

9429-02

**AGREEMENT
BETWEEN
THE CITY OF JACKSONVILLE
AND
E.W. SIVER & ASSOCIATES, INC.
UTILIZING DCSB CONTRACT UNDER RFP # 07-15/TW**

**FOR PURCHASE OF RISK MANAGEMENT CONSULTANT/EMPLOYEE
BENEFITS AUDITING SERVICES**

THIS AGREEMENT (the "Agreement"), made and entered into in triplicate as of the ^{NOV.} 6 day of September, 2015 (the "Effective Date"), by and between the CITY OF JACKSONVILLE, a municipal corporation existing under the Constitution and the laws of the State of Florida, (the "CITY") and E. W. SIVER & ASSOCIATES, INC., a Florida corporation d/b/a Siver Insurance Consultants, with principal offices at 805 Executive Center Drive West, Suite 110, St. Petersburg, Florida 33702 (the "Contractor"), for the purchase of Risk Management consultant/employee benefits auditing services (the "Services").

WITNESSETH:

WHEREAS, effective August 1, 2015, The School Board of Duval County, Florida, operating a district school system in the State of Florida ("District") entered into District Contract under RFP # 07-15/TW/07-115 (as subsequently amended and extended, the "District Contract") with the Contractor; and

WHEREAS, said District Contract is in full force and effect until December 31, 2020; and has been competitively procured and awarded by the District as contracting authority according to Florida law; and

WHEREAS, the CITY Procurement Code, more particularly Section 126.309, *Ordinance Code* authorizes and allows the CITY to use *inter alia* contracts of other governmental entities, including the District, which have been competitively procured and awarded; and

WHEREAS, the District Contract is broad enough to include the Services and Contractor has agreed to provide Services for the CITY under the terms and conditions of the District Contract; and

WHEREAS, it is in the best interest of the parties to use the District Contract for the Services and to add those contractual provisions the CITY is required to use by ordinance or policy; now therefore

IN CONSIDERATION of the premises and of the mutual covenants and agreements hereinafter contained, and for other good and valuable consideration the parties agree as follows:

Article 1. Incorporation of Recitals:

The above stated recitals are accurate, true and correct and, by this reference, are made a part hereof and are incorporated herein.

Article 2. Engagement of Contractor:

CITY hereby engages Contractor and Contractor hereby accepts said engagement for the purpose of providing to CITY Risk Management Consulting/Employee Benefit Auditing Services as described in and according to the provisions of: the District Contract and its exhibits and appendices attached hereto as composite **Exhibit A** and incorporated herein by this reference; and scope of services and contract fee summary for the CITY (the **Services**), attached hereto as **Exhibit B** and by this reference made a part hereof and incorporated herein; and in accordance with the other provisions required by law, ordinance or policy for the CITY contained in this Agreement. Said **Exhibit A** is on file in the CITY's Office of General Counsel, 117 West Duval Street, Suite 480, Jacksonville, Florida 32202, and at the CITY's Risk Management Division, 117 West Duval Street, Suite 335, Jacksonville, Florida 32202. With respect to the **Services**, the provisions, terms and condition of the District Contract shall apply unless specifically preempted herein. Therefore, any conflict between the provisions of this Agreement and those in the District Contract shall be resolved in favor of this Agreement, but only to the extent of any conflict.

Article 3. Coordination and Services Provided by CITY:

CITY shall designate a Project Coordinator who will coordinate with Contractor on behalf of the CITY and administer this Agreement according to the terms and conditions contained herein and in the Exhibit(s) attached hereto and made a part hereof. It shall be the responsibility of Contractor to coordinate all **Services** related activities with the designated Project Coordinator. The CITY's Project Coordinator shall be: Twane Duckworth, Risk Manager and Cecilia Ford, Property and Casualty Compliance Administrator (Telephone: 904- 630-7208 or 904-630-7290; FAX: 904-630-2100).

Article 4. Duration of Agreement/Pricing Available to Other Entities:

The term of this Agreement shall commence on October 1, 2015 and shall continue and remain in full force and effect as to all its terms, conditions and provisions as set forth herein, through a period of time which is the earlier of September 30, 2016 or the expiration or termination of the District Contract, with four (4) one-year renewal options exercisable in the sole discretion of the City, unless sooner terminated as provided in **Exhibit A**. During said period of time, the **Services** provided hereunder shall be available to all using agencies and other political subdivisions, boards, agencies, or authorities existing in Duval County that may desire to purchase the same at the contract price provided herein. Upon the expiration or termination of the District Contract, this Agreement shall automatically terminate.

Article 5. Payments for Services of Contractor:

5.1 Except as provided in Section 5.2 hereof, the City will compensate Contractor for the **Services** rendered hereunder in accordance with the following terms:

(a) The Consultant's professional fees under the terms of the Agreement shall be those as set forth on **Exhibit B** attached hereto and, by this reference, made a part hereof, for the term of this Agreement. The Consultant's professional fees shall be billed monthly, for **Services** provided the previous month, using invoices and such other documentation,

satisfactory to the CITY to allow and authorize payment. Each such invoice shall include the amount of payment requested, the amount previously paid, the total contract value, the percent of the Services completed since the last invoice, the total percent completed to date, and any other such information as may be reasonable and necessary to secure the written approval of the invoice by the City's Project Coordinator. Each invoice shall contain a statement that it is made subject to the provisions and penalties of Section 837.06, Florida Statutes.

(b) The City shall make payments within forty-five (45) days after receipt of said invoices or other documentation. To the extent that professional fees include reimbursement for travel or travel related expenses, such travel and travel related expenses shall be subject to and governed by the provisions and limitations of Chapter 106, Part 7, *Ordinance Code* of the City.

(c) Each and every payment by the CITY to Contractor shall be expressly subject to the submittal of written invoices as provided in Article 5.

5.2 Notwithstanding any contrary provision herein or in **Exhibits A or B**, the maximum indebtedness of the CITY for all fees, reimbursable items or other costs, services and for the Services sold by Contractor, pursuant to this Agreement, for City fiscal year 2015-16 shall not exceed the sum of SEVENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$75,000.00).

Article 6. Insurance.

At the time of its execution of this Agreement, Contractor shall provide certificates of insurance in form and substance acceptable to CITY of the types and in the amounts not less than as set forth on **Exhibit C** attached hereto and incorporated herein by this reference. Depending upon the nature of any aspect of any project and its accompanying exposures and liabilities, the CITY may, at its sole option, require additional insurance coverages in amounts responsive to those liabilities, which may or may not require that the CITY also be named as an additional insured. Agent shall provide a waiver of subrogation on all required insurance in favor of the City of Jacksonville.

Article 7. Notice:

In addition to the notice requirement in **Exhibit A**, notice to the CITY under this Agreement shall be delivered by certified mail, return receipt requested, or by other delivery with receipt to the following:

Chief, Risk Management
117 West Duval Street, Suite 335
Jacksonville, Florida 32202

With a copy to:

Office of General Counsel
117 West Duval Street, Suite 480

Jacksonville, Florida 32202
Attn: Corporation Secretary

Article 8. Laws, Ordinances, Rules and Regulations:

As required by Section 126.108(b), *Ordinance Code*: In the sale of the Services, the Contractor must comply with any and all applicable federal, state and local laws, rules, regulations and ordinances, as the same exist and may be amended from time to time. Such laws, rules, regulations and ordinances shall include, but are not limited to, Chapter 119, Florida Statutes, (the Florida Public Records Law) and Section 286.011, Florida Statutes, (the Florida Sunshine Law), as they apply to the purchase contemplated in this Agreement. If any of the obligations of this Agreement are to be performed by a subcontractor, the Contractor must ensure that the provisions of this Section shall be incorporated into and become a part of the subcontract.

Article 9. Governing Law; Venue:

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida. Venue for any action arising out of this Agreement shall lie in the jurisdictional courts of Duval County, Florida.

Article 10. Conflict of Interest:

The parties will follow the provisions of Section 126.110, *Ordinance Code* with respect to required disclosures by public officials who have or acquire a financial interest in a bid or contract with the CITY, to the extent the parties are aware of the same.

Article 11. Non Discrimination:

As required by Section 126.404, *Ordinance Code*: The Contractor represents that it has adopted and will maintain a policy of non discrimination against employees or applicants for employment on account of race, religion, sex, color, national origin, age or handicap, in all areas of employment relations, throughout the term of this Agreement. The Contractor agrees that, on written request, it will permit reasonable access to its records of employment, employment advertisement, application forms and other pertinent data and records, by the Executive Director of the Jacksonville Human Rights Commission, or successor agency or commission, for the purpose of investigation to ascertain compliance with the nondiscrimination provisions of this Agreement; *provided however*, that the Contractor shall not be required to produce, for inspection, records covering periods of time more than one (1) year prior to the day and year first above written. The Contractor agrees that, if any of the Services to be provided pursuant to this Agreement are to be performed by a subcontractor, the provisions of this Article 10 shall be incorporated into and become a part of the subcontract.

Article 12. Counterparts:

The parties agree that for the execution of this agreement, time is of the essence. Therefore, this Agreement, and all amendments thereto, may be executed in several counterparts, each of which

shall be deemed an original, and all of such counterparts together shall constitute one and the same instrument. The parties further agree that facsimile transmission of all signatures with originals to follow shall constitute and be evidence of an executed Agreement.

[Remainder of page left blank intentionally; signatures on following page.]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

ATTEST:

CITY OF JACKSONVILLE

By: James R. McCain, Jr.
James R. McCain, Jr.
Corporation Secretary



By: Lenny Curry
Lenny Curry, Mayor

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

WITNESS:

E. W. SIVER & ASSOCIATES, INC., a
Florida corporation

By: Firey B. Bryant
Print Name: Firey B. Bryant

By: George W. Erickson
Print Name: GEORGE W. ERICKSON
Title: EXECUTIVE VICE PRESIDENT

In compliance with the *Ordinance Code* of the City of Jacksonville, I do hereby certify that there is an unexpended, unencumbered, and unimpounded balance in the appropriation sufficient to cover the foregoing Agreement, and provision has been made for the payment of the monies provided therein to be paid from the following account:

By: [Signature]
Director of Finance
9429-02

Form Approved:

By: [Signature]
Office of General Counsel

EXHIBIT A

District Contract and Amendments

Composite Exhibit A is on file in the CITY's Office of General Counsel, 117 West Duval Street, Suite 480, Jacksonville, Florida 32202, and at the Risk Management Division, 117 West Duval Street, Suite 335, Jacksonville, Florida 32202.

EXHIBIT B

Scope of Services and Contract Fee Summary

SIVER

805 Executive Ctr. Dr. W., Ste. 110
St. Petersburg, Florida 33702-2407
Post Office Box 21343
St. Petersburg, Florida 33742-1343
Telephone: (727) 577-2780
Fax: (727) 579-8692

Email: gerickson@siver.com

August 13, 2015

SENT VIA EMAIL

Mr. Twane L. Duckworth
Chief of Risk Management
117 W. Duval Street, Ste 335
Jacksonville, FL 32207

Subject: Property and Casualty Insurance Consulting Services

Dear Mr. Duckworth:

The purpose of this letter is to express the willingness of E.W. Siver and Associates, Inc. d/b/a Siver Insurance Consultants ("Siver") to offer consulting services to the City of Jacksonville, Florida ("the City") in accordance with the same terms and conditions as are contained in the Agreement between and the School Board of Duval County, Florida ("the School Board Agreement"). A copy of the School Board Agreement is attached to this letter as an exhibit.

Siver is willing to provide the City with the same Scope of Services that is outlined in the School Board's RFP #07-125/TW (attached).

The Siver's proposal to the School Board (attached) describes the compensation to be received by Siver under the School Board Agreement as follows:

SIVER FEES

As is our normal practice, we propose to bill the DCPS monthly. At the end of each month, we will provide an invoice describing the date performed, name of person providing the services, a general description of the work performed, hourly rate, and earned fee for our services during the month. Our fees will develop on the following basis:

Senior Consultants \$220 per hour
Associate Consultants \$150 per hour
Support/Para Professional \$ 50 per hour

Typical business expenses (i.e., mileage, lodging, meals, etc.) are billed in addition on a passthrough basis, subject to Florida Statute 112.061.

Mr. Twane Duckworth
August 13, 2015
Page 2

For audit projects (and on an on-going basis), we will either include the expenses estimated for an audit project in a project maximum cap and/or we can discuss any expenses needed with staff on an on-going basis. We are happy to provide specific project scopes and budgets, including not-to-exceed maximums for specified projects, including audits. These maximums will detail what expenses are included.

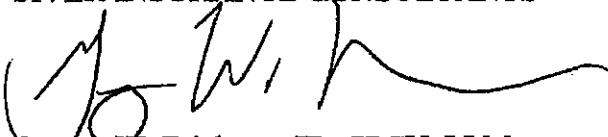
If the actual time expended for a specific project is less than the maximum, the District will pay the fees for the time incurred and will not pay the full project maximum.

In addition, the Siver's proposal and the School Board Agreement limit the work to be done by Siver and Siver's compensation to \$75,000 annually.

Siver is willing to agree to the same compensation terms for the City.

Very truly yours,

SIVER INSURANCE CONSULTANTS

A handwritten signature in black ink, appearing to read 'G. W. Erickson', with a long horizontal flourish extending to the right.

George W. Erickson, JD, CPCU, LLM

Enclosures: School Board Agreement

RFP #07-15/TW

Siver Proposal (in response to RFP #07-15/TW)

EXHIBIT C

Insurance Requirements

INSURANCE BINDER

DATE

8/18/2015

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER:

JLT Facilities
22 Century Hill Dr. Ste. 103
Latham, NY 12110-1423
800-998-5545 518-782-3139

COMPANY

Beazley Ins Co Inc.

BINDER#

81475

Binder Effective Date : 08/28/2015 12:01 a.m.
Binder Expiration Date : 11/27/2015 12:01 a.m.

Agency Customer #: EWSI370

*This Binder is issued to extend Coverage in the above named Company per expiring policy #: **V11CT014PNPM***

INSURED:

EW Siver & Associates, Inc. dba Siver Insurance
Management Consultants and Siver Insurance Consultants
805 Executive Center Dr W., Ste 110
St. Petersburg, FL 33701

Description of Operations:

Professional Services

COVERAGES: Miscellaneous Professional Liability - Claims Made Policy

Policy Period: 08/28/2015 to 08/28/2016

Policy #: V11CWL15PNPM

Retroactive Date: 01/01/1970

Liability Limits:

Each Claim: \$5,000,000

Aggregate : \$5,000,000

Deductible:

Each Claim: \$25,000

Optional Extension Period:

Percentage of Premium for Optional Extension Period: 100 %

Length of Optional Extension Period: 12 Months

Professional Services: Solely in the performance of providing Insurance, Risk Management and Employee Benefits Consulting and Litigation Support, and Expert Witness Services for others for a fee or on a Pro-Bono Services for others for a fee.

Premium: \$16,432.00

Policy Forms Included at Inception:

BICMP00020905 Policy Form

EWS006 092011 ed.

Consulting Amendatory Endorsement-Version 2

BICMP00791006

Carveback to Regulatory Exclusion for Customer Claims

BICMP00660905

Worldwide Coverage Endorsement

BICMP01300707FL

Computer Information Security and Privacy Coverage - Florida

BICMP01020107

Copyright and Personal Injury Coverage Endorsement

E00534 052008 ed.

Amend Insured To Include Independent Contractors

BICMU05070406

War and Civil War Exclusion

BICMU05090406

Nuclear Exclusion

Notes: THIS BINDER IS A SUMMATION OF THE LIMITS, TERM, COVERAGES AND CONDITIONS ALL OF WHICH ARE SUPERCEDED BY THE ACTUAL POLICY WHEN ISSUED.

John M. Conway

Authorized Representative: _____

CONDITIONS

The Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Policy number: 024389981

Underwritten by:

Progressive Express Insurance Co.

11/07/2014

Certificate of Insurance

Certificate Holder Additional Insured	Insured	Agent
CITY OF JACKSONVILLE, ITS MEMBERS, OFFICIALS, OFFICERS, EMPLOYEES, AND AGENTS 117 W DUVAL #335 JACKSONVILLE, FL 32202	E.W. SIVER AND ASSOCIATES INC SIVER INSURANCE CONSULTAN 805 EXECUTIVE CENTER DR 110 ST PATERSBURG, FL 33702	SAFEGUARD CASUALTY 9996 PINES BLVD PEMBROKE PINES, FL 33024

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date:	Policy Expiration Date:
10/15/2014	10/15/2015

Insurance coverage(s)	Limits
Bodily Injury/Property Damage \$1,000,000 Combined Single Limit	
Uninsured Motorist \$1,000,000 CSL Non-Stacked	
Personal Injury Protection \$10,000 w/\$0 Ded - Named Insured Only	
Employer's Non-Owned Auto BIPD \$1,000,000 Combined Single Limit	

Description of Location/Vehicles/Special Items

Scheduled autos only

2011 SUBARU OUTBACK 4S4BRCGC3B3416346
2012 TOYOTA FJ CRUISER JTEBU4BF6CK120041

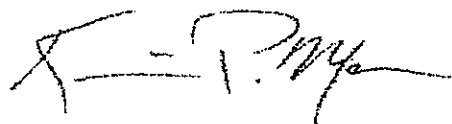
Certificate number

JOB: PROFESSIONAL SERVICES-MASTER CASUALTY CONSULTANT CONTRACT 9429-01

We will endeavor to provide 30 days notice of cancellation to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the Insurer, its agents or representatives

31114AUT998

Please be advised that additional insureds and lienholders will be notified in the event of a mid-term cancellation.

A handwritten signature in black ink, appearing to read "R. P. My" with a stylized flourish at the end.

Form COI-AI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2014

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

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

PRODUCER Professional Services JLT Facilities 22 Century Hill Dr. Ste. 103 Latham, NY 12110-1423	CONTACT NAME: P&C - Direct Business	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED EW Siver & Associates dba Siver Mgmt Consultants 805 Executive Center Dr W #110 St Petersburg, FL 33702	INSURER A: Beazley Ins Co Inc.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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"/> PROJECT <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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Miscellaneous Professional Liab			V11CTO14PNPM	08/28/2014	08/28/2015	Per Claim 5,000,000 Aggregate 5,000,000	

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

Deductible: \$25,000- Professional Services- Master Casualty Consultant
 Contract #9429-01. 30 Day Notice of Cancellation Applies.

CERTIFICATE HOLDER JACK231 The City of Jacksonville 117 W Duval St, Suite 335 Jacksonville, FL 32202	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 <i>Charlene A. Juriani</i>
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2014

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

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

PRODUCER Condon-Meek, Inc 1211 Court Street Clearwater, FL 33756 License #: R007786	CONTACT NAME: Missy Bonds
	PHONE (A/C, No, Ext): (727)446-5051 FAX (A/C, No): (727)449-1964
	E-MAIL ADDRESS: MissyB@CondonMeek.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: American Casualty Company of Reading, PA
	INSURER B: Continental Casualty Company
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 00000000-0 REVISION NUMBER: 7


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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	1023174390	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			1023174437	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	1023174423	10/15/2014	10/15/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Professional Services- Master Casualty Consultant Contract 9429-01. City of Jacksonville, its members, officials, officers, employees, and agents are named as additional insured. Coverage is primary and non contributory. Waiver of subrogation in favor of the additional insured applies to General Liability and Workers Compensation. 30 day notice of cancellation applies.

CERTIFICATE HOLDER**CANCELLATION**

The City of Jacksonville 117 W Duval Suite 335 Jacksonville, FL 32202	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  (MAB)

© 1988-2014 ACORD CORPORATION. All rights reserved.