

## **CONTRACT RENEWAL**

THIS CONTRACT RENEWAL is made and entered into the date last written below, by and between The School Board of Monroe County, Florida ("School Board"), and							
Gomez and Son Fence Corp. ("Contractor"), in order to renew the agreement							
("Original Contract") between the parties dated March 20, 2018 (original contract date),							
a copy of which is attached hereto and incorporated by reference.							
1. Contractor will exercise the 1 of 3 renewal options in accordance with the terms of the Original Contract, thereby creating a renewed contract ("Renewed Contract").							
2. The Renewed Contract shall commence on March 21, 2019 and expire on March 20, 2020							
<ol> <li>All other terms and conditions of the Original Contract shall remain in full force and effect.</li> </ol>							
<ol> <li>Contractor's obligations to maintain insurance remains in effect as evident by the updated copy attached.</li> </ol>							
<ol> <li>Contractor hereby certifies that the Relationship Disclosure Affidavit and Debarmer Certification as submitted as attachments to the Original contract have remaine unchanged or has submitted new documents as necessary.</li> </ol>							
NOTE: A copy of the original contract must accompany this renewal.							
IN WITNESS WHEREOF, the parties have executed this Contract Renewal on this day of							
·							
SIGNATURE OF CHAIRPERSON OF THE BOARD (CONTRACTS OVER \$25,000)  DATE							
SIGNATURE OF SUPERINTENDENT DATE							
2 lulio							
SIGNATURE OF CONTRACTOR/REPRESENTATIVE DATE							
Caridad Gomez, President/Owner							
PRINT NAME AND TITLE							



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/08/2019

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

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

		ertificate holder in lieu of		(4).			
PRODUCER  KEY KNOW! EDGE INCLID	ANCE	10	CONTACT Maria F	Ryals			
KEY KNOWLEDGE INSUR	PHONE (AIC, No. Ext): 954-382-5259 FAX (AIC, No.): 954-382-0080						
9101-C S.W. 19th Place			E-MAIL ADDRESS: mryals	@keyknowl			
Fort Lauderdale FL 33324		INSURER(S) AFFORDING COVERAGE NA					
	INSURER A: Arch Specialty Insurance Company INSURER B: Scottsdale Insurance Company				21199 41297		
NSURED Same & Same Factor & Common & Same Factor & Common							
Gomez & Son Fence Corp.		INSURER C : Nautil	us Insuranç	e Company		01737	
10805 NW 22 ST		INSURER D :					
Miami FL 33172		INSURER E :					
			INSURER F :				
COVERAGES CE	RTIFICA	TE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN	IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRAC DED BY THE POLICI BEEN REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	OT TO	MUICH THIS
ISR TR TYPE OF INSURANCE	INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
CLAIMS-MADE COCCUR Contractual Liability		AGL005376300	05/14/2018	05/14/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)		0,000 0,000 5,000
					PERSONAL & ADV INJURY	\$ 1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,00	0,000
POLICY Y JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
OTHER:	- 1	1				\$	
AUTOMOBILE LIABILITY	Ш	N/A			COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		v				\$	
UMBRELLA LIAB OCCUR	$\nabla$	XBS0099889	05/14/2018	05/14/2019	EACH OCCURRENCE	\$ 5,000	0,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000	0,000
DED RETENTIONS						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	L N/A				PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  C CONTRACTORS EQUIPMENT N/A					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYEE	E \$	
					E.L. DISEASE - POLICY LIMIT \$		
CONTRACTORS EQUIPMENT		NN993808	11/27/2018	11/27/2019	EQUIPMENT FLOATER	200,000.	00
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICE	ES (ACORI	0 101, Additional Remarks Schedul	e, may be attached if more	e space is require	d)		
Monroe County School District							
ERTIFICATE HOLDER			CANCELLATION				
ne School Board of Monroe County Onroe County School District 1 Trumbo Road	, FL.		SHOULD ANY OF T	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELLE E DELIV	D BEFORE /ERED IN
ey West, FL. 33040	Maria Ryala Maria Ryala						



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/11/2019

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	JUER							
		CONTACT NAME: Staci Merchant						
1232	hant Insurance Solutions	PHONE (A/C, No, Ext): (239) 273-2931 FAX (A/C, N				K, No): (866) 406-4983		
12326 Isabella Drive				E-MAIL ADDRESS: nealm@merchantinsurancesolutions.com				
				INSURER(S) AFFORDING COVERAGE				
Bonita Springs FL 34135				INSURER A: FLORIDA CITRUS BUSINESS & INDUSTRIES I				N/A
INSURED				INSURER 8 :				
	GOMEZ & SON FENCE CO	DRP.		INSURER C:				
	10805 NW 22 STREET		INSURER D:					
				INSURER E :				
	MIAMI		FL 33172	INSURER F :				
	ERAGES CEI	RTIFICAT	E NUMBER:	- N.		REVISION NUM	IBER:	
CER	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUCH	REQUIREME PERTAIN.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	N OF ANY CONTRAC	OT OR OTHER IES DESCRIB Y PAID CLAIMS	R DOCUMENT WIT ED HEREIN IS SU S.	H DECDECT TO 1	WILL HOILW
.TR	TYPE OF INSURANCE	INSD WVD		(MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)		LIMITS	
-	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTE		
-	CLAIMS-MADE OCCUR					PREMISES (Ea occu	rrence) \$	
-						MED EXP (Any one p	erson) \$	
		1 1				PERSONAL & ADV II	NJURY \$	
G	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREG	ATE \$	
	POLICY PRO- JECT LOC					PRODUCTS - COMP		
-	OTHER: UTOMOBILE LIABILITY				-	COMBINED SINGLE	\$	
^	ANY AUTO					(Ea accident)	Φ	
	OWNED SCHEDULED					BODILY INJURY (Per	person) \$	
	AUTOS ONLY HIRED AUTOS NON-OWNED					BODILY INJURY (Per		
	AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
-							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	€ \$	
-	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
LACE	DED RETENTION \$						\$	
AN	ORKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N	N/A			09/04/2019	X PER STATUTE	OTH- ER	
A OF	Y PROPRIETOR/PARTNER/EXECUTIVE N		106 60596	09/04/2018		E.L. EACH ACCIDENT	r \$ 1,000	,000
(Ma	andatory in NH) es, describe under		100 0000	00/04/2010		E.L. DISEASE - EA EM	MPLOYEE \$ 1,000	,000
ΒÉ	SCRIPTION OF OPERATIONS below					E.L. DISEASE - POLIC	YLIMIT \$ 1,000	,000
ESCRIF	TION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACORD	101, Additional Remarks Schedu	ale, may be attached if mo	re space is requir	ed)		
				ne, mey be attached if inc	re space is requir	euj		
ERTI	FICATE HOLDER			CANCELLATION				
The School Board of Monroe County, FL.  Monroe County School District  241 Trumbo Road  Key West  FL 33040				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE				



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-	ODUCER	CONT	ACT Nuria Flet					
C	oastal Insurance Group	NAME PHON					305-887-7809	
	50 Westward Drive iami Springs FL 33166-1660		E MAN					
1	iami Springs PL 33 166-1660	ADDR	ADDRESS: nfletes@coastalinsgroup.com					
1							NAIC# 34932	
IMC	URED		INSURER A: Mapfre Insurance Co. of Fla.					
	omez and Son Fence Corp		INSURER B:					
d/	b/a Gomez and Son Fence	INSUR	INSURER C :					
	O BOX 226915	INSUR	INSURER D:					
IVI	iami FL 33460	INSUR	ER E :					
		INSUR	ER F :					
		NUMBER: 1567261904			REVISION NUMBER			
1	THIS IS TO CERTIFY THAT THE POLICIES OF INSURAI NOTWITHSTANDING ANY REQUIREMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, TH EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LI	F, TERM OR CONDITION OF AN HE INSURANCE AFFORDED BY	Y CONTRACT	OR OTHER I	OCUMENT WITH RES	PECT TO	WHICH THIS	
INSI	TYPE OF INSURANCE INSD WYD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	L	IMITS		
LIK	COMMERCIAL GENERAL LIABILITY	POLICINOMIDEN	(MM/DD/1111)	(enm/DD/1111)	EACH OCCURRENCE	s		
	CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
					MED EXP (Any one person)	\$		
					PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AG	G \$		
	OTHER:					\$		
Α		204070001949	2/3/2019	2/3/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	ANY AUTO			1	BODILY INJURY (Per persor	n) \$		
	OWNED X SCHEDULED				BODILY INJURY (Per accide	nt) \$		
	V HIRED V NON-OWNED				PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY			1	(Per accident)	\$		
_	UMBRELLA LIAB OCCUP					_		
				1	EACH OCCURRENCE	\$		
	ODAINONADE				AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION				PER OTH	\$		
	AND EMPLOYERS' LIABILITY			-	PER OTH STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A				E.L. EACH ACCIDENT	\$		
	(Mandatory In NH) If yes, describe under				E.L. DISEASE - EA EMPLOY	EE \$		
	DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIM	IT \$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101	1, Additional Remarks Schedule, may b	e attached if more	space is require	d)			
CE	RTIFICATE HOLDER	CANC	ELLATION 3	0 days for un	derwritting reasons			
	The School Board of Monroe County, F Monroe County School District	THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	241 Trumbo Road Key West FL 33040	аитног	AUTHORIZED REPRESENTATIVE    Implified to the content of the conte					