

**INTERLOCAL AGREEMENT
BETWEEN THE CITY OF KEY WEST
AND THE COLLEGE OF THE
FLORIDA KEYS FOR WATER
QUALITY PARTNERSHIPS**

THIS AGREEMENT is made this ____ day of _____ 2024, by and between The College of the Florida Keys, a political subdivision of the State of Florida (hereinafter, CFK) and the City of Key West, a municipal corporation organized and existing under the laws of the State of Florida (hereinafter, the CITY).

WHEREAS, the economy of the Florida Keys depends on healthy marine ecosystems; and

WHEREAS, the CITY Strategic Plan, created from the desires of over 4,000 community survey respondents, sets a goal to improve water quality and cleanliness of nearshore waters; and

WHEREAS, CFK is uniquely positioned to help the CITY answer questions about water quality; and

WHEREAS, the CITY has budgeted funds in FY25 to assist in water quality sampling; and

WHEREAS, the CITY and CFK wish to enter into and grow a partnership to benefit the health of the nearshore waters of the island of Key West; and

WHEREAS, the CITY and CFK are currently partners on CFK's EPA grant (Award# 02D43523) to monitor water quality in the Key West Harbor and Ship Channel, and other areas of concern (AOC), and also on a Key West Water Quality Improvement Plan; and

NOW THEREFORE, in consideration of the mutual promises and conditions contained herein, the parties agree as follows:

1. **Term:** The term of this agreement shall run from the date on which the Agreement is executed by all of the Parties ("Effective Date") and extend to June 30, 2027, where this agreement shall be reviewed, revised as needed, and extended annually thereafter, if both parties (CFK and CITY) agree.
2. **Materials:** CFK shall procure water quality monitoring resources including but not limited to: (1) equipment, and (2) supplies, that will assist in monitoring AOC around the islands of Key West in accordance with, but not limited to, objectives outlined in the EPA grant (Award # 02D43523) as well as other to be determined sampling areas in the near shore waters off Key West and Stock Island.
3. **Payment:** The CITY shall review CFK budget requests annually and support the water quality monitoring program through annual budgeting and workplan processes. The maximum CITY payment shall not exceed the annual budget amount approved by City Commission. CFK will invoice the CITY quarterly. The CITY shall pay the invoice within 30 days of receipt.

4. **Billing:** CFK will bill the CITY quarterly for necessary consumables, materials, supplies, sample analysis, and operational costs associated with water quality monitoring, not to exceed the approved annual CITY budget amount. The CFK invoice will itemize all amenities and items purchased and not include sales tax. The CITY shall pay the invoice within 30 days of receipt.
5. **Water Quality Services:** Per the conditions and objectives of the current CFK grant agreement with the EPA South Florida Program (Award #02D43523), CFK will: (1) continue to maintain and monitor water quality monitoring equipment in Key West Harbor and Ship Channel and nearby coral reef habitats, (2) as much as possible continue monthly field measurements and monthly collection of water samples at AOC in the surrounding waters of Key West and submit the samples for analysis, (3), continue to monitor water quality at Mallory Square as industrial ships enter and exit Key West Harbor, (4) CFK will continue participation on the CITY Water Quality Improvement Plan (WQIP). Monitoring shall continue in perpetuity beyond the duration of the EPA grant (Award #02D43523) contingent upon periodic renewal of the ILA, and annual approval of CFK water quality monitoring budget proposals to the CITY.
6. **Sampling Locations:** CFK will continue to identify appropriate water quality monitoring locations as the monitoring needs are identified in the waters surrounding the islands of Key West, especially as they relate to the CITY WQIP. CFK will continue to maintain the YSI Turnkey continuous water quality monitoring system near Mallory Square and will continue working with the City to schedule maintenance operations.
7. **Deliverables:** CFK will provide periodic (e.g. semi-annual) presentations as needed to the CITY Commission. Upon completion of the EPA grant (Award #02D43523), CFK will provide the CITY with a copy of the EPA approved final report. Thereafter, CFK will provide an annual report to the CITY for the duration of the ILA. After completion of the EPA grant, CFK will upload qualifying data annually to the State of Florida Water Quality database.
8. **Exceptions:**
 - a. All the aforementioned water quality monitoring activities are contingent upon the proper functioning of the equipment and both CFK and the CITY understand that the water quality monitoring may be delayed or discontinued if the necessary equipment is lost, damaged, or stolen, or for any other reason becomes non-functional. To best safeguard success, CFK will insure all required water quality monitoring equipment and associated accessories owned by CFK.
 - b. Monthly field measurements and water sample collection are contingent upon safe weather conditions for boating.
9. **Insurance Requirements:**
 - a. **General Insurance Requirements**
 - (1) During the Term of the Agreement, CFK shall provide, pay for, and maintain with insurance companies satisfactory to the CITY, the types of insurance described herein.
 - (2) All insurance shall be from responsible insurance companies eligible to do business in the State of Florida. The required policies of insurance shall be performable in Monroe County, Florida, and shall be construed in accordance with the laws of the State of Florida.

- (3) The City shall be specifically included as an additional insured on CFK's Liability policies with the exception of CFK's Professional Liability policies (if required) and shall also provide the "Severability of Interest" provision (a/k/a "Separation of Insured's" provision). The City's additional insured status should be extended to all Completed Operations coverages.
- (4) CFK shall deliver to the City, prior to commencing work/activities under the Agreement, properly executed "Certificate(s) of Insurance" setting forth the insurance coverage and limits required herein. The Certificates must be signed by the authorized representative of the insurance company(s) shown on the Certificate of Insurance. In addition, certified, true, and exact copies of the insurance policies required herein shall be provided to the City, on a timely basis, if requested by the City.
- (5) If CFK fails to provide or maintain the insurance coverages required in this Agreement at any time during the Term of the Agreement and if CFK refuses or otherwise neglects to deliver the required Certificate(s) of Insurance signed by the authorized representative of the insurance company(s) to the City, the City may, at the City's sole discretion, terminate or suspend this Agreement.
- (6) CFK shall take immediate steps to make up any impairment to any Aggregate Policy Limit upon notification of the impairment. If at any time the City requests a written statement from the insurance company(s) as to any impairment to the Aggregate Limit, CFK shall promptly authorize and have delivered such statement to the City.
- (7) CFK authorizes the City and/or its insurance consultant to confirm all information furnished to the City, as to its compliance with Section 9 of this Agreement, with CFK's insurance agents, brokers, surety, and insurance carriers.
- (8) All insurance coverage of CFK shall be primary to any insurance or self-insurance program carried by the City. The City's insurance or self-insurance programs or coverage shall not be contributory with any insurance required of CFK in this Agreement.
- (9) The acceptance of delivery to the City of any Certificate of Insurance evidencing the insurance coverage and limits required in the Agreement does not constitute approval or agreement by the City that the insurance requirements in the Agreement have been met or that the insurance policies shown in the Certificates of Insurance are in compliance with the Agreement requirements.
- (10) No work/activity under this Agreement shall commence or continue unless and until the required Certificate(s) of Insurance are in effect.
- (11) The insurance coverage and limits required of CFK under this Agreement are designed to meet the minimum requirements of the City. They are not designed as a recommended insurance program for CFK. CFK alone shall be responsible for the sufficiency of its own insurance program. Should CFK have any question concerning its exposures to loss under this Agreement or the possible insurance coverage needed therefore, it should seek professional assistance.
- (12) During the Term of this Agreement, the City and its agents and contractors may continue to engage in necessary business activities during the operations of CFK. No personal property owned by City used in connection with these business activities shall be considered by CFK's insurance company as being in the care, custody, or control of CFK.

- (13) Should any of the required insurances specified in this Agreement provide for a deductible, self-insured retention, self-insured amount, or any scheme other than a fully insured program, CFK shall be responsible for all deductibles and self-insured retentions.
- (14) All of the required insurance coverages shall be issued as required by law and shall be endorsed, where necessary, to comply with the minimum requirements contained herein.
- (15) All policies of insurance required herein shall require that the insurer give the City thirty (30) days advance written notice of any cancellation, intent not to renew any policy and/or any change that will reduce the insurance coverage required in this Agreement, except for the application of the Aggregate Limits Provisions.
- (16) Renewal Certificate(s) of Insurance shall be provided to the City at least twenty (20) days prior to expiration of current coverage so that there shall be no termination of the Agreement due to lack of proof of the insurance coverage required of CFK.
- (17) If CFK utilizes contractors or sub-contractors to perform any operations or activities governed by this Agreement, CFK will ensure all contractors and sub-contractors to maintain the same types and amounts of insurance required of CFK. In addition, CFK will ensure that the contractor and sub-contractor insurances comply with all of the Insurance Requirements specified for CFK contained within this Agreement. CFK shall obtain Certificates of Insurance comparable to those required of CFK from all contractors and sub-contractors. Such Certificates of Insurances shall be presented to the City upon request. Contractor's obligation to ensure that all contractor's and sub-contractor's insurance as provided herein shall not exculpate Contractor from the direct primary responsibility Contractor has to the City hereunder. The City will look directly to Contractor for any such liability hereunder and shall not be obligated to seek recovery from any contractor or subcontract or under such contractor's or sub-contractor's insurance coverages.

b. Specific Insurance Coverages and Limits:

- (1) All requirements in this Section 9 shall be complied with in full by CFK unless excused from compliance in writing by the City.
- (2) The amounts and types of insurance must conform to the following minimum requirements. Current Insurance Service Office (ISO) or National Council on Compensation Insurance (NCCI) policies, forms, and endorsements or broader shall be used where applicable. Notwithstanding the foregoing, the wording of all policies, forms, and endorsements must be reasonably acceptable to the City.
- (3) **Workers' Compensation and Employers' Liability Insurance** shall be maintained in force during the Term of this Agreement for all employees engaged in this work under this Agreement, in accordance with the laws of the State of Florida. The minimum acceptable limits shall be:

Workers' Compensation	Florida Statutory Requirements
Employer's Liability	\$1,000,000.00 Limit Each Accident
	\$1,000,000.00 Limit Disease Aggregate
	\$1,000,000.00 Limit Disease Each Employee

If CFK has less than four (4) employees and has elected not to purchase Workers' Compensation/Employers Liability coverage as permitted by *Florida Statutes*, CFK will be required to issue a formal letter (on CFK's letterhead) stating that it has less than four (4) employees and has elected not to purchase Workers' Compensation/Employers Liability coverage as permitted by *Florida Statutes*.

- (4) **Commercial General Liability Insurance** shall be maintained by CFK on a Full Occurrence Form. Coverage shall include, but not be limited to, Premises and Operations, Personal Injury, Contractual for this Agreement, Independent Contractors, and Products & Completed Operations Coverage. The limits of such coverage shall not be less than:

Bodily Injury & Property Damage Liability	\$200,000.00 Combined Single Limit each Occurrence and \$300,000.00 Aggregate
----------------------------------------------	----------------------------------------------------------------------------------

Completed Operations Liability Coverage shall be maintained by CFK for a period of not less than four (4) years following expiration or termination of this Agreement.

- (5) The use of an Excess, Umbrella and/or Bumbershoot policy shall be acceptable if the level of protection provided by the Excess, Umbrella and/or Bumbershoot policy is equal to or more comprehensive than the Primary Commercial General Liability policy.
- (6) CFK has Watercraft liability coverage through United Educators. CFK has Workers' Compensation insurance with Maritime Endorsement through Safety National.
- (7) **Business Automobile Liability Insurance** shall be maintained by CFK as to ownership, maintenance, use, loading and unloading of all owned, non-owned, leased, or hired vehicles with limits of such coverage of not less than:

Bodily Injury Property Damage Liability	\$1,000,000.00 Limit Each Accident \$1,000,000.00 Limit Each Accident
--------------------------------------------	--------------------------------------------------------------------------

or

Bodily Injury & Property Damage Liability	\$1,000,000.00 Combined Single Limit Each Accident
----------------------------------------------	----------------------------------------------------

If CFK does not own any vehicles, this requirement can be satisfied by having CFK's Commercial General Liability policy endorsed with "Non-Owned and Hired Automobile" Liability coverage.

- (8) **Fire and Allied Property Insurance** shall be maintained by CFK insuring all water quality monitoring equipment. Coverage shall be provided on an "All Risk" basis to include the perils of Wind and Flood. The minimum acceptable limits shall be the full Replacement Value of the water quality equipment.

10. Notices: All notices, requests, demands, elections, consents, approvals and other communications hereunder must be in writing and addressed as follows, or to any other address which either party may designate to the other party by mail:

If to CFK: Dr. Jonathan Gueverra
President & CEO
5901 College Road
Key West, FL 33040

With a copy to: Dr. Brittany Snyder
Executive Vice President & CFO
5901 College Road
Key West, FL 33040

If to CITY: City Manager
P.O. Box 1409

Key West, Florida
33041

With a copy to: City Attorney
P.O. Box 1409
Key West, Florida 33041

Any Notice required by this Agreement to be given or made within a specified period of time, or on or before a date certain, shall be deemed to have been duly given if sent by certified mail, return receipt requested, postage and fees prepaid; hand delivered; or sent by overnight delivery service.

- 11. Attorney Fees and Waiver of Jury Trial.** In the event of any litigation arising out of this Agreement, the prevailing party shall be entitled to recover its attorneys' fees and costs, including the fees and expenses of any paralegals, law clerks and legal assistants, and including fees and expenses charged for representation at both the trial and appellate levels.

In the event of any litigation arising out of this Agreement, each party hereby knowingly, irrevocably, voluntarily and intentionally waives its right to trial by jury.

- 12. Adjudication of disputes or Disagreements.** CFK and CITY agree that all disputes and disagreements shall attempt to be resolved by meet and confer sessions between representatives of each of the parties. If the issue or issues are still not resolved to the satisfaction of the parties, then any party shall have the right to seek such relief or remedy as may be provided by this Agreement or by Florida law.
- 13. Cooperation.** In the event any administrative or legal proceeding is instituted against either party relating to the formation, execution, performance, or breach of this Agreement, CFK and CITY agree to participate, to the extent required by the other party, in all proceedings, hearings, processes, meetings, and other activities related to the substance of this Agreement or provision of the services under this Agreement. CFK and CITY specifically agree that no party to this Agreement shall be required to enter into any arbitration proceedings related to this Agreement.

14. Indemnification

To the extent permitted by law and subject to the provisions and monetary limitations of Section 768.28, Florida Statutes, CFK and the CITY do hereby agree to defend, indemnify and hold the other, its officers, agents, or employees, harmless from and against and any and all liability, damages, costs or expenses (including reasonable attorneys' fees, costs, and expenses at both the trial and appellate levels) arising from the intentional acts or omissions of the CITY or any third party vendor contracted by the CITY in connection with this Agreement.

- 15. Governing Law.** This Agreement shall be construed in accordance with and governed by the laws of the State of Florida. Exclusive venue for any litigation arising out of this Agreement shall be in Monroe County, Florida, Lower Keys Division of the Circuit Court or the ~~Suwan~~ District of Florida. This Agreement is not subject to arbitration.
- 16. Entire Agreement/Modification/Amendment.** This writing contains the entire Agreement of the parties and supersedes any prior oral or written representations. No representations were

made or relied upon by either party, other than those that are expressly set forth herein.

No agent, employee, or other representative of either party is empowered to modify or amend the terms of this Agreement, unless executed with the same formality as this document.

17. **Nonassignability.** This Agreement shall not be assignable by either party unless such assignment is first approved by both parties.
18. **Severability.** If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each remaining term and provision of this Agreement shall be valid and beenforceable to the fullest extent permitted by law.
19. **Independent Contractor.** The CITY and its employees, volunteers, agents, vendors and subcontractors shall be and remain independent contractor and not agents or employees of the CFK with respect to all of the acts and services performed by and under the terms of this Agreement. This Agreement shall not in any way be construed to create a partnership, association or any other kind of joint undertaking, enterprise, or venture between the parties.
20. **Waiver.** The failure of either party to this Agreement to object to or to take affirmative action with respect to any conduct of the other which is in violation of the terms of this Agreement shall not be construed as a waiver of the violation or breach, or of any future violation, breach or wrongful conduct
21. **Survival of Provisions.** Any terms or conditions of either this Agreement that require acts beyond the date of the term of the Agreement, shall survive termination of the Agreement, shall remain in full force and effect unless and until the terms or conditions are completed and shall be fully enforceable by either party.
22. **Counterparts.** This Agreement may be executed in several counterparts, each of which shall be deemed an original and such counterparts shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have set their hands and seal the day and year first written above.

THE COLLEGE OF THE FLORIDA KEYS

BY:

Brittany Snyder, Executive Vice President & CFO

(SEAL)

ATTEST:

BY: _____

Approved as to form:

BY: _____

ATTORNEY'S OFFICE

THE CITY OF KEY WEST, FLORIDA

(City Seal)

Danise Henriquez, Mayor

ATTEST:

BY: _____

Approved as to form:

BY: _____

CITY ATTORNEY'S OFFICE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 200 South Orange Avenue Orlando FL 32801	CONTACT NAME: PHONE (A/C. No. Ext): 407-370-2320		FAX (A/C. No.): 407-370-3057
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: United Educators Ins, a Reciprocal Risk Retention			10020
INSURER B: Safety National Casualty Corporation			15105
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

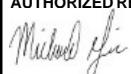
COVERAGES **CERTIFICATE NUMBER:** 1229086302 **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: per Educ System			J0693Q	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ SIR (incl in Limit) \$ 500,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$500,000 SIR			J0693Q	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ SIR (incl in Limit) \$ 500,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SP4068114	3/1/2024	3/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 WC - Statutory - Excess of \$750,000 Self Insured Retention.
 Certificate Holder is included as Additional Insured as respects to General Liability coverage, when required by written contract, to the extent of such obligation, for claims arising out of the Named Insured's operations, per policy forms.

 Water quality monitoring in the waters around Key West
 Work Comp policy includes Maritime Coverage Endorsement, per policy form.

CERTIFICATE HOLDER City of Key West PO Box 1409 Key West FL 33041	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)

3/7/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 200 South Orange Avenue Orlando FL 32801	CONTACT NAME: PHONE (A/C, No, Ext): 407-370-2320	FAX (A/C, No): 407-370-3057	
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A: Qualified Self Insurer			
INSURED The College of the Florida Keys 5901 College Road Key West, FL 33040-4397	INSURER B: Safety National Casualty Corporation		15105
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1644550633

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RM20240301	3/1/2024	3/1/2025	EACH OCCURRENCE	\$ 200,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
							Ea Occurrence Agg	\$ 300,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RM20240301	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$ 200,000
							BODILY INJURY (Per accident)	\$ 300,000
							PROPERTY DAMAGE (Per accident)	\$ Included
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SP4068114	3/1/2024	3/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

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

GL: Self Insured per Florida Statute 768.28 - \$200,000 per Person / \$300,000 per Occurrence Aggregate.
 WC: Statutory - Excess of \$750,000 Self Insured Retention.

The College of the Florida Keys student clinical experience.

CERTIFICATE HOLDER**CANCELLATION**

City of Key West
 PO Box 1409
 Key West FL 33041
 USA

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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PRODUCER Arthur J. Gallagher Risk Management Services , LLC 200 S Orange Avenue Orlando FL 32801	CONTACT NAME: PHONE (A/C. No. Ext): 407-370-2320		FAX (A/C. No.): 407-370-3057
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : American Casualty Company of Reading, PA			20427
INSURED Students of the Allied Health Sciences Courses of the Participating Colleges of the FCSRMC Management Consortium 4500 NW 27th Ave, Ste B2 Gainesville FL 32606	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1242400033

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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Student Professional Liability			0127291333	3/1/2024	3/1/2025	Each Claim \$2,000,000 Aggregate \$5,000,000

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

College of the Florida Keys Student Clinical Experience. Coverage includes College Faculty Members for instruction/supervision of students only.

CERTIFICATE HOLDER**CANCELLATION**

City of Key West
 PO Box 1409
 Key West FL 33041
 USA

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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