



CH2M HILL  
6410 5th Street  
Suite 2-A  
Key West, FL  
33040-5835  
TEL 305.294.1645  
FAX 305.294.4913

May 4, 2015

James Bouquet, P.E.  
City of Key West  
3140 Flagler Ave.  
Key West, FL 33040

Subject: 2 year Extension Option to the November 19, 2012 Master Agreement to Furnish  
General Engineering Services to the City of Key West

Dear Mr. Bouquet:

Our November 19, 2012 General Engineering Services agreement with the City, provides for an initial three-year term with an option to extend for two additional years. These terms can be found in Article 4 of the agreement. The original three-year term is set to expire on November 29, 2015.

Our proposed per diem rates for work performed under the November 19, 2012 agreement extension for fiscal year 2016, through September 30, 2015 are attached in Exhibit A, along with a description of employer categories.

It has been our pleasure working with the City of Key West over these past three years and many years previously and greatly look forward to assisting the City with your engineering needs. We are hereby requesting that the City exercise the contract option to grant CH2M HILL a two extension to the above-mentioned contract.

If you have any questions or need additional information, please contact me.

Sincerely,

CH2M HILL

Andrew Smyth, P.E.  
Key West Office Manager

William D. Beddow, P.E.  
Vice President

c: John Paul Castro/City Key West  
Joanna Phillips/CH2M HILL

EXHIBIT "A"  
Per Diem Rates for Master Agreement to Furnish Engineering Services to  
The City of Key West

Employer Category	Per Diem Rate (\$ per Hour)
<u>Professionals</u> -- Engineers, Architects, Planners, Economists, Scientists, Hydrologists, Hydrogeologists, Geologists	
Regional Group Manager	196
Principal Project Manager, Principal Technologist	186
Senior Project Manager, Senior Technologist	170
Project Manager, Engineering Specialist, Scientific Specialist, Planning Specialist	157
Associate Project Manager, Project Engineer, Project Scientist, Project Planner	135
Associate Engineer, Associate Scientist, Associate Planner	120
Staff Engineer II	106
Staff Engineer I, Staff Scientist II, Staff Planner II	94
Staff Scientist I, Staff Planner I	73
<u>Technicians</u> -- Drafters, Graphic Artists, Computer, Surveyors, Cartographics, Construction Inspectors	
Technician 6	118
Technician 5	113
Technician 4	101
Technician 3	82
Technician 2	73
Technician 1	65
Technical Aide	56
<u>Office Support</u>	
Specification Processor	89
Senior Project Assistant	67
Clerical/Office Support	63

Note: Rates applicable October 1, 2014 through September 30, 2015.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2015

**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).**

<b>PRODUCER</b> MARSH USA INC. 1225 17TH STREET, SUITE 1300 DENVER, CO 80202-5534		<b>CONTACT NAME:</b>	
15114 -MOI1-15/16		<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> CH2M HILL GLOBAL, INC. CH2M HILL ENGINEERS, INC. CH2M HILL E&C, INC. LOCKWOOD GREENE, INC. ET.AL.		<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> Greenwich Insurance Company			22322
<b>INSURER B:</b> National Union Fire Ins Co Pittsburgh PA			19445
<b>INSURER C:</b> XL Insurance America, Inc.			24554
<b>INSURER D:</b> Zurich American Insurance Co			16535
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:** SEA-002401642-16                      **REVISION NUMBER:** 8

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	RGE500025504	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,500,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	X	X	RAD500025404	05/01/2015	05/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			BE 31131560	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	RWD500025204 (AOS) RWR500025304 (WI)	05/01/2015 05/01/2015	05/01/2016 05/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>PROFESSIONAL LIABILITY*</b>			EOC3829621-13	05/01/2015	05/01/2016	Each Claim & Aggregate Each Policy Period \$2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED ON THE GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT. COVERAGE PROVIDED BY THE ABOVE GENERAL LIABILITY AND AUTO POLICIES SHALL BE PRIMARY AND NON-CONTRIBUTORY AND IS LIMITED TO THE LIABILITY RESULTING FROM THE NAMED INSURED'S OWNERSHIP AND/OR OPERATIONS. GENERAL LIABILITY AND AUTO LIABILITY INCLUDE SEPARATION OF INSUREDS AND NO CROSS SUITS EXCLUSION. GENERAL LIABILITY, AUTO LIABILITY AND WORKERS' COMPENSATION POLICIES INCLUDE A WAIVER OF SUBROGATION.

<b>CERTIFICATE HOLDER</b> CH2M HILL GLOBAL, INC. CH2M HILL ENGINEERS, INC. CH2M HILL E&C, INC. LOCKWOOD GREENE, INC. ET.AL.	<b>CANCELLATION</b> 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 of Marsh USA Inc. Sharon A. Hammer <i>Sharon A. Hammer</i>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA INC.		NAMED INSURED CH2M HILL GLOBAL, INC. CH2M HILL ENGINEERS, INC. CH2M HILL E&C, INC. LOCKWOOD GREENE, INC. ET.AL.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

CONTRACTOR'S POLLUTION LIABILITY  
INSURER E: INDIAN HARBOR INSURANCE CO.  
POLICY NO. PEC003468104  
POLICY TERM: 05/01/2015 - 05/01/2016  
EACH POLLUTION CONDITION AND AGGREGATE LIMIT OF LIABILITY: \$2,000,000

\*FOR PROFESSIONAL LIABILITY COVERAGE, THE AGGREGATE LIMIT IS THE TOTAL INSURANCE AVAILABLE FOR CLAIMS PRESENTED WITHIN THE POLICY PERIOD FOR ALL OPERATIONS OF THE INSURED. THE LIMIT WILL BE REDUCED BY PAYMENTS OF INDEMNITY AND EXPENSE.