Contract Number CM2096-A1

# AMENDMENT NUMBER 1/FIRST EXTENSION TO THE CONTINUING CONTRACT FOR PROFESSIONAL ENGINEERING SERVICES SOLID WASTE LANDFILLS AND OTHER RELATED ANCILLARY FACILITIES FOR NASSAU COUNTY, FLORIDA

THIS AGREEMENT entered into this <u>24th</u> day of <u>April</u>, 2017 by and between the BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA, a political subdivision of the State of Florida, (hereinafter referred to as "County") and S2L, Incorporated, a Florida Corporation, whose principle office address is located at 531 Versailles Drive, Suite 202, Maitland, Florida 32751; (hereinafter referred to as "Consultant").

WHEREAS, the parties entered into an agreement on April 16, 2014 for professional engineering services, solid waste landfills and other related ancillary facilities; and

WHEREAS, the original agreement provided for an initial three year term beginning April 16, 2014 and ending April 15, 2017 with an option to renew for two additional one year periods;

WHEREAS, the parties desire to amend and extend said Agreement.

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual covenants and agreements herein contained, the parties hereto agree as follows:

- 1. The performance period is hereby extended for an additional period beginning April 16, 2017 and ending April 15, 2018.
- 2. Pursuant to Article 5.6, Labor Unit rates may be adjusted annually upon mutual agreement. The rates for the additional performance period are attached as Attachment "B".

 All other provisions of said Agreement not in conflict with this Addendum shall remain in full force and effect.

BOARD OF COUNTY COMMISSIONERS NASSAU COUNTY, FLORIDA

DANIEL B. LEEPE

Its: Chairman

Attest as to the authenticity of the

Chairman's signature

JOHN A. CRAWFORD

Its: Ex-Officio Clerk

Approved as to form and legality by the

County Attorney

Michael Mullin

[Signatures continue on next page]

	S2L, INC.
	By: Samuel B. Levin
	Its: President
STATE OF Florida	
COUNTY OF Orange	
Defense was remarkable ammagned as AD	viha ia
Before me personally appeared, <u>Samuel B</u> personally known or produced	as identification,
known to be the person described in and who execut	
acknowledged to and before me that he/she executed	i said instrument for the purposes
therein expressed.	
WITNESS my hand and official seal, this _3	s1st day of March , 2017.
$\Omega()$ and $\Omega()$	
Church Stellister	
Notary Signature Cheryl H. Hollister	
· U	
Notary-Public-State of Florida at large	
My Commission expires: February 20, 2021	
/*************************************	
Notary Public State of Florida	
Cheryl H Hotilister My Commission GG 043498	
Expires 02/20/2021	

#### **Attachment B**

## Proposed Loaded Billing Rates for 2016/2017 for Services Provided by S2Li on Behalf of Nassau County

Contract Position	Hourly Rates
Project Director/Principal-in-Charge	\$225.00
Regional Manager/QC Officer	\$208.88
Principal Engineer	\$171.38
Senior Engineer	\$122.51
Project Engineer	\$ 81.81
Associate Engineer/CADD	\$ 47.47
Office Manager	\$ 68.46

- 1. Billing Rate included 175.66% for fringes and overhead, 12.06 for expenses (per attached overhead rate and 10% profit. Project Director was capped at \$225.00 per hour.
- 2. Rates include typical expenses such as reproduction. Any other extraordinary shall be negotiated on a case by case basis.
- 3. Subconsulting costs will be billed as pass through costs with no profit or fees added by S2Li in addition to actual costs.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2017

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 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 Marsh & McLennan Agency of Florida 1000 Corporate Drive, Suite 400 Fort Lauderdale FL 33334		CONTACT NAME: Dianne Lett			
		PHONE (A/C, No, Ext): 321-214-4855 FAX (A/C, N	o); 212-948-5727		
		E-MAIL ADDRESS: dlett@mma-fl.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A : Continental Casualty Company	20443		
INSURED S2LINC		INSURER B: Transportation Insurance Company	20494		
S2L Inc 531 Versailles Drive Suite 202 Maitland FL 32751		INSURER c: The Continental Insurance Company	35289		
		INSURER D : Certain Underwriters at Lloyd's	55555		
		INSURER E :			
		INSURER F:			
0.01/20		4500700045			

COVERAGES

CERTIFICATE NUMBER: 1528/90015

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.

SR TR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	CLAIMS-MADE X OCCUR	Y	Y	B2075876503	1/1/2017	1/1/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$300,000	
								MED EXP (Any one person)	\$10,000	
	]							PERSONAL & ADV INJURY	\$1,000,000	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
į	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
	i	OTHER:							\$	
;	AUT	OMOBILE LIABILITY	Υ	Y	B2075880437	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
Ī		OWNED SCHEDULED AUTOS ONLY AUTOS				İ	BODILY INJURY (Per accident)	\$		
ĺ		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR	Υ	Υ	B2095585866	1/1/2017	1/1/2018	EACH OCCURRENCE	\$2,000,000	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$2,000,000
		DED X RETENTION \$10,000							\$	
		RKERS COMPENSATION		Υ	WC275880387	1/1/2017	1/1/2018	X PER OTH-		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  N		N/A	ł				E.L. EACH ACCIDENT	\$1,000,000		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000			
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000	
		essional Liability* ution Liability			PGIARK0574801 B2075876503	1/1/2017 1/1/2017	1/1/2018 1/1/2018		\$2,000,000 \$1,000,000 \$2,000,000	

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

Continuing Contract for Professional Engineering Services (Contract No. CM2096). Solid Waste Landfills and Other Related Ancillary Facilities for Nassau County, Florida. Certificate holder, as Designated Organization, is an Additional Insured as respects General Liability and Automobile Liability. Umbrella follows form to the underlying policies as respects to Additional Insureds. Waiver of Subrogation as respects General Liability, Auto and Workers Compensation in favor of Additional Insured. 30 Day notice of Cancellation (10 days for non-payment) in See Attached...

CERTIFICATE HOLDER	CANCELLATION
Nassau County Board of County Commisioners 96135 Nassau Place Suite 6 Yulee FL 32097	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tulee 1 E 32097	AUTHORIZED REPRESENTATIVE

<sup>\*</sup>Professional Liability-Claims Made--- Retro Date: 03/15/1997

AGENCY	CUSTOMER	ID: S2LINC

ACORD"

## ADDITIONAL REMARKS SCHEDULE

Agency Marsh & McLennan Agency of Florida	NAMED INSURED S2L Inc 531 Versailles Drive Suite 202 Maitland FL 32751				
POLICY NUMBER					
CARRIER NAIC CODE					
	EFFECTIVE DATE:				
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					

CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FORM TITLE: CERTIFICATE		/ INSURANCE				
favor of Additional Insured as respects General Liability. All of the above applies when required by written contract subject to the terms, conditions and exclusions of the policy.						
		,				