



Monroe County School District

Superintendent of Schools
Mark T. Porter

Board Rationale

File #: 1819-0090

TITLE

Approval of Contract Renewal 1 of 3 with Gomez and Son Fence, Corp.

BACKGROUND INFORMATION

This is for the first of three renewals for the contract with Gomez and Son Fence, Corp. from ITB 2018802 awarded March 20, 2018. The scope of work includes installation of new and repair of existing fencing throughout the district.

BUDGET INFORMATION

Item Budgeted? Yes

Total Cost: NTE \$275,000.00

Budget Coding: Proj 3114

Requisition Attached? No

CONTRACT INFORMATION

Contract with: Gomez and Son Fence, Corp.

Contract value: NTE \$275,000.00

Budget coding: Proj 3114

Contract Purpose / Description: New and repair fencing throughout the district.

Contract Originator: Jeff Barrow, 53397, Maintenance Department

Board Meeting Date: 3/12/19

RECOMMENDATION

Approval of Contract Renewal 1 of 3 with Gomez and Son Fence, Corp.



Monroe County School District

Superintendent of
Schools
Mark T. Porter

Master

File Number: 1819-0090

File ID: 1819-0090

Type: Agenda Item

Status: Consent Agenda

Version: 1

Vendor:

Action By: School Board

File Created: 02/14/2019

Subject:

Final Action:

Title: Approval of Contract Renewal 1 of 3 with Gomez and Son Fence, Corp.

Internal Notes:

Sponsors:

Effective Date:

Attachments: Gomez signed contract and COI.pdf, WC COI
18-19-7.pdf, Original Contract

Enactment Number:

Recommendation:

Expiration Date:

Entered by: Jeff.Barrow@KeysSchools.com

Expiration Date:

Approval History

Version	Seq #	Action Date	Approver	Action	Due Date
1	1	2/15/2019	Suanne Lee	Approve	2/18/2019
1	3	2/21/2019	Dirk Smits	Approve	2/21/2019
1	4	2/21/2019	Kathryn Flannery	Approve	2/25/2019
1	5	2/21/2019	Ramon Dawkins	Approve	2/25/2019
1	6	2/21/2019	James Drake	Approve	2/25/2019
1	7	2/21/2019	Patrick Lefere	Approve	2/25/2019

History of Legislative File

Ver- sion:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
1	School Board	03/12/2019					



Rev 11.7.2017

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.
3. All other terms and conditions of the Original Contract shall remain in full force and effect.
4. Contractor's obligations to maintain insurance remains in effect as evident by the updated copy attached.
5. Contractor hereby certifies that the Relationship Disclosure Affidavit and Debarment Certification as submitted as attachments to the Original contract have remained unchanged or has submitted new documents as necessary.

NOTE: A copy of the original contract must accompany this renewal.

IN WITNESS WHEREOF, the parties have executed this Contract Renewal on this 12th day of

March, 2019.

[Signature]
SIGNATURE OF CHAIRPERSON OF THE BOARD (CONTRACTS OVER \$25,000)

March 12, 2019
DATE

[Signature]
SIGNATURE OF SUPERINTENDENT

March 12, 2019
DATE

[Signature]
SIGNATURE OF CONTRACTOR/REPRESENTATIVE

2/11/19
DATE

Caridad Gomez, President/Owner
PRINT NAME AND TITLE



3AA134623

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).

PRODUCER KEY KNOWLEDGE INSURANCE, INC. 9101-C S.W. 19th Place Fort Lauderdale FL 33324	CONTACT NAME: Maria Ryals PHONE: 954-382-5259 (A/C, No, Ext): E-MAIL: mryals@keyknowledgeins.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Arch Specialty Insurance Company INSURER B: Scottsdale Insurance Company INSURER C: Nautilus Insurance Company INSURER D: INSURER E: INSURER F:	FAX (A/C, No): 954-382-0080 NAIC # 21199 41297 01737
INSURED Gomez & Son Fence Corp. 10805 NW 22 ST Miami FL 33172		

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AGL005376300	05/14/2018	05/14/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			N/A			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XBS0099889	05/14/2018	05/14/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	CONTRACTORS EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	NN993808	11/27/2018	11/27/2019	EQUIPMENT FLOATER 200,000.00

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

- Monroe County School District

CERTIFICATE 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

Maria Ryals

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/11/2019

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PRODUCER Merchant Insurance Solutions 12326 Isabella Drive Bonita Springs FL 34135		CONTACT NAME: Staci Merchant PHONE (A/C, No, Ext): (239) 273-2931 FAX (A/C, No): (866) 406-4983 E-MAIL ADDRESS: nealm@merchantinsurancesolutions.com
INSURED GOMEZ & SON FENCE CORP. 10805 NW 22 STREET MIAMI FL 33172		INSURER(S) AFFORDING COVERAGE INSURER A: FLORIDA CITRUS BUSINESS & INDUSTRIES FUN INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input checked="" type="checkbox"/> N	N/A	106 60596	09/04/2018	09/04/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

The School Board of Monroe County, FL.
Monroe County School District
241 Trumbo Road
Key West FL 33040

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PRODUCER
Coastal Insurance Group
150 Westward Drive
Miami Springs FL 33166-1660

CONTACT
NAME: Nuria Fletes
PHONE (A/C, No, Ext): 305-887-5999 FAX (A/C, No): 305-887-7809
E-MAIL ADDRESS: nfletes@coastalinsgroup.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Mapfre Insurance Co. of Fla.

34932

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
Gomez and Son Fence Corp
d/b/a Gomez and Son Fence
PO BOX 226915
Miami FL 33460

COVERAGES

CERTIFICATE NUMBER: 1567261904

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.

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	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
A	AUTOMOBILE LIABILITY	Y Y	5204070001949	2/3/2019	2/3/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR					AGGREGATE \$
	EXCESS LIAB					\$
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A			PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION 30 days for underwriting reasons

The School Board of Monroe County, FL.
Monroe County School District
241 Trumbo Road
Key West FL 33040

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		NAIC # N/A	

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
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