



May 11, 2015

Mr. James Bouquet, P.E.
City of Key West
City Engineer
3140 Flagler Avenue
Key West, Fl 33040

**RE: General Engineering Services
Request for Contract Extension**

Dear Jim:

We understand the General Engineering Services contract with the City of Key West (Resolution No. 12-280) is set to expire on October 3, 2015. This resolution approved a 3-year engineering services agreement between the City and Perez Engineering & Development, Inc.

At this time, we are asking the City to utilize their option of extending the contract for an additional two (2) years per Article 4 of the agreement. We believe our work performance over the past three (3) years as well as our current involvement in ongoing projects warrant this request.

If you have any questions or need additional information, please feel free to contact us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Allen E. Perez", is written over a light blue rectangular background.

Allen E. Perez, P.E.
President

Perez Engineering & Development, Inc.

ATTACHMENT A

Fee Schedule - 2015

Discipline/Position	Registration	Rate
Principal	P.E.	\$180/hr
Senior Engineer	P.E.	\$145/hr
Project Engineer	P.E.	\$120/hr
Design Engineer	E.I.	\$95/hr
Resident Inspector		\$90/hr
CAD Designer	None	\$85/hr
Clerical	None	\$55/hr

The depicted rate ranges for each classification include all salaries, overheads, and profit, but do not include allowances for Reimbursable Expenses. These rates are subject to fiscal year adjustments.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/26/2015

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 The Porter Allen Company, Inc. 513 Southard Street Key West FL 33040	CONTACT NAME: Maria Gonzalez PHONE (A/C, No, Ext): (305) 294-2542 FAX (A/C, No): (305) 296-7985 E-MAIL ADDRESS: maria@porterallencompany.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Scottsdale Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Progressive Companies</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Scottsdale Insurance Company		INSURER B: Progressive Companies		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED Perez Engineering & Development, Inc. Attn. Allen Perez 1010 Kennedy Drive #200 Key West FL 33040														

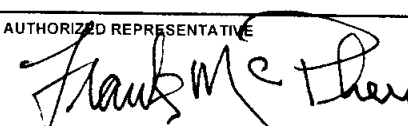
COVERAGES **CERTIFICATE NUMBER:** CL1552605521 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS2133489	11/25/2014	11/25/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ excluded
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			06650482-9	5/3/2015	11/3/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE OF AUTHORIZATION LICENSE # 8579 FOR PEREZ ENGINEERING & DEVELOPMENT, INC

ENGINEERS OR ARCHITECTS - CONSULTING - NOT ENGAGED IN ACTUAL CONSTRUCTION

CERTIFICATE HOLDER CITY OF KEY WEST 3140 FLAGLER AVENUE KEY WEST, FL 33040	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2015

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PRODUCER Collinsworth, Alter, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	CONTACT NAME: Zoraida Gonzalez PHONE (A/C, No, Ext): (305) 822-7800 E-MAIL ADDRESS: zgonzalez@caffllc.com	FAX (A/C, No): (305) 362-2443
	INSURER(S) AFFORDING COVERAGE	
INSURED Perez Engineering & Development, Inc. 1010 Kennedy Drive Suite 400 Key West, FL 33040	INSURER A : Travelers Indemnity Co. of America	
	INSURER B : Wesco Insurance Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		NAIC # 25666 25011

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	UB4336T937	09/25/2014	09/25/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Professional Liab.			ARA111964601	02/16/2015	02/16/2016	Each Claim 1,000,000
B	Claims-Made Basis			ARA111964601	02/16/2015	02/16/2016	Annual Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Professional Liability Retroactive Date 03/21/1999; Professional Liability Deductible \$10,000 Each Claim

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