

AMENDMENT No. 1
to
AGREEMENT BETWEEN MANATEE COUNTY
and
UGARTE & ASSOCIATES, INC.
for
ARCHITECTURAL/ENGINEERING (A/E) CONSULTING SERVICES

THIS AMENDMENT No. 1 TO AGREEMENT (No. 17-0885MS), is made and entered by and between **MANATEE COUNTY**, a political subdivision of the State of Florida, hereinafter referred to as "COUNTY," with offices located at 1112 Manatee Avenue West, Bradenton, Florida 34205 and **UGARTE & ASSOCIATES, INC.** hereinafter referred to as "CONSULTANT", duly authorized to conduct business in the State of Florida with offices located at 434 9th Avenue West, Palmetto, FL 34221. COUNTY and CONSULTANT are collectively referred to as the Parties and individually as a Party.

WHEREAS, on August 22, 2017 the Parties hereto entered into Agreement (No. 17-0885MS) for Architectural/Engineering (A/E) Consulting Services for an initial period of one year; and

WHEREAS, pursuant to Article 5 of the Amendment, the term of the Agreement shall remain in full force and effect for one year, and may be amended for four additional one-year periods; and

WHEREAS, the County has determined a need for the services beyond the one year period ending August 21, 2018; and

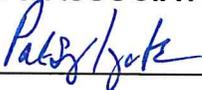
WHEREAS, the Agreement may be amended only pursuant to an instrument in writing that has been jointly executed by the parties hereto; and

NOW THEREFORE, for and in consideration of the mutual benefits to be derived, the Parties hereto agree as follows:

1. Notwithstanding the date of execution, the duration of the Agreement shall be extended by one year, commencing August 22, 2018 and ending August 21, 2019.
2. All fee rates remain unchanged and as found in Exhibit B of the initial Agreement dated August 22, 2017.
3. All other terms and conditions of the Agreement shall remain in full force and effect during the contract period.

WHEREFORE, the Parties hereto have caused the **Amendment No. 1 to the Agreement (No. 17-0885MS) for Architectural/Engineering (A/E) Consulting Services** to be fully executed by their authorized representatives.

UGARTE & ASSOCIATES, INC.

By: 

Printed Name: Patsy R. Ugarte

Title: President

Date: June 12, 2018

**Manatee County, a political subdivision of
the State of FLORIDA**

By: _____
Theresa Webb, CPPO, CPPB, CPSM, C.P.M.
Procurement Official

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/10/2017

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 Boyd Insurance & Investment Services, Inc. 717 Manatee Avenue West #300 Bradenton FL 34205		CONTACT NAME: Judy Coleman PHONE (A/C, No, Ext): 941-745-8300 E-MAIL ADDRESS: judyc@boydinsurance.com FAX (A/C, No): 941-782-6284	
INSURED Ugarte & Associates, Inc. 434 9th Ave. W. Palmetto FL 34221		INSURER(S) AFFORDING COVERAGE INSURER A : Sentinel Insurance Company Ltd INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
UGARAS1		NAIC # 11000	

COVERAGES

CERTIFICATE NUMBER: 2057294591

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		21SBMBT5399	7/23/2017	7/23/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			21SBMBT5399	7/23/2017	7/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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)

Re: Agreement No 17-0885MS- Manatee County County, a Polical SubDivision of the State of Florida, and agents, representative, and employees, Etal are included as additional insureds described per form IH12001185, with respects to the General Liability policy and Waiver of Subrogation with written contract with respect to General Liability with Thirty (30) days cancellation with Ten (10) of cancellation notice with regards to non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

Manatee County Board of County Commissioners
1112 Manatee Ave W
Suite 969
Bradenton FL 34205

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

Client#: 1049438

UGARTAS1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2018

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.

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: USI Insurance Services, LLC
CONTACT NAME:
PHONE (A/C, No, Ext): 813 321-7500
INSURER(S) AFFORDING COVERAGE: INSURER A: XL Specialty Insurance Company
INSURED: Ugarte & Associates, Inc.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Professional Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder continues: Attn: Risk Management Division

RE: Job #226, Agreement #17-0885MS, 17 Honda Ridgeline - 5FPYK3F85HB009020, Manatee County Government Continuing Services Contract.

Professional Liability coverage is written on a claims-made basis.

CERTIFICATE HOLDER CANCELLATION

Manatee County
A Political Subdivision of the State of Florida
1112 Manatee Avenue West, Suite 969
Bradenton, FL 34205
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2017

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PRODUCER Boyd Insurance & Investment Services, Inc. 717 Manatee Avenue West #300 Bradenton FL 34205	CONTACT NAME: Judy Coleman PHONE (A/C, No, Ext): 941-745-8300 E-MAIL ADDRESS: judyc@boydinsurance.com	FAX (A/C, No): 941-782-6284
	INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance Company Ltd	
INSURED Ugarte & Associates, Inc. 434 9th Ave. W. Palmetto FL 34221	UGARAS1 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		21SBMBT5399	7/23/2017	7/23/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			21SBMBT5399	7/23/2017	7/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> 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"/> OTH-ER E.L. EACH ACCIDENT \$ 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)

Re: Agreement No 17-0885MS- Manatee County County, a Polical SubDivision of the State of Florida, and agents, representative, and employees, Etal are included as additional insureds described per form IH12001185, with respects to the General Liability policy and Waiver of Subrogation with written contract with respect to General Liability with Thirty (30) days cancellation with Ten (10) of cancellation notice with regards to non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

Manatee County Board of County Commissioners 1112 Manatee Ave W Suite 969 Bradenton FL 34205	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/20/2018

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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 Libertate Insurance LLC 707 East Washington Street Orlando, FL 32801 www.libertateins.com	CONTACT NAME: Libertate Insurance, LLC PHONE (A/C, No, Ext): 4076135475 E-MAIL ADDRESS: info@libertateins.com	FAX (A/C, No): 4076135477
	INSURER(S) AFFORDING COVERAGE	
INSURED Remedy Employer Services, LLC 300 Riverside Drive, E #3100 Bradenton FL 34208	INSURER A: Wesco Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC # 25011

COVERAGES **CERTIFICATE NUMBER:** 42652374 **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"/> 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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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	N/A	WWC3323472	12/31/2017	12/31/2018	<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)

PEO Client: Ugarte & Associates, Inc. #226 Effective: 12/31/2015
 Coverage is extended to the leased employees of alternate employer in all states except in monopolistic states.

CERTIFICATE HOLDER 226 Manatee County, a Political Subdivision of the State of Florida Attn: Risk Management Division 1112 Manatee Ave West Suite 969 Bradenton FL 34205	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  Paul R. Hughes
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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Manatee County, a Political Subdivision of the
State of Florida
Attn: Risk Management Division
1112 Manatee Ave West
Suite 969
Bradenton FL 34205

PEO Client: Ugarte & Associates, Inc. #226 Effective: 12/31/2015 Coverage is extended to the leased employees of alternate employer in all states except in monopolistic states.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Insured Remedy Employer Services, LLC

Effective Policy No.
WWC3323472

Endorsement No. 42652374
Premium

Insurance Company
Wesco Insurance Company

Countersigned by  _____

WC 00 03 13
(Ed. 4-84)

