

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 - (city limits of Key West to west end of Seven Mile Bridge)
- District III:** Marathon - (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:

Monroe County Board of County
Commissioners

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

TYPE OF APPLICANT:

Non-Profit

Governmental Entity

PROJECT TITLE: Reynolds Street Pier Pile Repairs

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER OF APPLICATION'S ORGANIZATION:
59-6000749

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 & Title: Cary Knight - Director of Project Management

Telephone/mobile no.: 305-292-4527

E-mail address: Knight-Cary@MonroeCounty-FL-Gov

Address: 1100 Simonton Street, Suite 2-216

Key West, Florida 33040

WEBSITE FOR FACILITY: www.monroecounty-fl.gov/235/Higgs-Beach

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

1000 Atlantic Blvd., Key West, FL 33040, RE# 00058800-000000

KW PT TR 27 RR-342/343 W-458/459 G33-276/280

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?**

- Improvement 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:

None

Please only complete the section of page 11 or 12 which corresponds to your type of application

Non-Profit Organizations

Payment may be up to 75% 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 75% reimbursement. 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 75% 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 your 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 important information on page 6.

Total Project Cost:	TDC Funds Requested: (Up to 75% of Total Project Cost)	Organization Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	Confirmed In-Kind Services (Up to 50% of Out of Pocket Costs)	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 TDC/County. Please refer to page 4 of this application.

Governmental Entities

Payment may be up to 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 Out of Pocket Cost (Total Project Cost less TDC Funds Requested)	I have highlighted the line item in budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input type="checkbox"/>
\$550,000	\$550,000	\$ _____	

Public Facilities

Segment #1 – Study

Payment will be 100% reimbursement of the total 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 important information on page 6.

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

Estimated completion date for study:

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 important information on page 6.

Total Project Cost(not including study):	TDC Funds Requested: (Up to 70% of Total Project Cost)	Governmental Agency Out of Pocket Cost (Total Project Cost less TDC Funds Requested)	I have highlighted the line item in budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	

TDC requires confirmation in writing that 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 that your requested TDC funds will be spent on (please do not include contingency fees or warranty fees as part of your budget):

Design	\$100,000
Permitting (FDEP, ACOE, Possible EA)	\$150,000
Construction	\$300,000
Total Cost	\$550,000

1. Use:

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

1863 Original Wooden Pier - 1986 Concrete Piles and Deck. - Some repairs in 2007

b) Present use:

Observation Pier, Water Access, FDOT Scenic Vista

c) Proposed use:

Observation Pier, Water Access, FDOT Scenic Vista

d) Insert or attach photograph of existing site (**Enclose 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.

Original pier destroyed Sept 21, 1948 - Pier is located at Clarence Higgs Beach (8MO3969) & KWHD (8MO1976)

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**).

2. 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 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.

N/A

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

N/A

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 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. However, it is important that no more property than is necessary to achieve established preservation objectives be included in the acquisition project application. As this factor is crucial 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. 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 F**).

All required permits, including the City of Key West Building and Historic Architectural Review Commission (HARC), FDEP, ACOE, NMS, and Possible EA will be obtained.

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:

One pile failed in a storm December 2018 which created a potential hazard to the public. At that time, an informal assessment of the existing piles was completed. Current spalling could cause sections of the pier to fail given another storm event.

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**).

The pier lies within an historic area and district, as well as within the National Marine Sanctuary. All required permits, including the City of Key West Building and Historic Architectural Review Commission (HARC), FDEP, ACOE, NMS, and possible EA will be obtained.

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 County Planning Department, your application shall be rejected. Please list all permits required to complete this project)

County has made improvements to the property to maintain compliance with all code regulations and uses of the pier have remained unchanged for more than 50 years. The project will follow the FDEP, ACOE, and NMS requirements and fit within the historic district. All required permits, as outlined will be obtained.

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:

Construction contractors routinely recycle the removed concrete as a normal part of construction.

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. 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. How was this estimate derived?

Higgs Beach Park is open 365 days year from 7:00 am to 11:00 pm.

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.

The pilings have begun to spall (cracking due to rusting of the structural steel reinforcement bars within). Spalling of concrete is much like freezing water that expands. The expansion of the rusting steel creates cracks in the pilings and thus generates more opportunity for further rusting. The pier requires immediate repairs with possible future replacement to prevent structural failure as seen following the storm event in December 2018.

9. Status of Project Planning: (Any work initiated prior to the approval of an agreement by the Monroe County Board of County Commissioners will be at applicants' own cost):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Not yet initiated | <input type="checkbox"/> Initiated |
| <input type="checkbox"/> Schematics complete | <input type="checkbox"/> Design development completed |
| <input type="checkbox"/> Construction documents completed | <input type="checkbox"/> Permits have been obtained (if required) |

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

TBD

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 (costs 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 costs** 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.

Maintenance of the pier will be facilitated by the Monroe County Facilities Maintenance Department.

- * The decking was replaced and upgraded by an FDOT grant in 2018 - \$450,000
- * The pile and stairs damaged in December 2018 was paid for by Monroe County - \$50,000
- * Pier was renovated under a \$900k project that included replacing the concrete ramp and abutment, re-decking the pier, adding a new pavillion, upgrading the sidewalks to ADA specs and landscapin

13. Estimated Project completion date September 2022

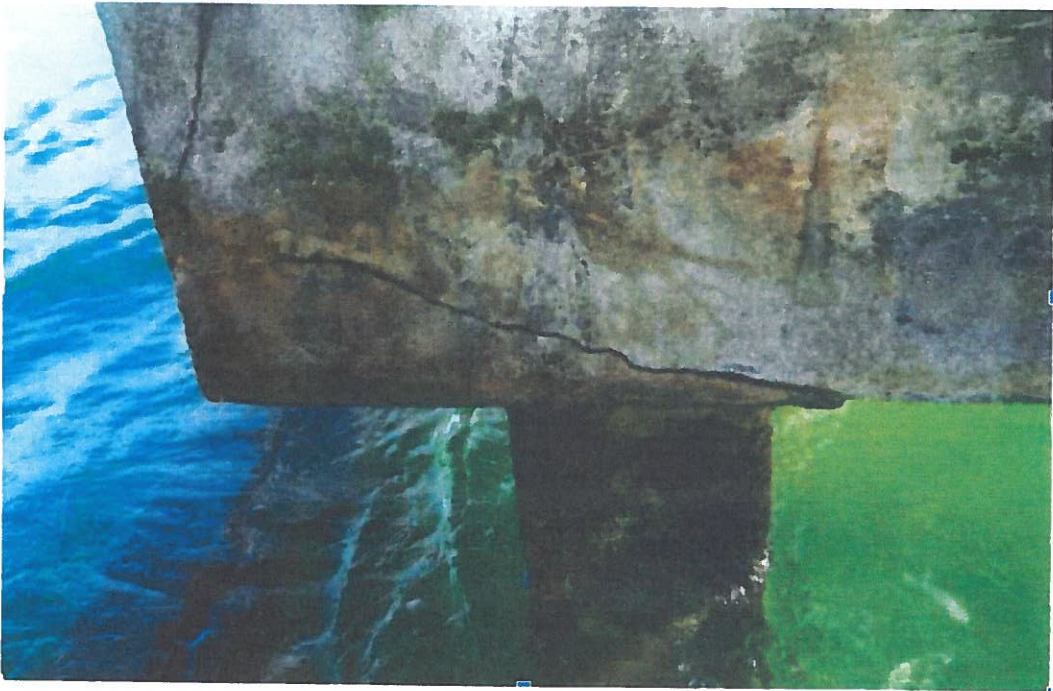
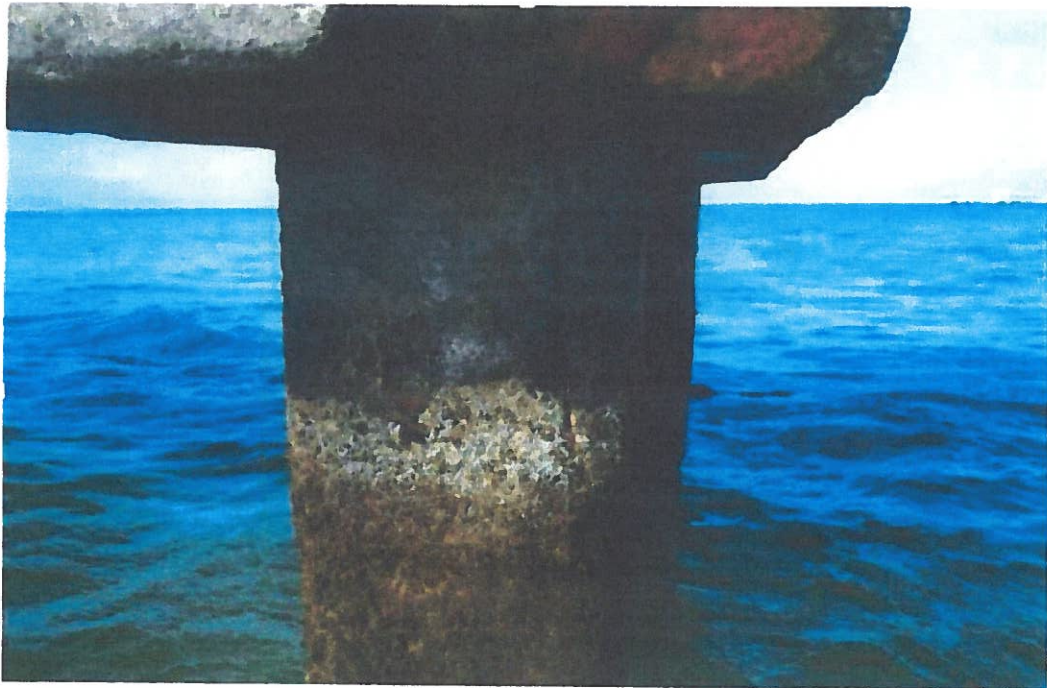
14. How will the project enhance tourism in Monroe County?

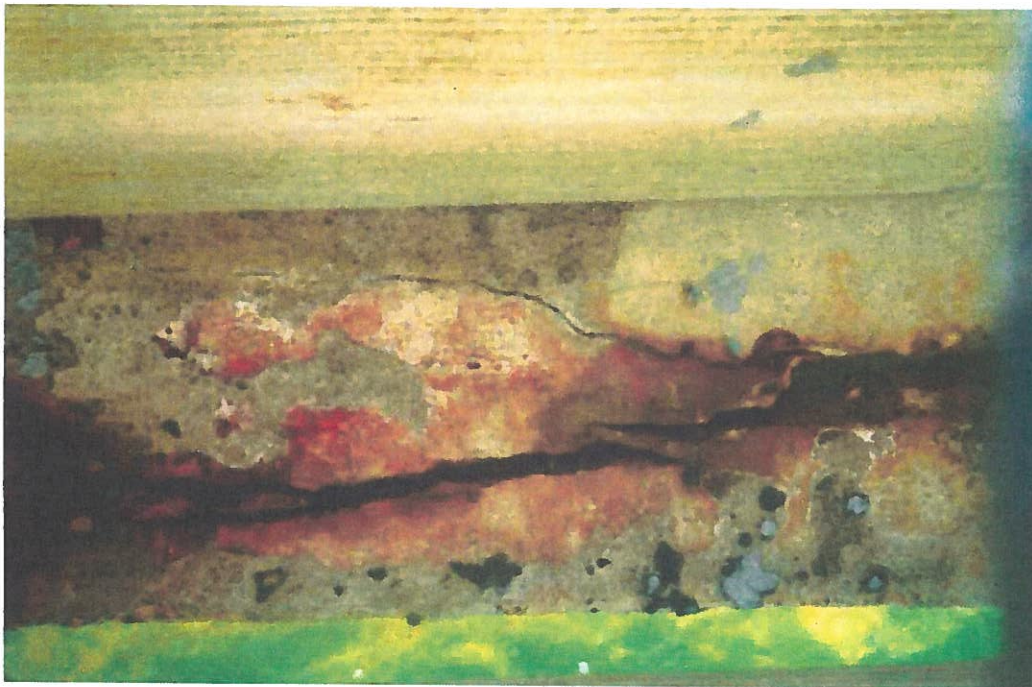
Higgs Beach is a highly popular tourist destination within walking distance of old historic downtown Key West. The county owned property includes a public beach, children's playground, Historic West Martello Tower and the Reynolds Street pier. The pier is used by thousands of visitors every year and has become a very popular sunset viewing point. Recent upgrades to the pier include new ADA compliant decking and viewing scopes. This project will prevent loss of use and ensure continued use and enjoyment for all visitors.

15. 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)**

Exhibit C
Evidence of deterioration and spalling of pier columns





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 00058800-000000
 Account# 1059293
 Property ID 1059293
 Millage Group 10KW
 Location Address 1000 ATLANTIC Blvd, KEY WEST
 Legal Description KW PT TR 27 RR-342/343 W-458/459 G33-276/280
 (Note: Not to be used on legal documents.)
 Neighborhood 32250
 Property Class COUNTY (8600)
 Subdivision
 Sec/Twp/Rng 05/68/25
 Affordable Housing No



AK 1059293 1000 ATLANTIC BLVD. 10/15/2014

Owner

MONROE COUNTY FLORIDA
 500 Whitehead St
 Key West FL 33040

Valuation

	2018	2017	2016	2015
+ Market Improvement Value	\$1,116,315	\$1,116,315	\$1,116,315	\$1,137,962
+ Market Misc Value	\$522,033	\$522,033	\$522,033	\$446,319
+ Market Land Value	\$27,069,371	\$27,069,371	\$27,069,371	\$27,069,371
= Just Market Value	\$28,707,719	\$28,707,719	\$28,707,719	\$28,653,652
= Total Assessed Value	\$28,707,719	\$28,707,719	\$28,707,719	\$28,653,652
- School Exempt Value	(\$28,707,719)	(\$28,707,719)	(\$28,707,719)	(\$28,653,652)
= School Taxable Value	\$0	\$0	\$0	\$0

Land

Land Use	Number of Units	Unit Type	Frontage	Depth
COMMERCIAL EXEMPT (100E)	489,755.00	Square Foot	0	0

Commercial Buildings

Style RESTAURANT & CAFETR / 21C
 Gross Sq Ft 4,286
 Finished Sq Ft 3,218
 Perimeter 0
 Stories 2
 Interior Walls
 Exterior Walls C.B.S.
 Quality 400 ()
 Roof Type
 Roof Material
 Exterior Wall1 C.B.S.
 Exterior Wall2
 Foundation
 Interior Finish
 Ground Floor Area
 Floor Cover
 Full Bathrooms 0
 Half Bathrooms 0
 Heating Type
 Year Built 1949
 Year Remodeled
 Effective Year Built 1994

Condition Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	3,218	3,218	0
PTO	PATIO	192	0	0
PDO	PATIO DIN OPEN	876	0	0
TOTAL		4,286	3,218	0

Style COUNTY BLDGS A / 86A
Gross Sq Ft 1,003
Finished Sq Ft 1,003
Perimeter 0
Stories 1
Interior Walls
Exterior Walls C.B.S.
Quality 400 ()
Roof Type
Roof Material
Exterior Wall1 C.B.S.
Exterior Wall2
Foundation
Interior Finish
Ground Floor Area
Floor Cover
Full Bathrooms 2
Half Bathrooms 0
Heating Type
Year Built 1990
Year Remodeled
Effective Year Built 1994

Condition Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	1,003	1,003	0
TOTAL		1,003	1,003	0

Style COUNTY BLDGS B / 86B
Gross Sq Ft 5,365
Finished Sq Ft 3,775
Perimeter 0
Stories 2
Interior Walls
Exterior Walls AB AVE WOOD SIDING
Quality 400 ()
Roof Type
Roof Material
Exterior Wall1 AB AVE WOOD SIDING
Exterior Wall2
Foundation
Interior Finish
Ground Floor Area
Floor Cover
Full Bathrooms 0
Half Bathrooms 0
Heating Type
Year Built 1865
Year Remodeled
Effective Year Built 1982

Condition Code	Description	Sketch Area	Finished Area	Perimeter
OPX	EXC OPEN PORCH	1,590	0	0
FLA	FLOOR LIV AREA	3,775	3,775	0
TOTAL		5,365	3,775	0

Style COUNTY BLDGS A / 86A
Gross Sq Ft 420
Finished Sq Ft 384
Perimeter 0
Stories 1
Interior Walls
Exterior Walls BRICK
Quality 400 ()
Roof Type
Roof Material
Exterior Wall1 BRICK
Exterior Wall2
Foundation
Interior Finish
Ground Floor Area
Floor Cover

Full Bathrooms 2
 Half Bathrooms 0
 Heating Type
 Year Built 2002
 Year Remodeled
 Effective Year Built 2001
 Condition

Code	Description	Sketch Area	Finished Area	Perimeter
OPX	EXC OPEN PORCH	36	0	0
FLA	FLOOR LIV AREA	384	384	0
TOTAL		420	384	0

Yard Items

Description	Year Built	Roll Year	Quantity	Units	Grade
RW2	1967	1968	1	1020 SF	1
SEAWALL	1967	1968	1	5670 SF	4
ASPHALT PAVING	1971	1972	1	30425 SF	2
TIKI	1975	1976	1	1560 SF	5
RW2	1981	1982	1	104 SF	5
TIKI	1981	1982	1	1045 SF	2
CONC PATIO	1986	1987	1	1280 SF	2
ASPHALT PAVING	1986	1987	1	35040 SF	3
CH LINK FENCE	1986	1987	1	8064 SF	1
CH LINK FENCE	1986	1987	1	9080 SF	3
TIKI	1989	1990	1	80 SF	1
ASPHALT PAVING	1990	1991	1	15540 SF	2
WOOD DOCKS	1990	1991	1	3224 SF	4
ASPHALT PAVING	1992	1993	1	8121 SF	2
CONC PATIO	1995	1996	1	345 SF	2
ASPHALT PAVING	1997	1998	1	38150 SF	2
CH LINK FENCE	1997	1998	1	660 SF	1
UTILITY BLDG	1997	1998	1	96 SF	3
FENCES	1999	2000	1	160 SF	2
CONC PATIO	1999	2000	1	48 SF	2
TIKI	1999	2000	1	50 SF	1
WOOD DECK	2000	2001	1	625 SF	2
FENCES	2001	2002	1	240 SF	2
FENCES	2002	2003	1	540 SF	2
WROUGHT IRON	2011	2012	1	444 SF	5

Permits

Number	Date Issued	Date Completed	Amount	Permit Type	Notes
14-0542	2/28/2014		\$20,000		REMOVE ASPHALT AND INSTALL BRICK 1950 SF
13-3900	9/17/2013	10/15/2014	\$0		PLUMBING TO REPLACE THE OLD LEAKING CAST IRON DRAIN LINES FOR THE KITCHEN INCLUDING: ONE 3 COMP SINK, ONE DISHWASHER, TWO HAND SINKS, TWO PREP SINKS, THREE FLOOR DRAINS AND THREE FLOOR SINKS (SALUTE RESTAURANT)
13-3809	9/11/2013	10/15/2014	\$12,500	Commercial	PLUMBING FOR 1-1200 GALLON GREASE TRAP. CONNECT TO MAIN SEWER OUTSIDE OF RESTAURANT.
12-4354	12/26/2012		\$13,875	Commercial	REPLACE EXISTING AWNING WITH NEW AWNING.
11-4452	12/7/2011	8/10/2012	\$32,521	Commercial	REPLACE EXISTING PERIMETER FENCE AROUND FORT WALLS APPROX 169 LF
11-706	3/8/2011	8/9/2011	\$18,000	Commercial	CONCRETE FOOTERS
10-2655	8/11/2010	8/9/2011	\$25,990	Commercial	111' X 42' h SOLID STEEL PICKET FENCE CORE DRILLED IN TO EXISTING SLAB. AFRICIAN CEMETARY MEMORIAL PROJECT.
10-344	2/4/2010	4/12/2010	\$3,000	Commercial	REPLACE PLUMBING FIXTURES
10-345	2/4/2010	4/12/2010	\$2,000	Commercial	REPLACE VENTILATION AND LIGHT FIXTURES
10-343	2/2/2010	4/9/2010	\$12,000	Commercial	HIGGS BEACH RESTROOM IMPROVEMENTS
09-00004179	12/10/2009	8/9/2011	\$6,985	Commercial	BUILD NEW CROSS WALK AT EXISTING PARKING LOT
09-3237	9/23/2009		\$15,000	Commercial	INSTALL 5-TON PACKAGE CENTRAL A/C ON THE ROOF OF KITCHEN. INSTALL 2.5 TON A/C ON ROOF OF BATHROOMS.
09-2274	9/8/2009		\$3,500	Commercial	ERECT NEW 6" X 6" FT. POST & 6' X 8' FT. WOODEN FENCE PANELS. INSTALL GATE HINGES & HANDLES. PLACE ROUND DECORATIVE BALL CAP AT ALL CORNERS PLACE INFORMAT. SIGNS ON THE FRONT OF THE GATES TO SAY: "NO PARKING TOW AWAY ZONE".
09-2295	7/30/2009		\$500	Commercial	REVISION TO PERMIT #09-1876. ELEC. WIRING OF ADA ENTRY & OUTDOOR BAR & ADA BATH. ADDING ELECTRICAL INSTALLATION AT COOLING BOX.
09-2009	7/8/2009	8/9/2011	\$10,000	Commercial	INSTALL WALK-IN COOLER (8X16)
09-1961	6/30/2009		\$3,837	Commercial	INSTALL 550 SQ FT OF SBS MODIFIED BITUMEN SINGLE PLY ROOFING
09-1876	6/23/2009		\$1,200	Commercial	ELECTRICAL WIRING OF ADA ENTRY AND OUTDOOR BAR AND ADA BATH
09-1767	6/15/2009		\$4,000	Commercial	RELOCATE TOILET FOR A HANDICAP BATHROOM INSTALL LAVATORY, REDO WATER HEATER

Number	Date Issued	Date Completed	Amount	Permit Type	Notes
09-1441	5/28/2009		\$68,000	Commercial	ADA REQUIREMENTS: ADD RAMP TO ADA BATH ROOM NEW ACCESS DOOR TO BATHS. ADD 4X21 WOOD CANOPY OVER BATH APPROACH ROOF. POUR SLAB 8 X 16 FOR COOLER BOX, FRAME SURROUND & ROOF TO PROTECT COOLER BOX ADD ADA RAMP & CONCRETE TO ENTRANCE ADD 6' X 6' BAR OPEN WALL W/DOOR TO EXISTING BAR. ADD HURRICANE RATED IMPACT WINDOW TO EXISTING HOLE.
09-1593	5/28/2009		\$2,000	Commercial	PLACE CONCRETE AT THE BASE OF 176 L.F. OF EXISTING SEAWALL THAT IS SEVERLY UNDERMINING. EMERGENCY ACTION. TURBIDITY SCREEN WILL BE PLACED BEFORE WORK BEGINS.
08-0165	1/23/2008	2/13/2008	\$5,900	Commercial	COMPLETE SAFETY ISSUES
07-1225	5/2/2007		\$449,969	Commercial	MINOR DEMOLITION & RECONSTRUCTION OF 400 FT HIGGS BEACH PIER DUE TO PARTIAL DESTRUCTION 2004 HURRICANE SEASON. WORK TO RECONSTRUCT EXISTING WOOD STRUCTURE PLATFORM SYSTEM FOR THE PIER OVER THE ENTIRE 400 FT LENGTH.
07-1225	5/2/2007		\$449,969	Commercial	RECONSTRUCTION OF 400FT.,OF HIGGS BEACH PIER.
07-1779	4/18/2007		\$2,000	Commercial	TEMPORARY 6' CHAIN LINK SECURITY FENCE FOR PUBLIC SAFETY & SECURITY OF MATERIALS ETC. NEEDED FOR WORK BEING PERFORMED TO PIER. 2 - 16' GATES; 1 - 4' GATE; 250 LF
07-0562	3/12/2007		\$25,000	Commercial	PLACE GROUND LEVEL FLOATING SLAB & BEAMS OVER CEMETARY SITE
07-0563	3/12/2007		\$2,000	Commercial	INSTALL LIGHTING IN COLUMNS FOR MEMORIAL
07-0662	3/12/2007		\$25,000	Commercial	GROUND LEVEL SLAB OVER CEMETERY SITE INSTALL ADA RAMP
07-0663	3/12/2007		\$2,000	Commercial	INSTALL LOW LEVEL LIGHTIN IN COLUMNS TO ILLUMINATE MEMORIAL
06-5331	9/21/2006		\$10,000	Commercial	INSTALLATION OF BRICK PAVERS WALKWAYS & ENTRANCE AREA, ADA ACCESS AREAS, UNDER PAVILIONS, BENCHES AND WATER FOUNTAINS. APPROX 2700 SQ FT.
06-2366	4/18/2006		\$4,000	Commercial	REPLACE 3 SECTIONS OF EXISTING FENCE
05-3650	9/7/2005		\$41,000	Commercial	INSTALL 1" ASPHALT PAVING OVERLAY STA. 00 TO STA 8.44
05-0850	4/22/2005		\$38,400	Commercial	APPLY WHITE ELASTOMERIC COATING TO ROOF SURFACE (12.8 SQUARES)
05-0850	4/20/2005		\$17,400	Commercial	ADD 1 1/2" DIA. HANDRAILS TO ENTRANCE RAMP (2). MAKE ADA RESTROOM REVISION (ENLARGE ADA STALLS USING 6" CMU W/GRAB BARS ACCESS DOOR & SINK). REPLACE REGULAR LAVATORY DOORS & PLYWOOD PARTITION WALL W/6" CMU. REPLACE PIPE CHASE DOORS. REPAIR SOFFIT. PAINT INTERIOR & SOFFIT.
05-0850	4/20/2005		\$27,600	Commercial	REPLACE ALL PLUMBING (18) FIXTURES RELOCATE SINK TO ADA TOILET STALL. INSTALL HOT WATER HEATER AND PRESSURE WASHER PIPING.
05-0850	4/20/2005		\$35,600	Commercial	REPLACE EXISTING FLOURECENT LIGHT FIXTURES WITH (18) 12" X 12" 150W CEILING LIGHT FIXTURES WITH METAL HALIDE LAMPS. INSTALL POWER CIRCUITS FOR: (2) EXHAUST FANS W 1/4 HP 115V MOTOR (1) PRESSURE WASHER (1) HOT WATER HEATER.
05-0850	4/20/2005		\$38,400	Commercial	make ada restroom revisions
04-3513	11/15/2004		\$19,000	Commercial	REPLACE CHAIN LINK FENCE, 4 GATES
04-3515	11/15/2004	12/16/2004	\$2,500	Commercial	2 WATER FOUNTAINS
04-3514	11/10/2004	12/16/2004	\$2,500	Commercial	SECURITY LIGHTS
04-1661	6/8/2004	12/2/2004	\$1,600	Commercial	RECOVER CANOPY
04-1426	5/3/2004	12/2/2004	\$4,650	Commercial	NEW PLAYGROUND EQUIPMENT
04-1168	4/13/2004	12/2/2004	\$1,500	Commercial	TIKI HUT ROOF
03-0740	3/19/2003	12/4/2003	\$14,908	Commercial	ROOF REPAIR
03-0413	2/20/2003	12/4/2003	\$2,500	Commercial	RAMP AT YOGA TIKI
02-2872	10/30/2002	12/12/2003	\$4,000	Commercial	ENLARGE COURTS
02-2499	9/23/2002	12/26/2002	\$12,700	Commercial	INSTALL FIRE SUPPRESSION
02-1722	7/17/2002	12/5/2002	\$67,000	Commercial	ELECT FOR RESTROOM
0202936	7/1/2002	12/26/2002	\$1		WOOD FENCE
02-1582	7/1/2002	12/5/2002	\$161,890	Commercial	NEW BLDG FOR REST ROOMS
01-2169	6/7/2001	11/29/2001	\$4,500	Commercial	NEW AWNING
01-1638	5/7/2001	11/29/2001	\$3,500	Commercial	SATELITE DISH
01-1769	5/2/2001	11/29/2001	\$1,600	Commercial	FENCE
10-1638	4/19/2001	11/29/2001	\$3,500	Commercial	FENCES
0101642	4/17/2001	11/29/2001	\$1	Commercial	ELECTRICAL
01-1330	3/23/2001	11/29/2001	\$700	Commercial	REPLACE EXHAUST FAN IN BA
00-0444	4/18/2000	7/31/2000	\$10,000	Commercial	SIDEWALKS/HANDICAP RAMP
00-0854	4/3/2000	7/31/2000	\$5,000	Commercial	REPLACE AC AT RESTAURANT
98-3586	8/24/1998	11/6/1998	\$2,200	Commercial	RAIL FENCE/SHED
98-1602	5/21/1998	11/6/1998	\$40,000	Commercial	ASPHALT
98-1328	4/23/1998	11/6/1998	\$3,250	Commercial	SANDBLAST/PAINT STEEL PAV
98-0941	3/26/1998	11/6/1998	\$1,200	Commercial	22' ROLLING GATE
98-0893	3/18/1998	11/6/1998	\$875	Commercial	TEMP ELECTRIC
98-0321	1/2/1998	11/6/1998	\$1,200	Residential	ELECTRICAL
97-2696	8/1/1997	12/1/1997	\$800	Commercial	RAILINGS ON BATHROOMS
97-1430	5/1/1997	10/1/1997	\$500	Commercial	RELOCATE KIOSK
96-4399	11/1/1996	11/1/1996	\$3,500	Commercial	ROOF
96-2898	7/1/1996	8/1/1996	\$12,000	Commercial	RENOVATIONS
96-2190	5/1/1996	8/1/1996	\$2,250	Commercial	SLAB
96-0506	1/1/1996	8/1/1996	\$900	Commercial	PAVING
05-3650	12/1/1995		\$41,000	Commercial	1" ASPHALT PAVING OVERLAY
9500044	12/1/1995	8/1/1996	\$1	Commercial	ELECTRIC

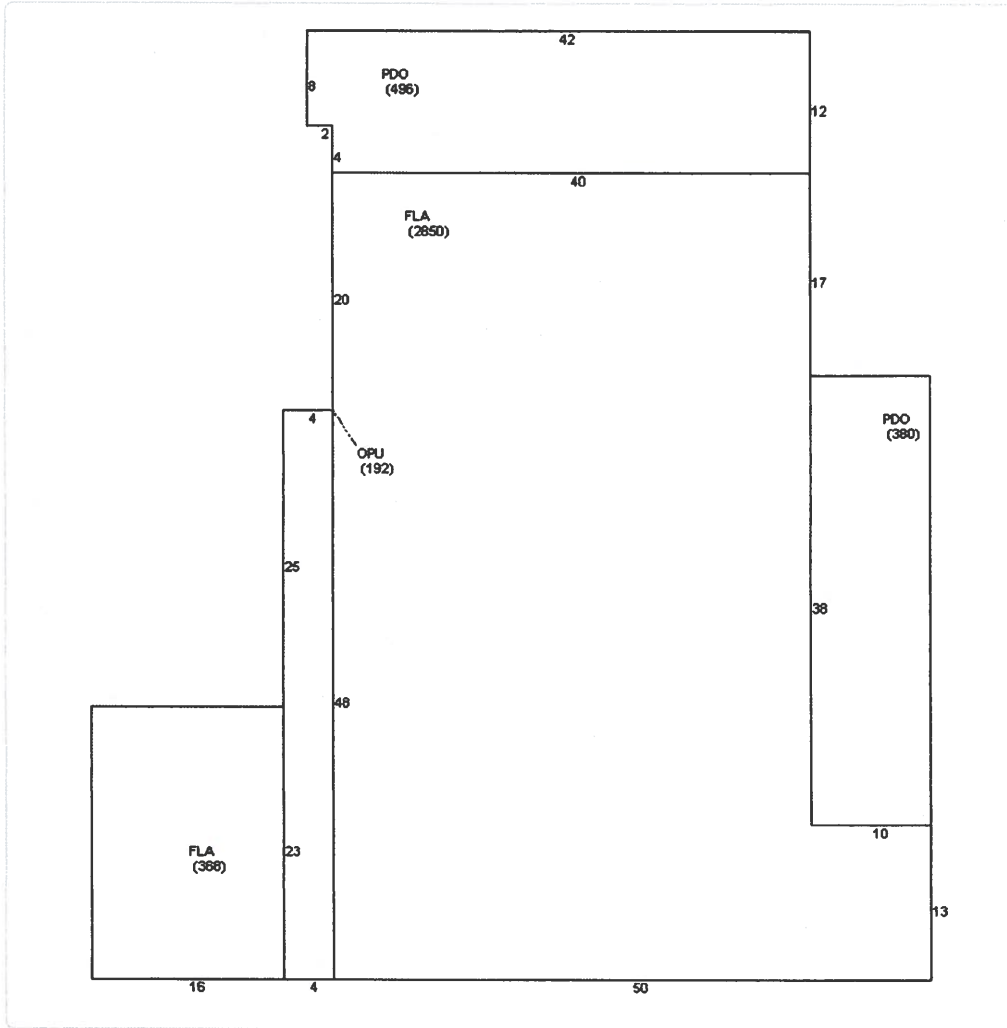
Number	Date Issued	Date Completed	Amount	Permit Type
A95-4332	12/1/1995	8/1/1996	\$250	Commercial
B95-4333	12/1/1995	8/1/1996	\$600	Commercial
P95-4334	12/1/1995	8/1/1996	\$4,000	Commercial

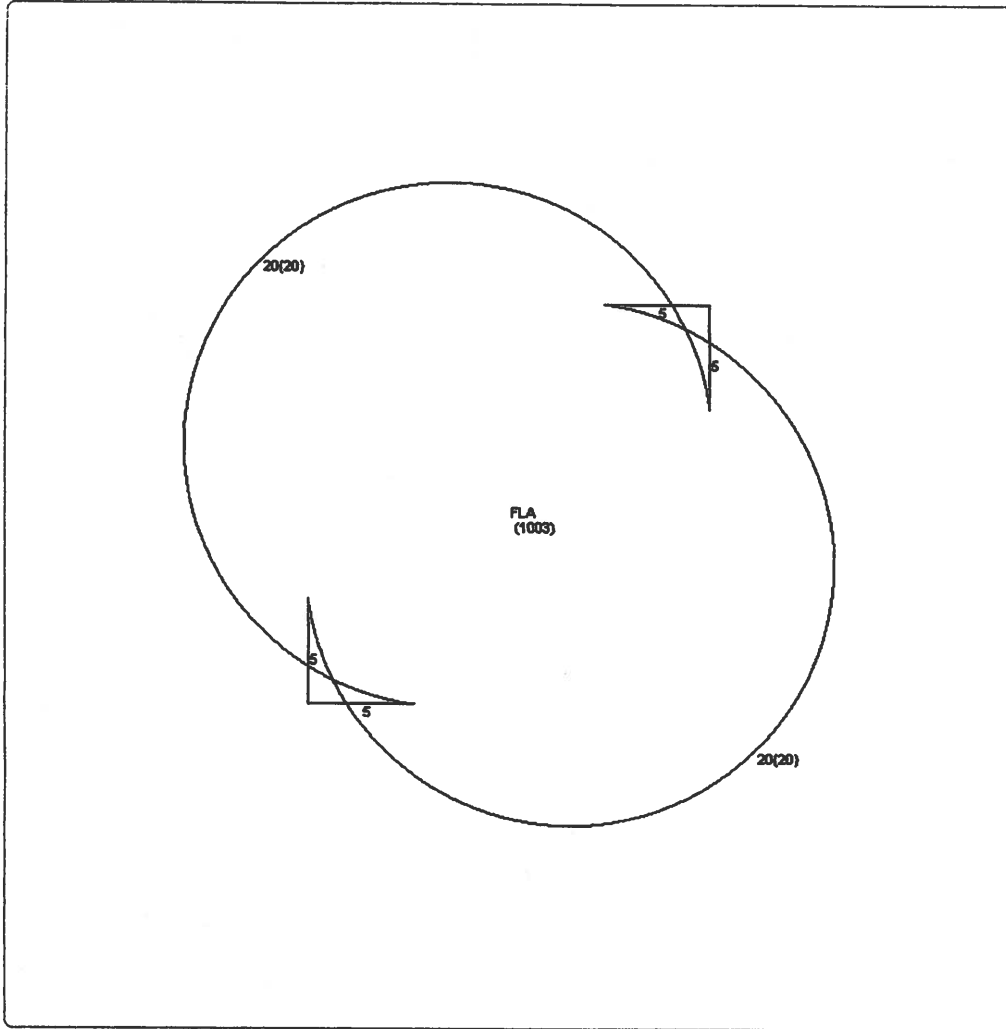
Notes
ROOF REPAIR
PAINTING
PLUMBING

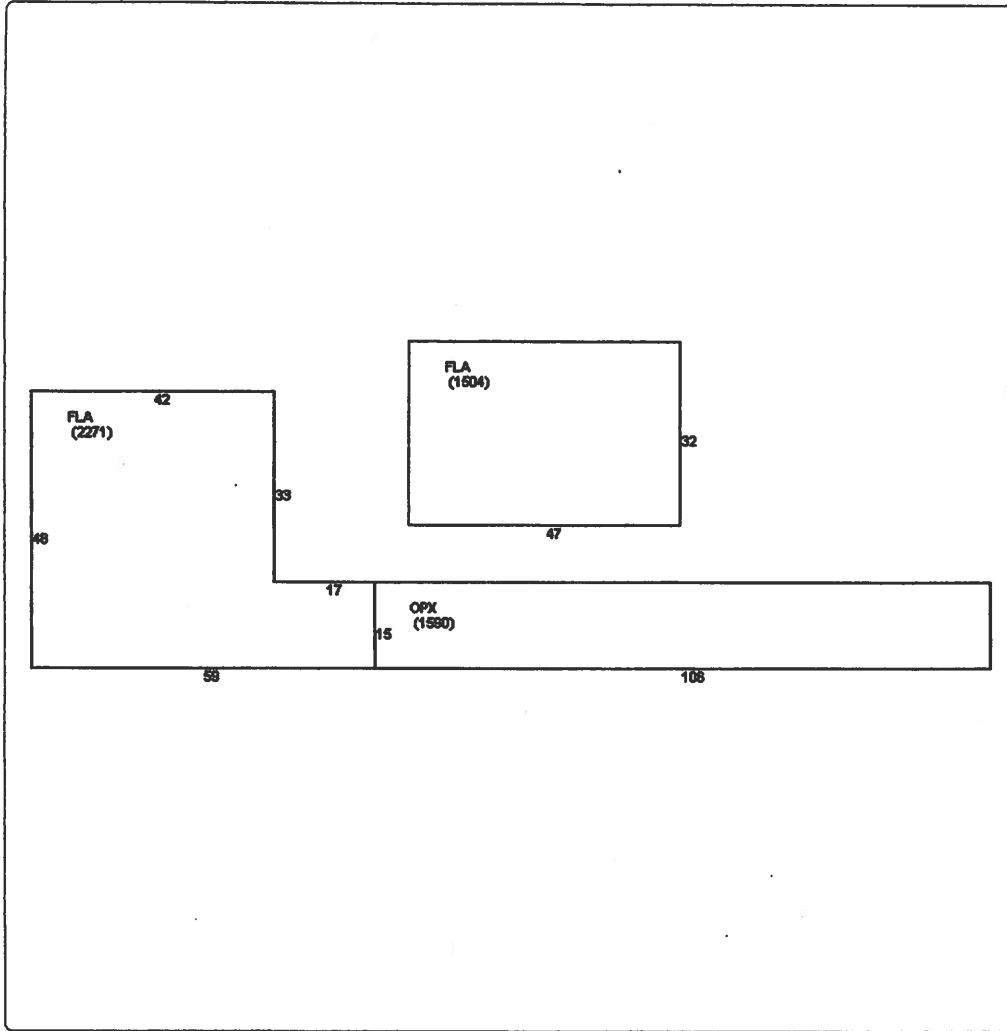
View Tax Info

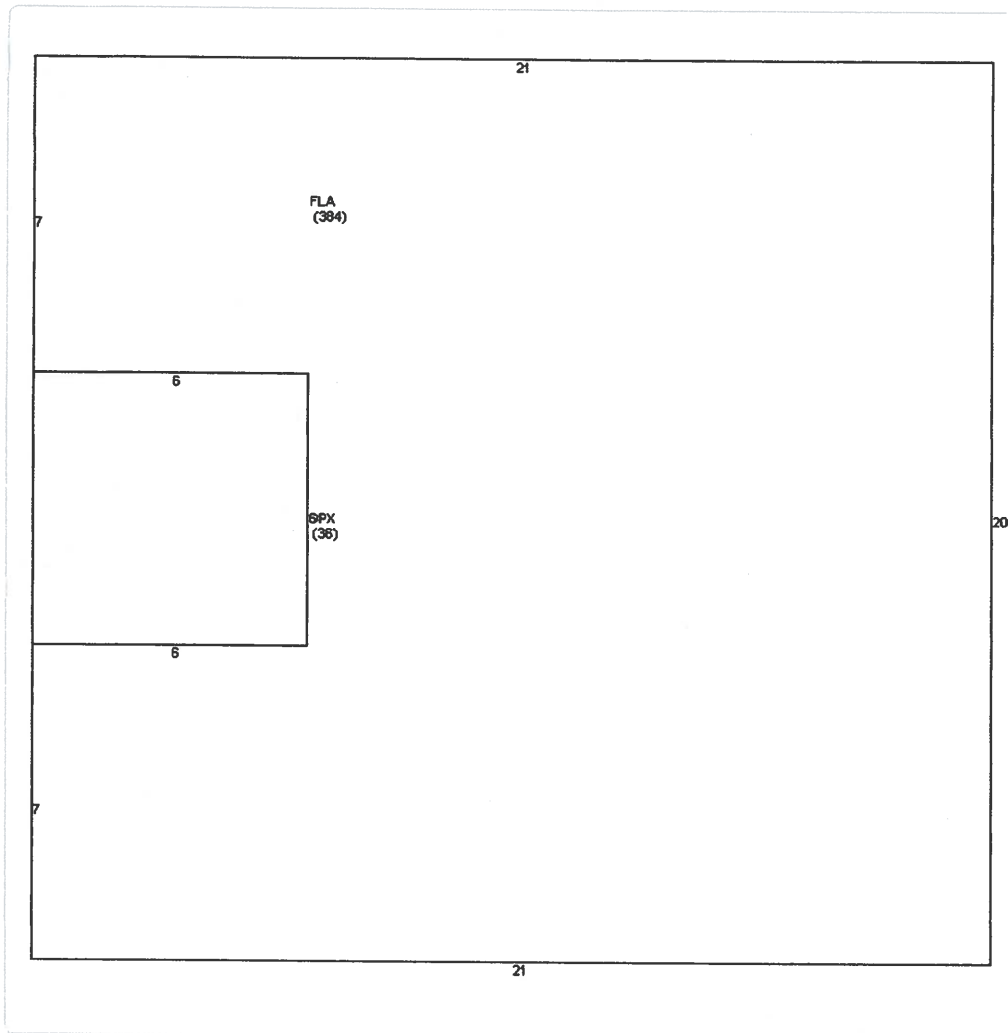
[View Taxes for this Parcel](#)

Sketches (click to enlarge)

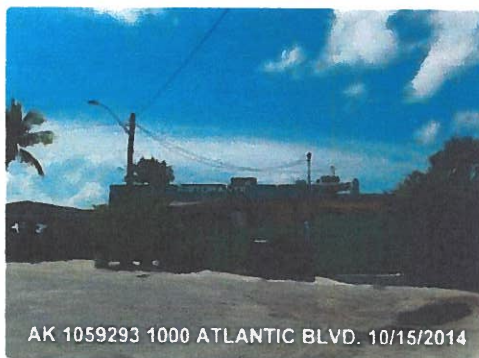








Photos



Map

Exhibit D



No data available for the following modules: Buildings, Mobile Home Buildings, Exemptions, Sales, TRIM Notice.

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

Developed by
 Schneider
GEOSPATIAL

Last Data Upload: 4/24/2019, 12:43:43 AM

Version 2.2.15

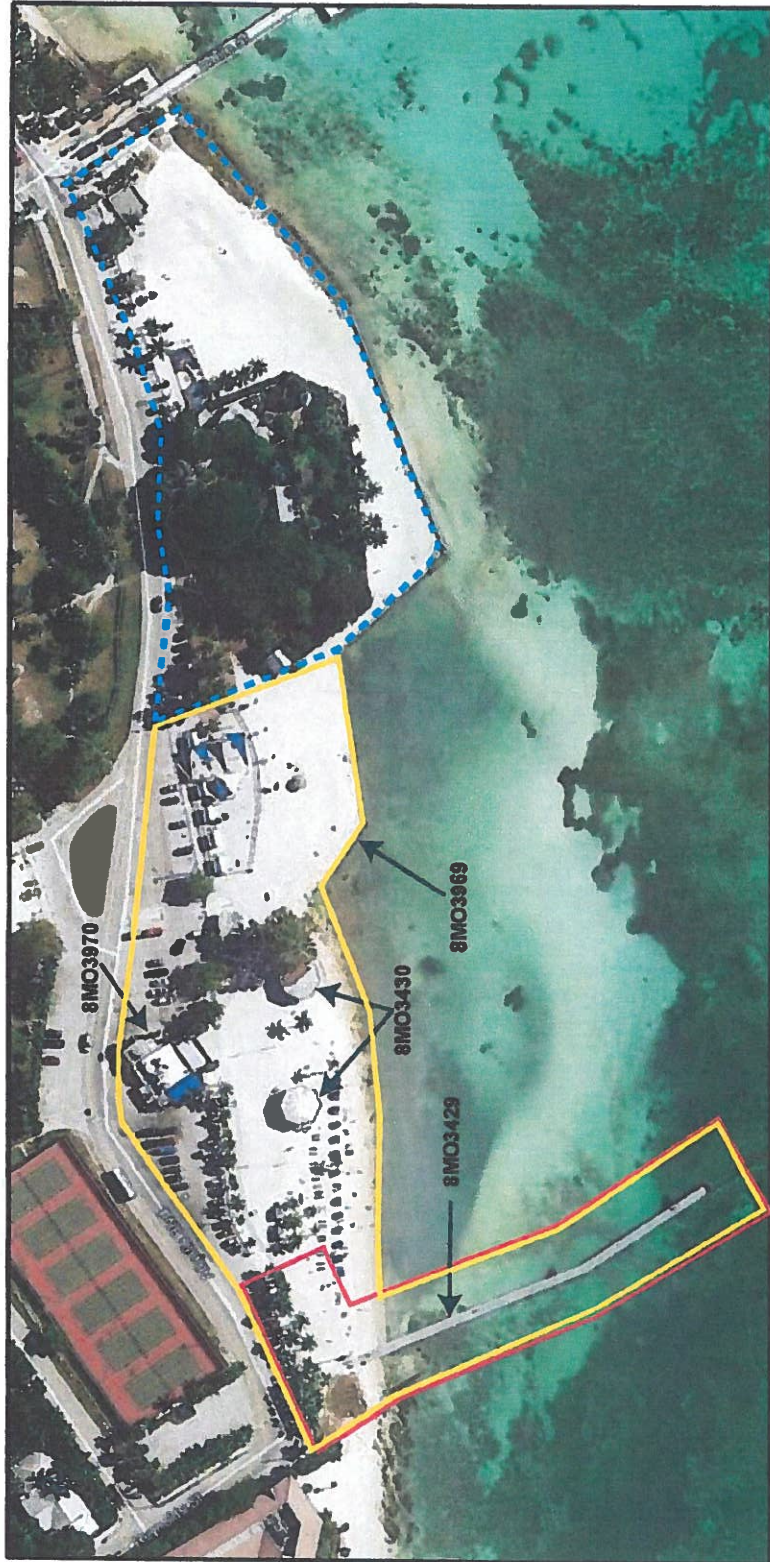


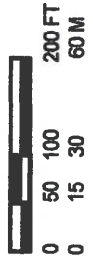
Figure N. 2014 aerial photograph depicting Clarence S. Higgs Beach and historic sites.

□ = HIGGS BEACH POST WAR SEGMENT (SURVEYED RESOURCE GROUP - 8MO3969)

□ = HIGGS BEACH POST 19TH CENTURY SEGMENT (POTENTIAL SURVEY)

□ = REYNOLDS ST PIER PROJECT AREA OF POTENTIAL EFFECT

MAP SOURCE: GOOGLE EARTH



NON-COLLUSION AFFIDAVIT and VERIFICATION
(Enclose as Exhibit L)

I, Cary Knight, of the city of Monroe County, according to law on my oath, and under penalty of perjury, depose and say that:

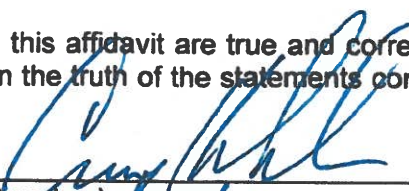
1) I am Director of Project Management, the applicant making the application for the project described as follows:

2) The prices in this application have been arrived at independently without collusion, consultation, communication or contract for the purpose of restricting competition, as to any matter relating to such prices with any other applicant or with any competitor;

3) Unless otherwise required by law, the prices which have been quoted in this application have not been knowingly disclosed by the applicant and will not knowingly be disclosed by the applicant prior to application opening, directly or indirectly, to any other applicant or to any competitor;

4) No attempt has been made or will be made by the applicant to induce any other person, partnership or corporation to submit, or not to submit, a application for the purpose of restricting competition; and

5) The statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.

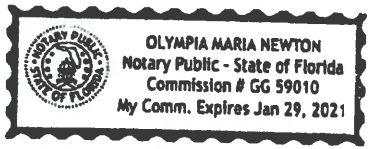

(Signature)
Date: 4/28/2020

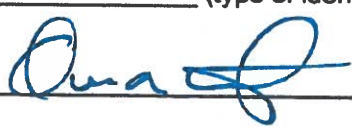
STATE OF: FLORIDA
COUNTY OF: MONROE

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

notarization, on April 28, 2020 (date) by

Cary Knight (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.




NOTARY PUBLIC

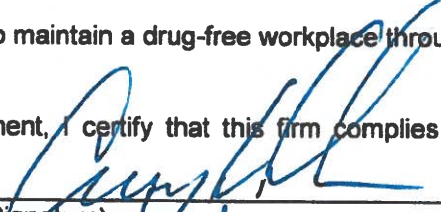
DRUG FREE WORKPLACE FORM
(Enclose as Exhibit M)

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that:

Monroe County Board of County Commissioners
(Name of Business)

1. Publishes a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Informs employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Gives each employee engaged in providing the commodities or contractual services that are under application a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notifies the employees that, as a condition of working on the commodities or contractual services that are under application, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 (Florida Statutes) or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Imposes a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, or any employee who is so convicted.
6. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



(Signature)
Date: 4/28/2020

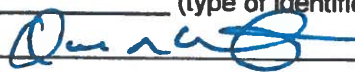
STATE OF: FLORIDA

COUNTY OF: MONROE

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on April 28, 2020 (date) by CARY Knight (name of affiant). He/She is personally known to me or has

produced _____ (type of identification) as identification.





NOTARY PUBLIC

HOLD HARMLESS/INDEMNIFICATION
(Enclose as Exhibit N)

Organization Name Here (herein after "Organization") hereby covenants and agrees to indemnify and hold harmless the Monroe County Board of County Commissioners and Monroe County Tourist Development Council (herein after "BOCC/TDC") and the 3406 North Roosevelt Blvd. Corporation or any of its officers and employees from and against any and all claims, liabilities, litigation, causes of action, bodily injury (including death), personal injury, and property damage, and another other losses, damages, costs, expenses (including but not limited to fees and expenses arising from any factual investigation, discovery or preparation for litigation), and the payment of any and all of the foregoing or any demands, settlements or judgments arising out of, or in connection with, Project Name (herein after "Project") being funded by the BOCC/TDC. The Organization shall immediately give notice to the BOCC/TDC of any suit, claim or action made against the Organization that is related to this Project, and will cooperate with the BOCC/TDC in the investigation arising as a result of any suit, action or claim related to this Project.

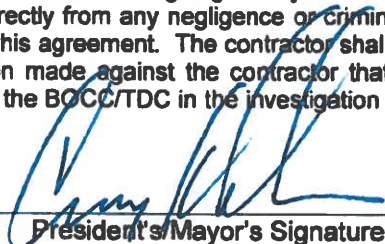
a.) **Non-Waiver of Immunity.** Notwithstanding the provisions of Sec. 768.28, Florida Statutes, the participation of the BOCC/TDC in reimbursing/funding any portion of the Project and the acquisition of any commercial liability insurance coverage, self-insurance coverage, or local government liability insurance pool coverage shall not be deemed a waiver of immunity to the extent of liability coverage, nor shall any contract entered into by the BOCC/TDC be required to contain any provision for waiver.

b.) **Privileges and Immunities.** All of the privileges and immunities from liability, exemptions from laws, ordinances, and rules and pensions and relief, disability, workers' compensation, and other benefits which apply to the activity of officers, agents, or employees of any public agents or employees of the BOCC/TDC, when performing their respective functions related to this Project within the territorial limits of the County shall apply to the same degree and extent to the performance of such functions and duties of such officers, agents, volunteers, or employees outside the territorial limits of the County.

c.) **RESTRICTIONS ON AGREEMENTS FUNDED BY BOCC/TDC.** The Organization shall include the following term in all agreements funded by the BOCC/TDC for this Project:

Hold harmless/indemnification. Contractor acknowledges that this agreement is funded at least in part by the BOCC/TDC and agrees to indemnify and hold harmless the BOCC/TDC and any of its officers and employees from and against any and all claims, liabilities, litigation, causes of action, damages, costs, expenses (including but not limited to fees and expenses arising from any factual investigation, discovery or preparation for litigation), and the payment of any and all of the foregoing or any demands, settlements or judgments (collectively claims) arising directly or indirectly from any negligence or criminal conduct on the part of contractor in the performance of the terms of this agreement. The contractor shall immediately give notice to the BOCC/TDC of any suit, claim or action made against the contractor that is related to the activity under this agreement, and will cooperate with the BOCC/TDC in the investigation arising as a result of any suit, action or claim related to this agreement.

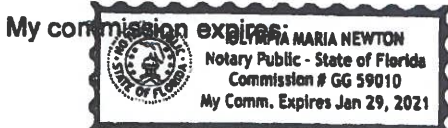
Cary Knight
President of Organization/Mayor's Name Typed


President's/Mayor's Signature

Sworn to and subscribed before me this 28 day of April 2020

personally appeared Cary Knight, _____, and _____

known to be the person named in and who executed the foregoing document.



Notary Public State of FLORIDA

 4/28/2020

W-9 Request for Taxpayer Identification Number and Certification
 Rev. November 2017
 Department of the Treasury
 Internal Revenue Service
 Give Form to the requester. Do not send to the IRS.

1 Name last shown on your income tax return. Name is required on this line. Do not leave this line blank.
Monroe County Board of County Commissioners

2 Business name disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
 Individual sole proprietor or single member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Other (see instructions) **Government**

4 Exemptions (codes apply only to certain entities; not individuals. See instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 Make sure account name is out of U.S.

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

6 City, state, and ZIP code.
Key West, FL 33040

7 List account number(s) here (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
 _____ - _____ - _____

or
 Employer identification number
59 - 6 0 0 0 7 4 9

Part II Certification
 Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (I am awaiting 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, canceled debt, and qualified tuition and related expenses to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here _____ Signature of U.S. person _____ Date 4/22/19

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.

Purpose of Form
 An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (interest or dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

ATTACHMENTS AND CERTIFICATIONS
(Enclose as Exhibit P)

1. The following supporting documents are attached.
 - a) Print out of 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 owner 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 easement and restrictive covenants (Exhibit G)
 - h) If applicable: Enclose description of endangered/threatened special of flora or fauna (Exhibit H)
 - i) If applicable: Enclose ADA accessibility explanation (Exhibit I)
 - j) If applicable: Enclose preliminary plans or architectural documents - 1 set (Exhibit J)
 - k) Proposed operation budget and marketing plan (Exhibit K)
 - l) Notarized Non-Collusion affidavit and verification (Exhibit L)
 - m) Signed Drug Free Workplace Form (Exhibit M)
 - n) Notarized Hold Harmless/Indemnification form (Exhibit N)
 - o) Applicant has printed and completed the W-9 form included within the application (page 23) (Exhibit O)
 - p) Notarized Attachments and Certification form (Exhibit P)
 - q) Applicant has printed and completed the Insurance Worksheet (page 23-27) with their Insurance Agent (Exhibit Q) (only required if requesting \$20,000 or more in funding)
 - r) I have read the Capital Project Funding Process and Importation Information provided on Pages 2-8 of this application

VERIFICATION

I swear and certify that the information contained in this application is true and correct, and that I am the duly authorized representative of the applicant.

Cary Knight

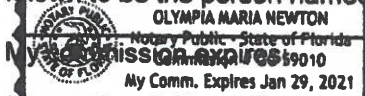
President's/Mayor's Name Typed


President's/Mayor's Signature


Sworn to and subscribed before me this 28 day of April 2020

personally appeared CARY Knight, _____, and _____

Known to be the person named in and who executed the foregoing document.



Notary Public State of FLORIDA


4/28/2020

Insurance Check List and Agent/Bidders Statement
(Enclose as Exhibit Q)
Only for Applicants 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 firm. Please review this form with your insurance agent and have him/her sign it in the place provided. It is also required that the bidder sign the requisite form reflecting coverage and submit it with the proposal.

WORKERS' COMPENSATION
AND
EMPLOYERS' LIABILITY

	<u>X</u> Workers' Compensation	Statutory Limits
		Bodily Injury by Accident/Bodily Injury by Disease, policy limits/Bodily Injury by Disease each employee
WCI	Employers Liability	\$100,000/\$500,000/\$100,000
WC2	Employers Liability	\$500,000/\$500,000/\$500,000
WC3	Employers Liability	\$1,000,000/\$1,000,000/\$1,000,000
WCUSLH	US Longshoremen & Harbor Workers Act	\$1,000,000
WCJA	<u> </u> Federal Jones Act	\$1,000,000

GENERAL LIABILITY

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

- Premises Operations
- Blanket Contractual
- Products and Completed Operations
- Personal Injury

Required Limits:

GL1	_____	\$300,000 Combined Single Limit
GL2	X _____	\$500,000 Combined Single Limit
GL3	_____	\$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 Endorsement:

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

BRI	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 PR02 PR03	Professional Liability	\$ 300,000 per Occurrence \$ 500,000 Agg. \$ 500,000 per Occurrence/\$1,000,000 Agg. \$1,000,000 per Occurrence/\$2,000,000 Agg.
POL1 POL2 POL3 POL4	Pollution Liability	\$ 500,000 per Occurrence \$(,000,000 Agg. \$1,000,000 per Occurrence/\$2,000,000 Agg. \$3,000,000 per Occurrence/\$6,000,000 Agg. \$5,000,000 per Occurrence/\$10,000,000 Agg.
EDt ED2	Employee Dishonesty	\$ 10,000 \$100,000
GK1 GK2 GK3	Garage Keepers	\$ 300,000 (\$ 25,000 per Vehicle) \$ 500,000 (\$100,000 per Vehicle) \$1,000,000 (\$250,000 per Vehicle)

MEDI	Medical	\$ 300,000/\$ 750,000 Agg.
MED2	Professional	\$ 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	Maximum value of Equipment Installed
VLP1	Hazardous	\$ 300,000 (Requires MCS-90)
VLP2	Cargo	\$ 500,000 (Requires MCS-90)
VLP3	Transporter	\$1,000,000 (Requires MCS-90)
BLL	Bailee Liab.	Maximum Value of County Property that will be in the Bailee's possession.
HK.L1	Hangar keepers	\$ 300,000
HK.L2	Liability	\$ 500,000
HK.L3		\$ 1,000,000
HK.L4		\$ 5,000,000
AIR1	Aircraft	\$ 1,000,000
AIR2	Liability	\$ 5,000,000
AIR3		\$50,000,000
AE01	Architects Errors	\$ 250,000 per Occurrence\$ 500,000 Agg.
AE02	& Omissions	\$ 500,000 per Occurrence\$1,000,000 Agg.
AE03		\$ 1,000,000 per Occurrence\$3,000,000 Agg.
AE04		\$ 3,000,000 per Occurrence\$5,000,000 Agg.
ARP	All Risk Property	Full Replacement Value of Structure
EOJ	Engineers Errors	\$ 250,000 per Occurrence\$ 500,000 Agg.
E02	& Omissions	\$ 500,000 per Occurrence\$1,000,000 Agg.
E03		\$ 1,000,000 per Occurrence\$2,000,000 Agg.
E04		\$ 5,000,000 per Occurrence\$10,000,000 Agg.
WL1	Water Craft	\$ 500,000 per Occurrence
WL2	Liability	\$ 1,000,000 per Occurrence

INSURANCE AGENT'S STATEMENT

I have reviewed the above requirements with the bidder named below. The following deductibles apply to the corresponding policy.

<u>Policy</u>	<u>Deductibles</u>

Liability policies are Occurrence Claims Made


Insurance Agency

Signature

BIDDERS STATEMENT

I understand the insurance that will be mandatory if awarded the contract and will comply in full with all the requirements.

Cary Knight Dir of Project Managment
Bidder's Name and Title


Signature

Company Name: Mornoe County BOCC