Superintendent of Schools Mark T. Porter

Monroe County School District



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 Enactment Number:

18-19-7.pdf, Original Contract

tecommendation: 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					



CONTRACT RENEWAL

THIS CONTRACT RENEWAL is made and entered into the date labetween The School Board of Monroe County, Florida (Gomez and Son Fence Corp. ("Contractor"), in order	"School Board"), and
("Original Contract") between the parties dated March 20, 2018 a copy of which is attached hereto and incorporated by reference.	_ (original contract date),
 Contractor will exercise the 1 of 3 renewal options in according the Original Contract, thereby creating a renewed contract ("Renewal options") 	ordance with the terms of newed Contract").
2. The Renewed Contract shall commence on March 21, 2019 March 20, 2020	and expire on
3. All other terms and conditions of the Original Contract shall effect.	remain in full force and
 Contractor's obligations to maintain insurance remains in effect a copy attached. 	as evident by the updated
 Contractor hereby certifies that the Relationship Disclosure A Certification as submitted as attachments to the Original unchanged or has submitted new documents as necessary. 	Affidavit and Debarment contract have remained
NOTE: A copy of the original contract must accompany this rene	ewal.
IN WITNESS WHEREOF, the parties have executed this Contract Rener	wal on this 12th day of
March , 2019 .	
SIGNATURE OF CHAIRPERSON OF THE BOARD (CONTRACTS OVER \$25,000)	March 12, 2019 DATE
SIGNATURE OF SUPERINTENDENT	March 12, 2019 Date
SIGNATURE OF CONTRACTOR/REPRESENTATIVE	2 III 9 Date
Caridadomez, President/Owner	•



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)

INSURED Gomez & Son Fence Corp. 10805 NW 22 ST Miami FL 33172 INSURER	RA: Arch S RB: Scottse RC: Nautilu RD: RE: RE: RE: RE: RE: RE: RE: RE: RE: RE	82-5259 @keyknowle surer(s) AFFO pecialty Ins dale Insura is Insuranc	edgeins.com RDING COVERAGE SUITANCE COMPANY INCE COMPANY EE COMPANY REVISION NUMBER:	2	2-0080 NAIC# 11199 11297
9101-C S.W. 19th Place Fort Lauderdale FL 33324 INSURED Gomez & Son Fence Corp. 10805 NW 22 ST Miami FL 33172 INSURER INSURER INSU	RA: Arch S RB: Scottse RC: Nautilu RD: RE: CONTRACT CONTRACT CONTRACT	©keyknowlesurer(s) AFFO pecialty Insurate Insurance	edgeins.com RDING COVERAGE SURANCE COMPANY INCE COMPANY SE COMPANY REVISION NUMBER:	2	NAIC#
Fort Lauderdale FL 33324 INSURED Gomez & Son Fence Corp. 10805 NW 22 ST Miami FL 33172 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	IN: RA : Arch S RB : Scottse RC : Nautilu RD : RE	SURER(S) AFFO pecialty Ins dale Insura is Insuranc	edgeins.com RDING COVERAGE SURANCE COMPANY INCE COMPANY SE COMPANY REVISION NUMBER:	2	1199 1297
INSURED Gomez & Son Fence Corp. 10805 NW 22 ST Miami FL 33172 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	RA: Arch S RB: Scottse RC: Nautilu RD: RE: RF: I ISSUED TO CONTRACT	pecialty Ins dale Insura is Insuranc	surance Company ince Company se Company REVISION NUMBER:	4	1199 1297
Gomez & Son Fence Corp. 10805 NW 22 ST Miami FL 33172 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	RB: Scottse RC: Nautilu RD: RE: RF: I ISSUED TO CONTRACT	dale Insura is Insuranc	REVISION NUMBER:	4	1199 1297
Gomez & Son Fence Corp. 10805 NW 22 ST Miami FL 33172 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	RE: RE: RE: RE: CONTRACT	S Insuranc	REVISION NUMBER:	_	
10805 NW 22 ST Miami FL 33172 Miami FL 33172 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	RD: RE: RF: I ISSUED TO CONTRACT	THE INSURE	REVISION NUMBER:	0	1737
Miami FL 33172 INSURER INSURER INSURER	RE: RF: I ISSUED TO CONTRACT	THE INSURE	ED NAMED ABOVE FOR TH		
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	RE: RF: I ISSUED TO CONTRACT	THE INSURE	ED NAMED ABOVE FOR TH		
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	I ISSUED TO	THE INSURE	ED NAMED ABOVE FOR TH		
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	I ISSUED TO CONTRACT	THE INSURE	ED NAMED ABOVE FOR TH		
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	CONTRACT	THE INSURE	ED NAMED ABOVE FOR TH		
	EDUCED BY	S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	OT TO W	LICH THIS
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Contractual Liability AGL005376300 OSCUR	5/14/2018	05/14/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)		,000 ,000 ,000
			PERSONAL & ADV INJURY	\$ 1,000	,000
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	s 2,000	,000
POLICY PRO-			PRODUCTS - COMP/OP AGG	\$ 2,000	,000
OTHER:				\$	
AUTOMOBILE LIABILITY N/A			COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO			BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS			BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY		Ī	PROPERTY DAMAGE (Per accident)	\$	
				\$	
UMBRELLA LIAB OCCUR V XBS0099889 05	5/14/2018	05/14/2019	EACH OCCURRENCE :	s 5,000,	000
3 EXCESS LIAB CLAIMS-MADE				s 5,000,	
DED V RETENTION \$				s	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A			PER OTH-		
ANYPROPRIETOR/PARTNER/EXECUTIVE TIN		ľ		\$	
OFFICER/MEMBEREXCLUDED? N/A (Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$		
	/27/2018	11/27/2019			
				200,000.00	ı
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be att	tached if more	space is required	d)		
Monroe County School District					
CERTIFICATE HOLDER CANCEL	LLATION				
he School Board of Monroe County, FL. onroe County School District 11 Trumbo Road	D ANY OF THE	DATE THER	SCRIBED POLICIES BE CAN REOF, NOTICE WILL BE PROVISIONS.	ICELLED DELIVE	BEFORE RED IN
	ED REPRESENT	ATIVE	Maria Ryals	s	



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

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.

t	SUBROGATION IS WAIVED, subjection is certificate does not confer rights	to the	cert	ificate holder in lieu of s	uch er	dorsement(s).	,				
PRC	DUCER				CONTACT NAME: Staci Merchant							
	erchant Insurance Solutions				PHONE (A/C, No, Ext): (239) 273-2931 FAX (A/C, No): (866) 406-4983							
12	326 Isabella Drive				E-MAIL ADDRESS: nealm@merchantinsurancesolutions.com							
					INSURER(S) AFFORDING COVERAGE							
Во	nita Springs			FL 34135	INSURER A: FLORIDA CITRUS BUSINESS & INDUSTRIES FUN							
NSU	JRED				INSURER B:							
	GOMEZ & SON FENCE CO	DRP.			INSURER C:							
	10805 NW 22 STREET				INSURER D:							
					INSUR	ER E :						
	MIAMI			FL 33172	INSUR	ERF:						
				NUMBER:				REVISION NUMBER:				
CI	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT	EME AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	NY CONTRAC THE POLICI REDUCED BY	T OR OTHER ES DESCRIBI 'PAID CLAIMS	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO 5.	OT TO 1	WHICH THIS		
ISR TR	TYPE OF INSURANCE	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
		1						MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC								\$			
-	OTHER: AUTOMOBILE LIABILITY		-					COMPINED ONIOLE LINE	\$			
	ANY AUTO							(Ea accident)	\$			
	OWNED SCHEDULED								\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE				
-	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
\dashv	USSPECIALIA	-	-						\$			
ŀ	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$			
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE S	\$			
+	DED RETENTION \$ WORKERS COMPENSATION		-						\$			
Щ.	AND EMPLOYERS' LIABILITY							X PER STATUTE OTH-				
١.	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			106 60596	09/04/2018	09/04/2018	09/04/2019	E.L. EACH ACCIDENT \$	1,000	,000		
- 10	(Mandatory in NH) If yes, describe under								1,000			
-	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000	,000		
SCI	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 1	01. Additional Remarks Schedul	e. may b	attached if mor	e snace is requir	art).				
	TOT OF ERRITORS / LOCATIONS / VERIC	LES (MC	VKD 1	o i, Additional Remarks Scheduk	e, may b	attacned if mor	e space is requin	ed)				
ER	TIFICATE HOLDER				CANC	ELLATION						
	The School Board of Monroe	-	/, FL.		THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAI REOF, NOTICE WILL BE Y PROVISIONS.				
	Monroe County School Distric	ct		7	AUTHORIZED REPRESENTATIVE							
	241 Trumbo Road						1000					
	Key West			FL 33040								



DATE (MM/DD/YYYY) 2/11/2019

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).

PROPUSED			tificate holder in lieu of si	CONTA						
PRODUCER Coastal Insurance Group				NAME:	Nuna Fiet			FAX		
150 Westward Drive				(A/C, N	p, Ext); 300-00	7-5999		FAX (A/C, No):	305-88	7-7809
Miami Springs FL 33166-1660				ADDRE	ss: nfletes@	1101				
				INSURER(S) AFFORDING COVERAGE						NAIC#
INSURED				INSURER A: Mapfre Insurance Co. of Fla.						34932
Gomez and Son Fence Corp				INSURER B:						
d/b/a Gomez and Son Fence				INSURE	RC:				_	
PO BOX 226915 Miami FL 33460				INSURE	RD:					
Wilattii FL 33460				INSURER E :						
				INSURE	RF:					
			E NUMBER: 1567261904	/C DCC	N IOOUED TO	THE INCHES	REVISION NUM		UE DOLL	OV DEDIGE
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PER1	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH D HEREIN IS SUE	RESPE	CT TO V	WHICH THIS
INSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
COMMERCIAL GENERAL LIABILITY	11155				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EACH OCCURRENC	E	\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	D	\$	
							MED EXP (Any one p	oerson)	\$	
							PERSONAL & ADV II	NJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	
POLICY PRO- JECT LOC							PRODUCTS - COMP	OP AGG	\$	
OTHER:	OTHER:						OOMBINED DINGLE	100	\$	
A AUTOMOBILE LIABILITY	Y	Y	5204070001949	2/3/2019	2/3/2020	(Ea accident)		\$ 1,000,	000	
ANY AUTO OWNED Y SCHEDULED							BODILY INJURY (Per		\$	
AUTOS ONLY AUTOS							BODILY INJURY (Per	- 1		
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)	_	\$	
	_								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION\$							DED	LOTU	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	Т	\$	
(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EI	MPLOYEE	\$	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LO (A	UNU	ivi, Auduminai Remarks Schedule	, may 00	accouled if More	apaus is isquife	~ ,			
CEDTIEICATE UOI DED				CANC	ELL ATION 2	n dave for un	denuritting reces	ine		
The School Board of Monroe County, FL. Monroe County School District					JLD ANY OF T	HE ABOVE DE	ESCRIBED POLICIE REOF, NOTICE Y PROVISIONS.	ES BE CA		



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

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).

th	is certificate does not confer rights	o the	certi	ificate holder in lieu of su).	roquiro un onu	0.000	/. 0	tatomont on	
PRO	DUCER				CONTACT NAME: Staci Merchant							
Ме	rchant Insurance Solutions				PHONE (A/C, No. Ext): (239) 273-2931 FAX (A/C, No.): (866) 406-4983							
123	326 Isabella Drive				E-MAIL ADDRESS: nealm@merchantinsurancesolutions.com							
					INSURER(S) AFFORDING COVERAGE NAIC							
Во	nita Springs			FL 34135	INSURER A: FLORIDA CITRUS BUSINESS & INDUSTRIES FUN N/							
INSU	IRED				INSURER B:							
	GOMEZ & SON FENCE CO	RP.			INSURER C :							
	10805 NW 22 STREET				INSURE							
					INSURE	RE:						
	MIAMI	FL 33172	INSURE									
СО	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUM	MBER:			
IN C	IDICATED. NOTWITHSTANDING ANY R	EQUIF PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIC N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	- '	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$								LOT!!	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	4	106 60596		09/04/2018	09/04/2019	E.L. EACH ACCIDEN		\$ 1,00	•	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	00,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if moi	re space is requii	red)				
CF	RTIFICATE HOLDER				CANO	CELLATION						
The School Board of Monroe County, FL. Monroe County School District 241 Trumbo Road					SHO THE ACC	OULD ANY OF EXPIRATION CORDANCE WI	N DATE TH	DESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.				
	Key West											