

FINANCE AND ADMINISTRATIVE SERVICES PURCHASING DIVISION

4800 WEST COPANS ROAD COCONUT CREEK, FLORIDA 33063



KAREN M. BROOKS
DEPARTMENT DIRECTOR

August 13, 2014

CERTIFIED RETURN RECEIPT

Robert S. Walters, AIA Walters Zackria Associates, PLLC 620 SE 1st Street Fort Lauderdale, FL 33301

Re:

Contract Extension - Renewal No. 1

Architecture, Landscape Architectural & Urban Design Services

RFQ No. 06-22-11-11

Dear Robert:

The initial contract period for the referenced project will expire on October 12, 2014. Under the terms and conditions of the contract, the City would like to exercise its option to extend this contract for an additional one (1) year term. This would constitute the first of two possible extensions. If it is accepted and approved, it will begin October 13, 2014 and expire on October 12, 2015.

Please advise if a renewal of our current contract is acceptable to your company. Kindly indicate the appropriate information below and return this letter to my attention within ten (10) business days, along with a current Certificate of Insurance naming the City of Coconut Creek as additional insured.

On behalf of the City of Coconut Creek, we look forward to continuing our long and successful business association with your company. Should you have any questions concerning this letter, please contact me at 954-956-1584.

Sincerely,	
Loui mes	Sec
LORIE MESSE	R
Purchasing Ana	alyst
lmesser@coco	
	AND
cc: Sheila	Rose, Director of Sustainable Development
/RFQ fil	
	Yes, I hereby agree to a one (1) year extension of the contract.
	No, I am unable to provide a one (1) year extension of the contract for the following reason(s):
	CA
DESET MANT	EDG DIA 8-14-19
Name (print)	Signature Date
ranio (pinit)	Olgificator Date



CERTIFICATE OF LIABILITY INSURANCE

WALTE-1

OP ID: KJ

08/14/2014

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). **Erinn Collinsworth** Jackson, Collinsworth & PHONE (A/C, No, Ext): 321-445-1117 E-MAIL ADDRESS: ecollinsworth@jcj-insurance.com FAX (A/C, No): 321-445-1076 Johnson Insurance Agency, LLC. 2208 Hillcrest Street Orlando, FL 32803 Erinn E. Collinsworth INSURER(S) AFFORDING COVERAGE INSURER A : Berkley Insurance Company 32603 Walters Zackria Associates, INSURED INSURER B: PLLC INSURER C: 620 SE 1st Street Ft. Lauderdale, FL 33301 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. ADDL SUBR POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR S MED EXP (Any one person) PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE S POLICY PRODUCTS - COMP/OP AGG \$ S OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY S BODILY INJURY (Per person) S ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE HIRED AUTOS S UMBRELLA LIAB EACH OCCURRENCE **OCCUR** S **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ S WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 06/16/2014 | 06/16/2015 | Per Claim Professional Liab AEC-9001631-00 2,000,000 Claims-Made Policy RETRO DATE 5/1/1982 4.000.000 Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RFQ No. 06-22-11-11 - Architecture, Landscape and Urban Design Services CERTIFICATE HOLDER CANCELLATION **COCO480** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Coconut Creek 4800 W. Copans Rd. Coconut Creek, FL 33063 AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/15/2014

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certificate holder in lieu of such endorsement(s).										
PRODUCER State Form Incurance	CONTACT Steve Botkin									
State Farm Insurance	PHONE (A/C, No, Ext): 954-537-3333 FAX (A/C, No): 954-537-3332									
3038 N Federal Highway	E-MAIL ADDRESS: www.stevebotkin.net									
Ft Lauderdale, Florida 33306	PRODUCER CUSTOMER ID #:									
INTURANCE	INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #				
INSURED	INSURER A : State Farm Mutual Automobile Insurance Company				/	25178				
Walters-Zackria Assoc	INSURER B:									
620 SE 1st St				INSURER C:						
Fort Lauderdale, Fl 33301				INSURER D:						
, 51, 2000, 40, 51, 71, 6000, 1				INSURER E:						
	INSURER F:									
COVERAGES CERTIF	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. NSR TYPE OF INSURANCE ADDL SUBR INSURANCE POLICY NUMBER POLICY PETP POL										
LTR TYPE OF INSURANCE INSI	R WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$			
COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$			
CLAIMS-MADE OCCUR						MED EXP (Any one person)				
			- 1			PERSONAL & ADV INJURY	\$			
						GENERAL AGGREGATE	\$			
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$			
POLICY JECT LOC AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT				
	-ll					(Ea accident)	\$	1,000,000		
ANY AUTO D0862			-	07/08/2014	01/08/2015	BODILY INJURY (Per person)	\$			
ALL OWNED AUTOS			- 1			BODILY INJURY (Per accident)	\$			
SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
NON-OWNED AUTOS						(i ei accident)	\$			
NON-OWNED ACTOS							\$			
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
DEDUCTIBLE						MOOREONIE	\$			
RETENTION \$			- 1				\$			
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	98-BH-N			02/19/2014	02/19/2015	E.L. EACH ACCIDENT	\$	100,000		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	^	90-DII-N430		02/13/2014	02/13/2013	E.L. DISEASE - EA EMPLOYEE		100,000		
If yes, describe under SPECIAL PROVISIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000		
		916 9794-59		06/01/2014	12/01/2014					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Additional insured the City of Coconut Creek and	(Attach ACORD 101, d its Officers, Ag	Additional Remarks : ents, Employees	Schedule, , and Co	if more space is ommission M	required) lembers.					
CERTIFICATE HOLDER	CANC	CANCELLATION								
City of Coconut Creek Attn: Linda Jeethan. Purchasing Administrator 4800 West Copans Rd. Coconut Creek, FL 33063	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									

RS BOTKIN