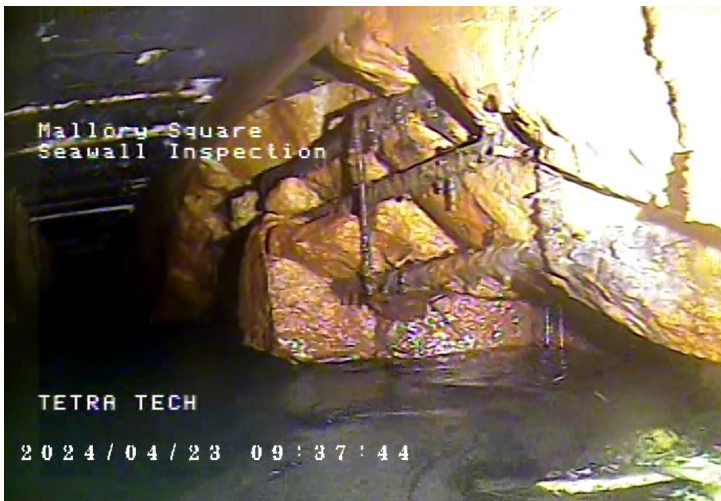


MALLORY SQUARE PIER

Approximate Location of Damaged Areas Found During 04/23/24 Inspection
(Seawall Cap Spalls with Exposed Rebar & Ceiling Panels with Exposed Rebar)



The first 2 photos below are of the seawall cap spall located between piles C8 & C9. This spall area is approximately 10ft long x 24" high (full front face of cap) x 10" to 20" deep. There are 3 horizontal 1" diameter rebars and 5 vertical 1/4" diameter rebars exposed at this location. The expose rebars have surface corrosion and minor section loss (5%).



The next 2 photos are of the seawall cap spall located between piles C15 & C16. This spall area is approximately 10ft long x 24" high (full front face of Cap) x 7" to 23" deep (to sheet pile). There are 3 horizontal 1" diameter rebars (north-south), 2 horizontal 1" diameter rebars (east-west), and 2 vertical 1/4" diameter rebars exposed at this location. The expose rebars have surface corrosion and minor section loss (5%).

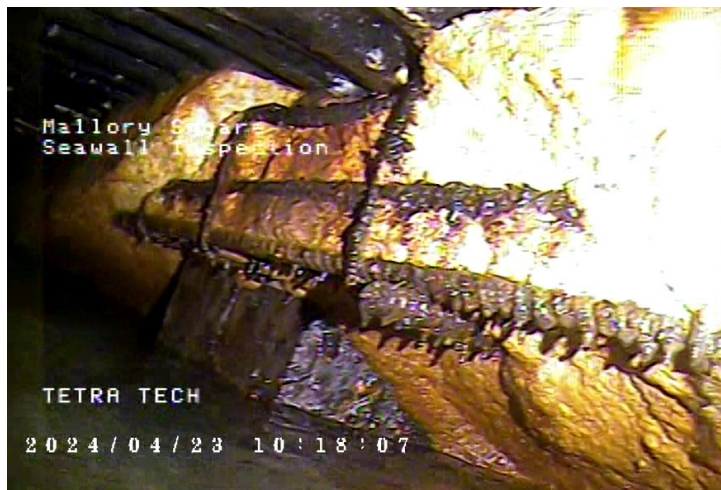


Photo is of the exposed rebar grid on the ceiling panels between the support Bents A (western north-south support bent) & B (middle north-south support bent) in the general area between piles 12 to 13 (looking to the south). The exposed grid spans the entire east/west distance between Bent A & Bent B and spans approximately 12' in the north/south direction.



Photo is of the exposed rebar grid with rebar hanging down on the ceiling panels between the support Bents B (middle north-south support bent) & C (eastern north-south support bent by seawall) in the general area between piles 24 to 26 (looking southeast). The exposed grid spans the entire east/west distance between Bent B & Bent C and spans approximately 12' in the north/south direction. The diver counted 6 pieces of rebar hanging down.

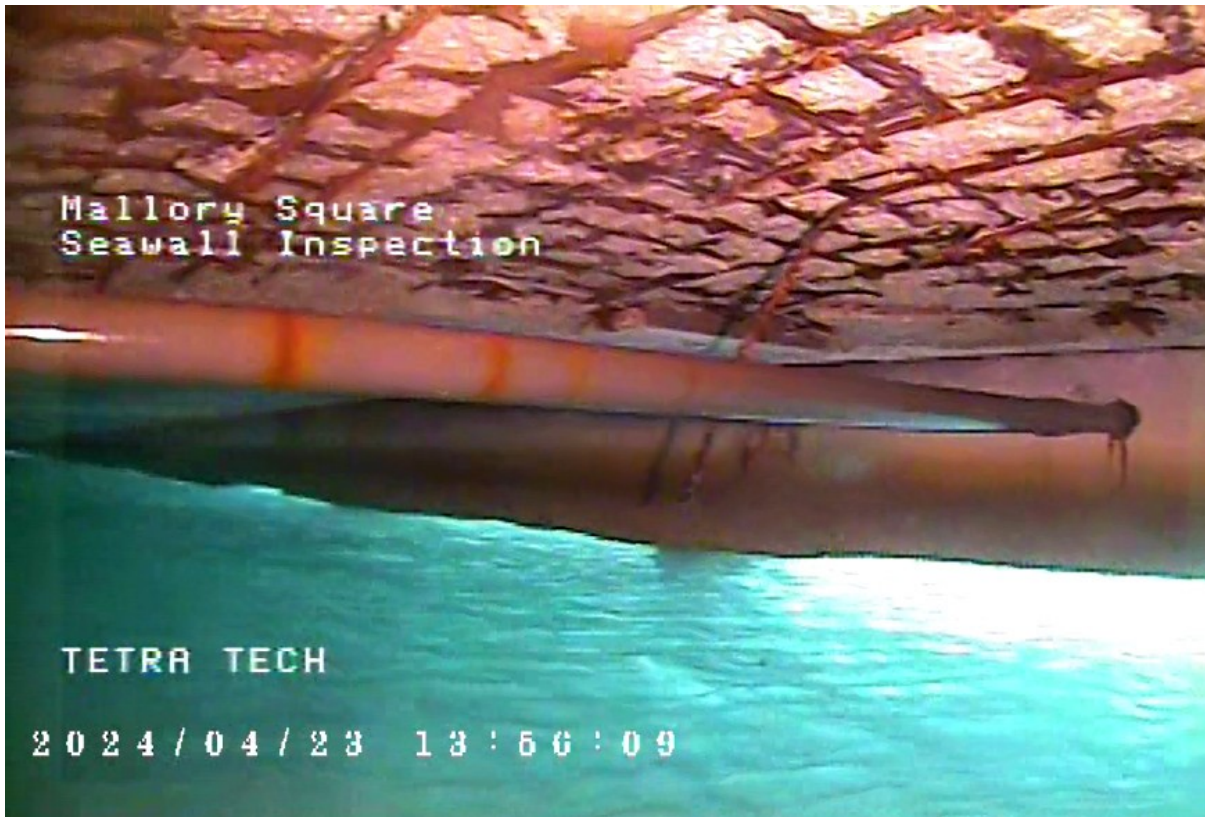


Exhibit D



Monroe County, FL

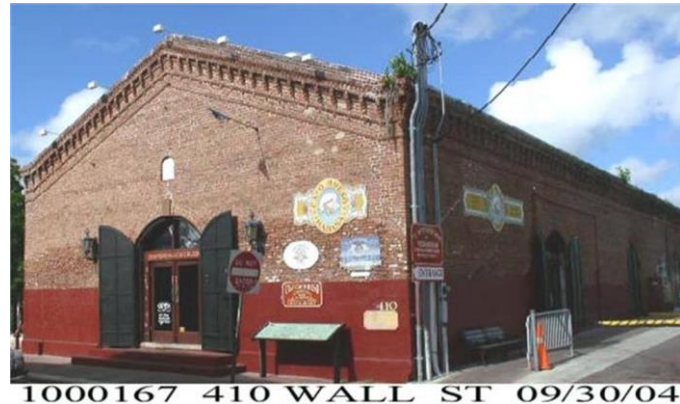
Disclaimer

The Monroe County Property Appraiser's office maintains data on property within the County solely for the purpose of fulfilling its responsibility to secure a just valuation for ad valorem tax purposes of all property within the County. The Monroe County Property Appraiser's office cannot guarantee its accuracy for any other purpose. Likewise, data provided regarding one tax year may not be applicable in prior or subsequent years. By requesting such data, you hereby understand and agree that the data is intended for ad valorem tax purposes only and should not be relied on for any other purpose.

By continuing into this site, you assert that you have read and agree to the above statement.

Summary

Parcel ID 00000170-000000
Account# 1000167
Property ID 1000167
Millage Group 10KW
Location 402 WALL St, KEY WEST
Address
Legal KW PT LOTS 2-3-4-5 SQR 3 G64-274-275 (CULTURAL
Description PRESERVATION SOCIETY INC-LEASE) OR1338-417/37(II
 LEASE) OR1623-215/229(II LEASE) OR2080-939/950(II
 LEASE)
 (Note: Not to be used on legal documents.)
Neighborhood 32020
Property MUNICIPAL (8900)
Class
Subdivision
Sec/Twp/Rng 06/68/25
Affordable No
Housing



Owner

CITY OF KEY WEST MALLORY SQUARE
 PO Box 1409
 Key West FL 33041

Valuation

	2019	2018	2017	2016
+ Market Improvement Value	\$246,810	\$246,810	\$246,810	\$246,810
+ Market Misc Value	\$1,518,137	\$1,518,137	\$1,518,137	\$1,518,137
+ Market Land Value	\$13,017,500	\$13,017,500	\$13,017,500	\$13,017,500
= Just Market Value	\$14,782,447	\$14,782,447	\$14,782,447	\$14,782,447
= Total Assessed Value	\$14,782,447	\$14,782,447	\$14,782,447	\$14,782,447
- School Exempt Value	(\$14,782,447)	(\$14,782,447)	(\$14,782,447)	(\$14,782,447)
= School Taxable Value		\$0	\$0	\$0

Land

Land Use	Number of Units	Unit Type	Frontage	Depth
COMMERCIAL EXEMPT (100E)	2.54	Acreage	0	0

Yard Items

Description	Year Built	Roll Year	Quantity	Units	Grade
CONCRETE DOCK	1964	1965	1	12936 SF	5
CON DKS/CONPIL	1977	1978	1	16704 SF	4
CON DKS/CONPIL	1977	1978	1	2611 SF	5

SEAWALL	1977	1978	1	5000 SF	4	
SEAWALL	1985	1986	1	376 SF	4	
WOOD DOCKS	1985	1986	1	564 SF	1	
CONC PATIO	1993	1994	1	200 SF	2	
WROUGHT IRON	1993	1994	1	66 SF	3	
RW2	1996	1997	1	1022 SF	5	
FENCES	1996	1997	1	2198 SF	5	
BRICK PATIO		1996	1997	1	90054 SF	3

Permits

<https://qpublic.schneidercorp.com/Application.aspx?AppID=605&LayerID=9946&PageTypeID=4&PageID=7635&KeyValue=00000170-000000>

1/5

4/24/2020

qPublic.net - Monroe County, FL - Report: 00000170-000000

Number ⓘ	Date Issued ⓘ	Completed ⓘ	Amount ⓘ	Permit Type ⓘ	Notes ⓘ	
16-2397	6/23/2016	4/16/2017	\$1,200		ELECTRICAL INSTALLATION OF 5 GFI 2 SWITCHES 1 CEILING FAN SUB PANEL EMERGENCY LIGHTS AND EXIT SIGN.	
14-0567	4/16/2014	2/13/2016	\$1,500		INSTALLATION OF A WOOD WHITE 4' HIGH FENCE BESIDE TRASH AREA.	
09-1690	6/16/2009	6/6/2011	\$46,574	Commercial	REPLACE EXISTING 200 AMP PANEL BOARD. INSTALLATION IF LIGHTING CONTACTOR. INSTALLATION OF NEW CONCRETE POLE BASE & ANCHOR BOLTS FOR EXISTING LIGHT POLE. INSTALLATION OF BRANCE CIRCUITRY FOR RECEIPT INSTALLATION.	
09-1599	6/15/2009	5/13/2011	\$207,282	Commercial	DEMOLIATION AND DISPOSAL OF EXISTING WHARF STRUCTURE 41' X 464' INCLUDING PAVERS, LIGHT POLES, WATER & SEWER LINE.	
09-1600	6/15/2009	6/5/2011	\$2,844,000	Commercial	CONSTRUCT NEW WHARF STRUCTURE, PILE-SUPPORTED, PRECAST CONCRETE BEAMS, SLABS, CONCRETE TOPPING AND PAVERS.	
03-0284	2/24/2003	6/22/2003	\$5,600		ELECTRIC-FOR DOUGHBALL'	
03-0284	2/21/2003	6/22/2003	\$6,000		REPLACE 17 LIGHTS	
03-0284	2/4/2003	6/22/2003	\$5,000		DECK FRAMING	
9602865	2/1/1997	12/1/1997	\$1		ROOF	
9602865	7/1/1996	12/1/1997	\$2,300,000		REPAIRS/REMODELING	
9603071	7/1/1996	12/1/1997	\$6,000		PLUMBING	
9603071	7/1/1996	12/1/1997	\$6,000		SIGNS	
9602377	6/1/1996	12/1/1997	\$6,800		PLUMBING	
B952726	8/1/1995	12/1/1995	\$61,327		REPAIR 8 PSP ON DOLPHIN	
B941456	5/1/1994	12/1/1994	\$5,000		DEMO INTERIOR WALLS	
			Date			
	B933595	12/1/1993	6/1/1994	\$265,000	Commercial	PUBLIC BATHROOM FACILITY
		1/1/1900				
	\$0					

View Tax Info

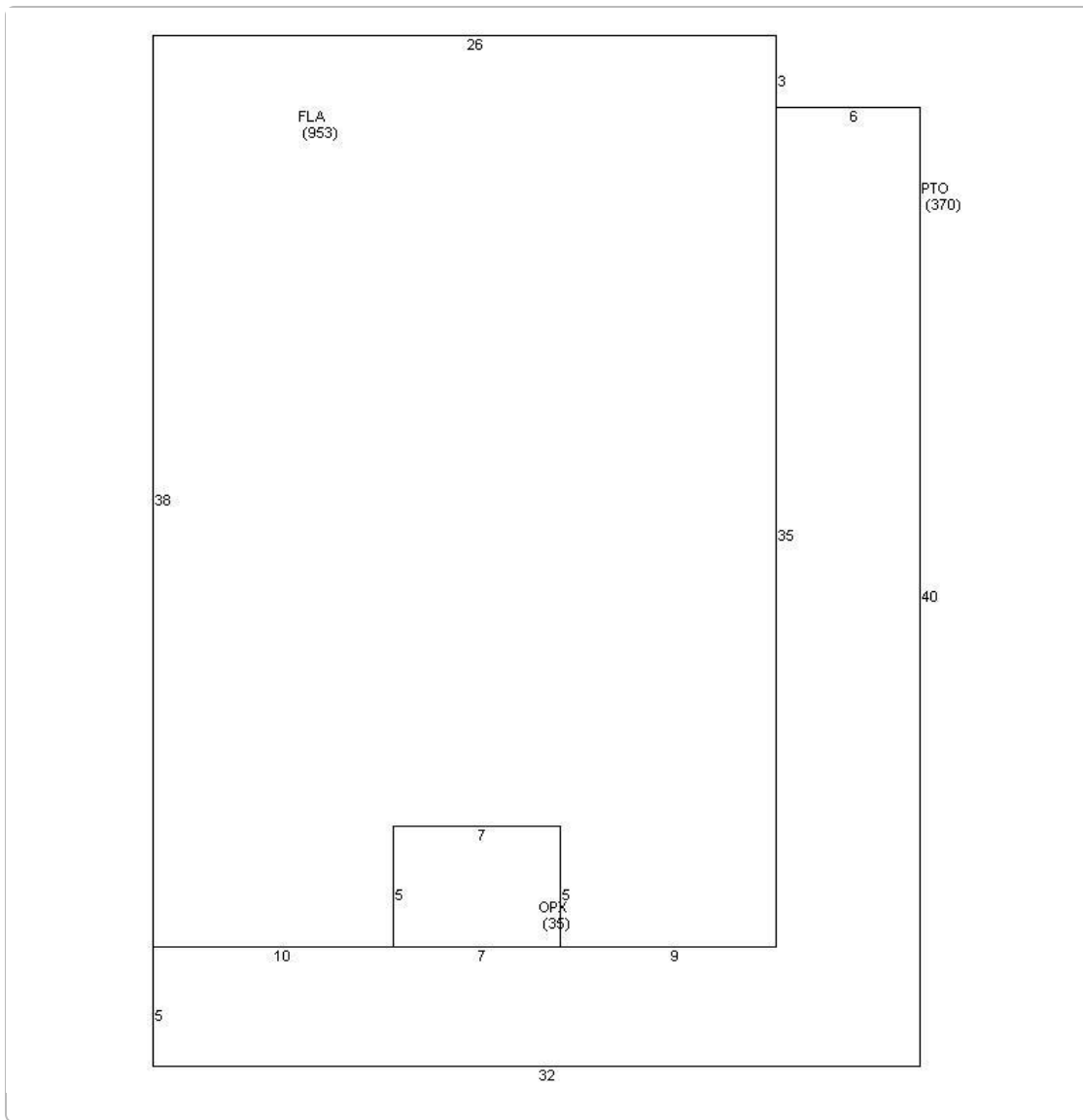
[View Taxes for this Parcel](#)

Sketches (click to enlarge)

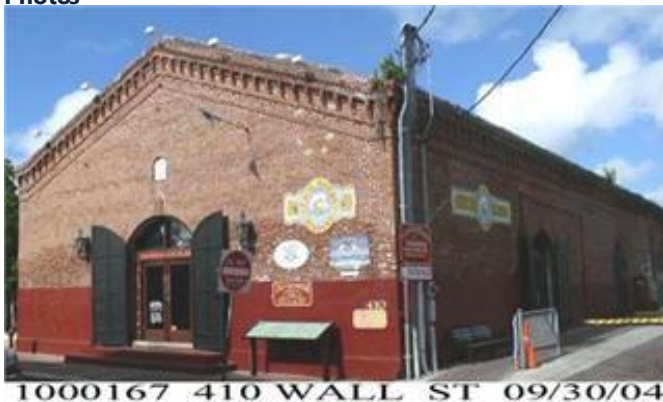


Developed
by

Version 2.3.56

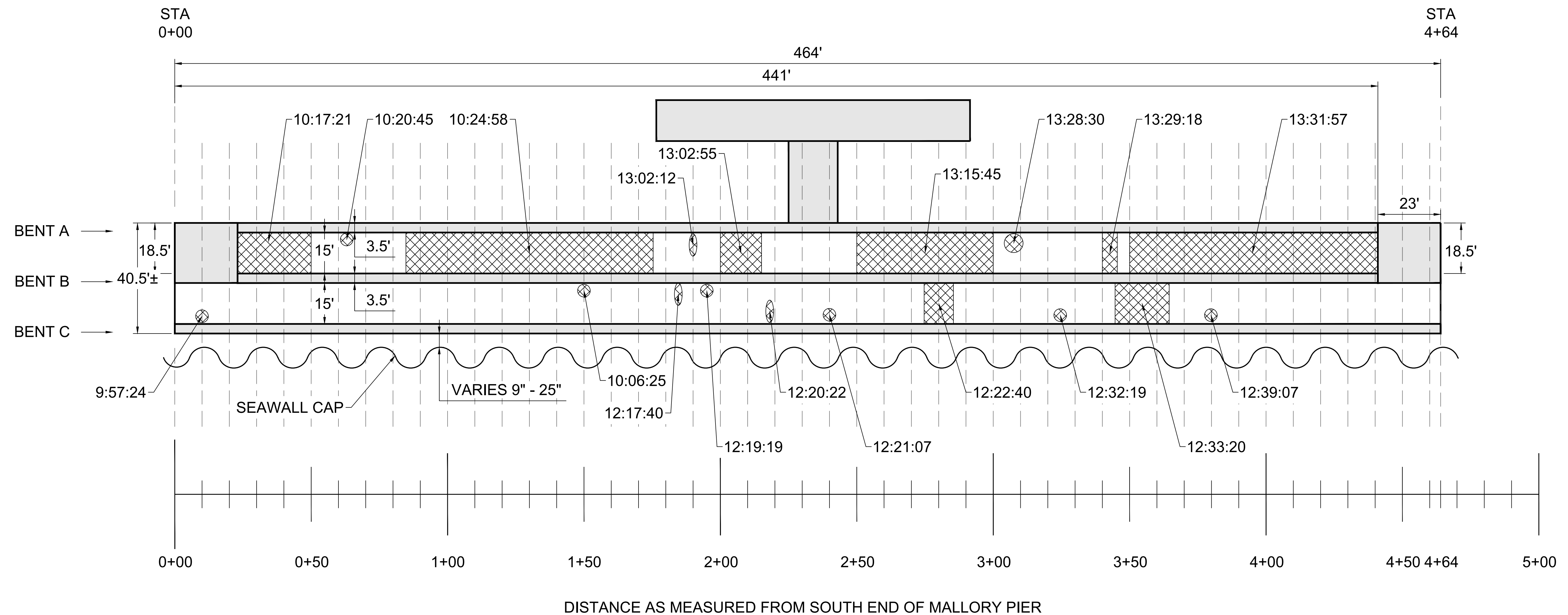
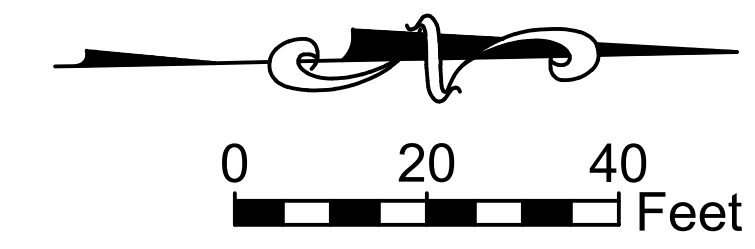


Photos



Endangered or Threatened Species of Flora or Fauna

Mallory Square: Coral will be the only thing affected by this project. The inspection of the coral with the detail of what would be removed is done closer to the time the construction happens to ensure the condition is accurate.



MALLORY SQUARE PIER SKETCH

CEILING PANEL SWIM-BY

04-24-24

LEGEND:	
	APPROXIMATE LOCATION OF MAJOR AREAS W/ EXPOSED REBAR ON CEILING PANELS
12:19:19	VIDEO TIME STAMP FOR EXPOSED REBAR ON CEILING PANELS
VIDEO: (TT MALLORY PIER CEILING SWIM BY 04-24-24)	

Operational Budget

Exhibit K1

Regarding the operational budget, the City Department of Community Services is responsible for maintaining all public facilities at Mallory Square. The cost of maintenance and operations is funded in the City's Annual Budget each year during the normal budget preparation process. The implementation of this restoration project will not cause any additional operating expenses to the city.

Marketing Plan

Exhibit K2

Mallory Square is marketed on a variety of different internet and social media platforms as one of Key West's top tourist destinations. Both Facebook and Instagram have dedicated pages marketing the venue and its upcoming activities, such as the nightly Sunset Celebration. Key West has long attracted residents and visitors drawn to its unique landscape and arts community. As the southernmost public plaza in the United States, Mallory Square has a deep history as a commercial epicenter and cultural heart for the city of Key West. Iconic views of the waterfront, combined with a vibrant arts community, draws visitors and locals to the site on a nightly basis to watch the sun set over the beautiful, clear blue waters of the Atlantic Ocean.

Long-range marketing efforts will be directed by the completion of a master plan for Mallory Square. The *Sunset Celebration at Mallory Square Master Plan* is being developed through many months of engaging the community, key stakeholders, and the City of Key West. The master plan lays a path to reintroduce Mallory Square and meet the needs of the performers, vendors, and the arts community that participate in the nightly Sunset Celebration festivities. Additionally, the plan aims to address sea level rise, increase human comfort, and expand program opportunities beyond sunset to transform Mallory Square into an all-day destination.

Community engagement for the square was conducted in three phases. The first phase asked visitors and residents how they use the square today and what they would like to improve in the future. The second phase of engagement asked for feedback on concepts for the future of the square to understand which proposals resonated with the community. The third phase involved sharing a draft of the emerging vision for the Square back to the community, inviting feedback, and building excitement for the future. Throughout the process, surveys were distributed, and 2,564 residents responded, expressing their preferences for the master redevelopment.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

City of Key West

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☒ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.

1300 White Street

6 City, state, and ZIP code

Key West, FL 33040

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

- -

or

Employer identification number

5 9 - 6 0 0 0 3 4 6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign
Here**

Signature of
U.S. person

C. Bewald Finance Director Date *4/2/2024*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

INSURANCE CHECKLIST AND AGENT/BIDDER'S STATEMENT
(Enclose as Exhibit N)
Only for applications requesting \$20,000 or more in funding

INSURANCE CHECKLIST FOR VENDORS SUBMITTING PROPOSALS OR BIDS FOR WORK

To assist in the development of your proposal, the insurance coverages marked with an "X" will be required in the event an award is made to your organization. It is required that the bidder sign the requisite form reflecting coverage and submit it with the proposal.

The insurance requirements are highlighted below.

WORKERS' COMPENSATION
AND
EMPLOYERS' LIABILITY

	X	Workers' Compensation	Statutory Limits
			Bodily Injury by Accident/Bodily Injury by Disease, Policy Limits/Bodily Injury by Disease each employee
WC1	<input checked="" type="checkbox"/>	Employers Liability	\$100,000/\$500,000/\$100,000
WC2	<input type="checkbox"/>	Employers Liability	\$500,000/\$500,000/\$500,000
WC3	<input type="checkbox"/>	Employers Liability	\$1,000,000/\$1,000,000/\$1,000,000
WCUSLH	<input type="checkbox"/>	US Longshoremen & Harbor Workers Act	\$1,000,000
WCJA	<input type="checkbox"/>	Federal Jones Act	\$1,000,000

GENERAL LIABILITY

As a minimum, the required general liability coverages will include:

- Premise Operation
- Blanket Contractual
- Products and Completed Operations
- Personal Injury

Required Limits:

GL1	_____	\$300,000 Combined Single Limit
GL2	<u>x</u>	\$500,000 Combined Single Limit
GL3	<u>✓</u>	\$1,000,000 Combined Single Limit
GL4	_____	\$2,000,000 Combined Single Limit
GL5	_____	\$3,000,000 Combined Single Limit
GL6	_____	\$4,000,000 Combined Single Limit
GL7	_____	\$5,000,000 Combined Single Limit

Required Endorsements:

GLLIQ _____ Liquor Liability

GLS _____ Security Services

All endorsements are required to have the same limits as the basic policy.

BUSINESS AUTOMOBILE LIABILITY

As a minimum, coverage should extend to liability for:

- Owned; Non-Owned and Hired Vehicles

Required Limits:

VL1	_____	\$50,000 per Person: \$100,000 per Occurrence \$25,000 Property Damage Or \$100,000 Combined Single Limit (The use of VLI should be limited to special projects that involve other governmental entities or "Not for Profit" organizations. Risk Management must approve the use of this form).
VL2	X _____	\$200,000 per Person; \$300,000 per Occurrence \$200,000 Property Damage or \$300,000 Combined Single Limit
VL3	✓ _____	\$500,000 per Person; \$1,000,000 per Occurrence \$100,000 Property Damage or \$1,000,000 Combined Single Limit
VL4	_____	\$5,000,000 Combined Single Limit

Miscellaneous Coverages

BR1	_____	Builders Risk	Limits equal to the Full Replacement Value of the completed project.
CLI	✓ _____	Cyber Liability	\$1,000,000
MVC	_____	Motor Truck Cargo	Limits equal to the maximum value of any one shipment
PRO	_____	Professional Liability	\$300,000 per Occurrence/\$ 500,000 Agg.
PRO2	_____		\$500,000 per Occurrence/\$1,000,000 Agg.
PRO3	_____		\$1,000,000 per Occurrence/\$2,000,000 Agg.
POL1	_____	Pollution Liability	\$ 500,000 per Occurrence/\$1,000,000 Agg.
POL2	_____		\$1,000,000 per Occurrence/\$2,000,000 Agg.
POL3	_____		\$3,000,000 per Occurrence/\$6,000,000 Agg.
POL4	_____		\$5,000,000 per Occurrence/\$10,000,000 Agg.
EDt	_____	Employee Dishonesty	\$ 10,000
ED2	_____		\$100,000

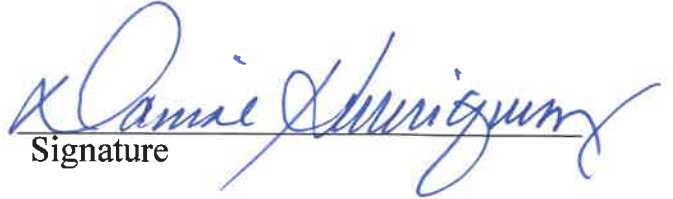
GK1		Garage Keepers	\$ 300,000 (\$ 25,000 per Vehicle)
GK2			\$ 500,000 (\$100,000 per Vehicle)
GK3			\$1,000,000 (\$250,000 per Vehicle)
MED1		Medial Professional	\$300,000/\$750,000 Agg.
MED2			\$500,000/\$1,000,000 Agg.
MED3			\$1,000,000/\$3,000,000 Agg.
MED4			\$5,000,000/\$10,000,000 Agg.
IF		Installation Floater	Maximus value of Equipment Installed
VLP1		Hazardous Cargo Transporter	\$300,000 (Requires MCS-90)
VLP2			\$500,000 (Requires MCS-90)
VLP3			\$1,000,000 (Requires MCS-90)
BLL		Bailee Liab.	Maximum Value of County Property that will be in the Bailee's possession
HKL1		Hanger Keepers Liability	\$300,000
HKL2			\$ 500,000
HKL3			\$1,000,000
HKL4			\$5,000,000
AIR1		Aircraft Liability	\$1,000,000
AIR2			\$5,000,000
AIR3			\$50,000,000
AEO1		Architects Errors & Omissions	\$250,000 per Occurrence/\$500,000 Agg
AEO2			\$500,000 per Occurrence/\$1,000,000 Agg
AEO3			\$1,000,000 per Occurrence/\$3,000,000 Agg.
AEO4			\$300,000,000 per Occurrence/\$5,000,000 Agg.
ARP		All Risk Property	Full Replacement Value of Structure
EOJ		Engineers Errors & Omissions	\$250,000 per Occurrence/\$500,000 Agg.
EO2			\$500,000 per Occurrence/\$1,000,000 Agg.
EO3			\$ 1,000,000 per Occurrence/\$2,000,000 Agg.
EO4			\$ 5,000,000 per Occurrence/\$10,000,000 Agg.
WL1		Water Craft Liability	\$500,000 per Occurrence
WL2			\$1,000,000 per Occurrence

APPLICANT'S
INSURANCE
STATEMENT

I understand the insurance that will be mandatory. If awarded the contract all insurance requirements will be satisfied.

Danise Henriquez

Applicant Name



Signature

Mayor

Title

Organization Name: City of Key West



**Common
Member Coverage Declarations**

Policy Number:	#PRM024-011A -073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name and Address:
<i>City of Key West As a member of Public Risk Management of Florida 3104 Flagler Avenue Key West, FL 33041</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

Coverage Period:	From: 10/01/2024 At 12:01 a.m. EST	To: 10/01/2025 At 12:01 a.m. EST
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Schedule of Coverages

Section I: Property (Including Boiler Machinery - Separate Policy) (Including
Property Terrorism & Sabotage/Active Shooter & Malicious Attack)

Section II: Crime

Section III: Comprehensive General Liability

Section IV: Automobile Liability

Section V: Public Officials Errors & Omissions

Section VI: Employee Benefits Liability

Section VII: Excess Workers' Compensation & Employers' Liability for a Group
Self-Insurer Fund Member

Total Member Contribution	\$3,513,469
Member Loss Fund	\$2,100,000

In return for the payment of the member contribution, and subject to all of the terms in this coverage document and Association By-Laws, Public Risk Management agrees to provide the coverage(s) as indicated in the schedule above. Specific coverage terms and conditions are afforded in the individual coverage forms by line of coverage.

Third Party Administrator: **Relation Insurance Services** - 700 Central Parkway, Stuart, FL 34994



Property Member Coverage Declarations

Policy Number:	#PRM024-011A -073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name and Address:
City of Key West <i>As a member of Public Risk Management of Florida</i> 3104 Flagler Avenue Key West, FL 33041	World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2024 At 12:01 a.m. EST	To: 10/01/2025 At 12:01 a.m. EST
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<u>Coverage Schedule</u> This coverage document provides the coverage's as shown below in the Coverage schedule with the corresponding limits and deductibles.									
<u>Covered Property</u>									
<u>Perils Covered:</u> All risks of direct physical loss or damage, including flood, earthquake, terrorism & sabotage including equipment breakdown subject to the policy exclusions. Auto Physical Damage included at Actual Cash Value.									
<u>Valuation:</u> <table><tr><td>\$262,682,827</td><td>All Other Perils Loss Limit (Total Insured Values per schedule on file with PRM)</td></tr><tr><td>Replacement Cost</td><td>Real and Personal Property</td></tr><tr><td>Actual Loss Sustained</td><td>Time Element (Total Insured Values per schedule on file with PRM)</td></tr><tr><td>Per Schedule on File</td><td>Boiler & Machinery Values</td></tr></table>		\$262,682,827	All Other Perils Loss Limit (Total Insured Values per schedule on file with PRM)	Replacement Cost	Real and Personal Property	Actual Loss Sustained	Time Element (Total Insured Values per schedule on file with PRM)	Per Schedule on File	Boiler & Machinery Values
\$262,682,827	All Other Perils Loss Limit (Total Insured Values per schedule on file with PRM)								
Replacement Cost	Real and Personal Property								
Actual Loss Sustained	Time Element (Total Insured Values per schedule on file with PRM)								
Per Schedule on File	Boiler & Machinery Values								
<u>Maintenance Deductible</u> \$25,000 AOP Losses Per Occurrence									
<u>Named Wind Deductible</u> 5% Of Total Values Per Unit involved in the loss, per any one occurrence.									
<u>Named Wind Policy Limit</u> \$15,000,000 Any one occurrence. Sub-Limits do not increase the policy limit of \$15,000,000. Membership schedule on file with Public Risk Management of Florida.									

All Terms and Conditions per Coverage Document PRM024-011A



**Property Terrorism & Sabotage /
Active Shooter & Malicious Attack
Member Coverage Declarations**

Policy Number:	# UTS2560010.24
Membership Type:	Preferred

Named Member and Mailing Address:	Managing Agent Name and Address:
<i>City of Key West As a member of Public Risk Management of Florida 3104 Flagler Avenue Key West, FL 33041</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

Coverage Period:	From: 10/01/2024	To: 10/01/2025
	At 12:01 a.m. EST	At 12:01 a.m. EST

Limits of Liability	Deductibles
Terrorism & Sabotage	
<u>\$25,000,000</u> Per Occurrence	<u>\$10,000</u> Per Occurrence
<u>\$25,000,000</u> Pool Aggregate	<u>\$10,000</u> Per Occurrence
Active Shooter & Malicious Attack	
<u>\$2,000,000</u> Per Occurrence	<u>\$10,000</u> Per Occurrence
<u>\$2,000,000</u> Pool Aggregate	

Forms & Endorsements
All Terms and Conditions per policy.



Crime Member Coverage Declarations

Policy Number:	#PRM024-011A -073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name and Address:
<i>City of Key West</i> <i>As a member of Public Risk Management of Florida</i> 3104 Flagler Avenue Key West, FL 33041	<i>World Risk Management an Accretive Company</i> 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2024 At 12:01 a.m. EST	To: 10/01/2025 At 12:01 a.m. EST
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Limits of Liability		Deductibles	
Crime			
<u>\$1,000,000</u>	Monies & Securities	<u>\$1,000</u>	Per Occurrence
<u>\$1,000,000</u>	Forgery or Alteration	<u>\$1,000</u>	Per Occurrence
<u>\$1,000,000</u>	Employee Dishonesty	<u>\$1,000</u>	Per Occurrence

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM024-011A



Comprehensive General / Law Enforcement Liability Member Coverage Declarations

Policy Number:	#PRM024-011A -073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name and Address:
<i>City of Key West</i> <i>As a member of Public Risk Management of Florida</i> 3104 Flagler Avenue Key West, FL 33041	<i>World Risk Management an Accretive Company</i> 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2024 At 12:01 a.m. EST	To: 10/01/2025 At 12:01 a.m. EST
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Limits of Liability	Self Insured Retention
Commercial General Liability	\$100,000 Self Insured Retention Per Occurrence
<u>\$1,000,000</u> Each Occurrence	
<u>\$1,000,000</u> Personal/Advertising Injury	
<u>Excluded</u> Medical Expense	
Law Enforcement	\$100,000 Self Insured Retention Per Occurrence
<u>\$1,000,000</u> Each Occurrence	

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM024-011A



Automobile Member Coverage Declarations

Policy Number:	#PRM024-011A -073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name & Mailing Address:
<i>City of Key West</i> <i>As a member of Public Risk Management of Florida</i> 3104 Flagler Avenue Key West, FL 33041	<i>World Risk Management an Accretive Company</i> 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2024	To: 10/01/2025
	At 12:01 a.m. EST	At 12:01 a.m. EST

Schedule of Automobile Coverages and Limits			
This coverage document provides the coverages as shown below in the coverage schedule with the corresponding limits and deductibles. Each of the coverages apply only to those autos shown as covered auto symbols. The covered auto symbol reference is available below. Auto Physical Damage is provided under Property Section I of the Coverage Document.			
Coverages	Covered Autos Symbol	Limit	Self Insured Retention
Liability	1,8,9	\$1,000,000	\$100,000
Personal Injury Protection	5	Statutory	\$100,000
Medical Payments		Excluded	\$0
Uninsured Motorist		Excluded	\$0
Underinsured Motorist		Excluded	\$0

- | | |
|---|--|
| (1) Any "Auto" | (6) Owned "Autos" Subject To Compulsory U.M. Law |
| (2) Owned "Autos" only | (7) "Autos" Specified On Schedule |
| (3) Owned Private Passenger "Autos" | (8) Hired "Autos" |
| (4) Owned "Autos" Other Than Private Passenger | (9) Non-Owned "Autos" |
| (5) All Owned "Autos" Which Require No-Fault Coverage | |

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM024-011A



Public Officials Errors & Omissions Member Coverage Declarations

Policy Number:	#PRM024-011A -073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name and Address:
<i>City of Key West</i> <i>As a member of Public Risk Management of Florida</i> <i>3104 Flagler Avenue</i> <i>Key West, FL 33041</i>	<i>World Risk Management an Accretive Company</i> <i>20 North Orange Avenue, Suite 500</i> <i>Orlando, FL 32801</i>

Coverage Period:	From: 10/01/2024 At 12:01 a.m. EST	To: 10/01/2025 At 12:01 a.m. EST
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Limits of Liability	Self Insured Retention
Public Officials Errors & Omissions –Per Claim \$1,000,000 Each Claim \$3,000,000 Aggregate \$2,500 EEOC Administrative Hearings \$250,000 Association Annual Aggregate EEOC Administrative Hearings	Retro Date: 10/01/2000 \$100,000 Per Claim
Sexual Harassment -Per Claim \$1,000,000 Each Claim \$3,000,000 Aggregate (Part of E&O Aggregate)	Retro Date: 10/01/2000 \$100,000 Per Claim
Sexual Misconduct -Per Claim \$1,000,000 Each Claim \$3,000,000 Aggregate (Part of E&O Aggregate)	Retro Date: Not Covered Per Claim
Inverse Condemnation – Per Claim \$100,000 Each Claim \$100,000 Aggregate Bert Harris Act – Per Claim \$300,000 Each Claim \$300,000 Aggregate	Retro Date: 10/01/2015 \$100,000 Retro Date: 10/01/2010 \$100,000
Non-Monetary Damages – Per Claim \$100,000 Each Claim \$100,000 Aggregate	Retro Date: 10/01/2015 \$100,000

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM024-011A



**Workers' Compensation and Employers' Liability
for a Group Self-Insurer Fund Member Declarations**

Policy Number:		#PRM024-011A -073
Membership Type:		<i>Preferred Member</i>
Named Member & Mailing Address:	Managing Agent Name & Mailing Address:	
City of Key West As a member of Public Risk Management of Florida 3104 Flagler Avenue Key West, FL 33041	World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801	
Coverage Period:	From: 10/01/2024 At 12:01 a.m. EST	To: 10/01/2025 At 12:01 a.m. EST
Limits of Liability:		
Coverage A – Workers' Compensation (States):	FL Statutory Limits	
Coverage B – Employer's Liability	\$2,000,000	Each Accident
	\$2,000,000	Disease-Policy Limit
	\$2,000,000	Disease-Each Employee
Coverage C – Other States Insurance:	Included	
Self-Insured Retention:	\$325,000	
Forms & Endorsements		
All Terms and Conditions per Coverage Document PRM024-011A		

Note: Member responsible for Florida State Workers Compensation Assessment Fees

Description	Class Code	Estimated Payroll 2024 – 2025
STREET OR ROAD PAVING	5509	\$558,187
MARINA & DRIVERS	6838	\$1,540,916
BUS CO - ALL OTHER EMPLOYEES & DRIVERS	7382	\$1,411,096
Sewage Disposal Plant Operations	7580	\$45,586
GARBAGE WORKS	7590	\$368,362
FIREFIGHTERS & DRIVERS	7704	\$9,151,077
POLICE OFFICERS & DRIVERS	7720	\$11,123,210
AUTOMOBILE SERVICE OR REPAIR CENTER & DRIVERS	8380	\$563,841
AUTOMOBILE STORAGE GARAGE, PARKING LOT, VALET SERVICE	8392	\$151,101
CLERICAL OFFICE EMPLOYEES	8810	\$9,188,387
ATTORNEY - ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS	8820	\$521,384
BUILDINGS OPERATIONS BY OWNER - ALL OTHER EMPLOYEES	9015	\$580,789
PARK NOC - ALL EMPLOYEES & DRIVERS	9102	\$2,331,772
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	\$1,527,689
*Subject to Payroll Audit	Total Payroll	\$39,063,397

ATTACHMENTS AND CERTIFICATIONS
(Enclose as Exhibit O)

1. The following supporting documents are attached:

- a) ☒ Print out from Sunbiz.org "Detail by Entity" (**Exhibit A**)
- b) ☒ Documentation from bank of confirmed project funds (**Exhibit B**)
- c) ☒ If applicable: Insert or attach photograph of existing site (**Exhibit C**)
- d) ☒ Proof of ownership; long term lease or service contract (**Exhibit D**)
(Include consent of ownership for use of property as described within this application)
- e) ☐ If applicable: Enclose at least two (2) current real estate appraisals and one (1) environmental assessment (**Exhibit E**)
- f) ☐ If applicable: Enclose citations for local protective ordinances (**Exhibit F**)
- g) ☐ If applicable: Enclose copies of all recorded easements and restrictive covenants (**Exhibit G**)
- h) ☒ If applicable: Enclose description of endangered/threatened species of flora or fauna (**Exhibit H**)
- i) ☐ If applicable: Enclose ADA accessibility explanation (**Exhibit I**)
- j) ☒ If applicable: Enclose preliminary plans or architectural documents (**Exhibit J**)
- k) ☒ Proposed operational budget and marketing plan (**Exhibit K.1. and Exhibit K.2.**)
- l) ☒ Applicant has printed and completed the W-9 Form included within this application (**Exhibit L**)
- m) ☐ If applicable: Applicant has submitted Monroe County New Vendor or Monroe County Vendor Update Form and supporting documentation (**Exhibit M**)
- n) ☒ Applicant has printed and completed the Insurance Worksheet (pg. 22-26) with Applicant's Insurance Agent (only required if requesting \$20,000 or more in funding) (**Exhibit N**)
- o) ☒ Notarized Attachments and Certifications form (**Exhibit O**)
- p) ☒ I have read the Capital Project Funding Process and Importation Information provided on pg. 2-9 of this application (not necessary to print and include these pages with your submission)

Danise Henriquez

President of Organization's/Mayor's Name Typed

President's/Mayor's Signature

Subscribed and sworn to (or affirmed) before me, by means of ☒ physical presence or ☐ online

notarization, on April 22nd, 2025 (date) by Danise Henriquez (

name of affiant). He/She is personally known to me or has produced

(type of identification) as identification.

Brandy Nichole Lewis
NOTARY PUBLIC

