



MEMORANDUM

To: David Dyess, City Manger

From: Alaina Knofla, Procurement Specialist

Date: December 9, 2019

Subject: Renewal of ITB #2016-300, Yard Waste Processing & Disposal Services

The renewal year of ITB #2016-300: Contract for Yard Waste Processing & Disposal Services is due to expire January 7, 2019. This agreement has provisions for renewals for renewals under the original terms, conditions and pricing for four (4) one (1) year terms.; this would constitute the final renewal option. The contractor Treecycle Land Clearing, Inc. has agreed to the renewal under the original terms, condition, pricing and specifications.

If approved, this renewal will be effective for the period January 6, 2020 through January 7, 2021. If you have any questions, or if I might be of further assistance please contact me at ext. 5320 or contact me by email purchasing@ci.stuart.fl.us.

- Approve renewal of ITB# 2016-300: Yard Waste Processing & Disposal Services
- Recommended this ITB not be renewed



David Dyess, City Manager

12-9-19

Date



City of Stuart

Procurement & Contracting Services
121 SW Flagler Ave. Stuart FL 31991
Phone: 772.288.5306

November 12, 2019

Treecycle Land Clearing
Attn: Sean Casey
5019 80th Terrace S.
Lake Worth, Florida 33467

Subject: Renewal for ITB #2016-300, Yard Waste Processing & Disposal Services

Dear Mr. Casey,

This is official notification to your firm that the City of Stuart wishes to extend your current contract for Yard Waste Processing & Disposal Services for the period beginning January 8, 2020 and ending on January 7, 2021, which represents the final of four (one year) renewal options. This extension is granted under the same terms, conditions, and pricing as the original contract.

Please complete the bottom portion of this letter. Your response must be received **no later than 4:00 p.m., November 26, 2020**. You may fax your response to (772) 600-0134 or send by email to purchasing@ci.stuart.fl.us. Thank you for your cooperation and immediate attention to this matter. Please contact me at (772) 288-5320, if you should have any questions.

Best Regards,

Alaina Knofla

Procurement Specialist

cc: ITB File

I hereby attest, by signature, to Florida Statutes (F.S.) 287.135-Scrutinized Companies that Boycott Israel list, F.S. 215.4725-Engaging in commerce with Cuba or Syria, and F.S. 215.473-Scrutinized Companies with activities in the Iran Petroleum Energy Sector List; and agree to the contract renewal as specified of the subject Agreement.

I am unable to agree to the contract renewal as specified of the subject Agreement

(Signature)

Date

Sean Casey
Printed Name

President
Title

12/9/19



TREELAN-01

EDENL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/18/2019

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 License # 0E67768 Insurance Office of America, Inc. Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT Tara McKay NAME: PHONE (A/C, No, Ext): (561) 296-6153 26053 E-MAIL: Tara.McKay@ioausa.com ADDRESS:	FAX (A/C, No): (561) 776-0670
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INSURED Treecycle Land Clearing, Inc. 5019 80th Terrace South Lake Worth, FL 33467	<table border="0"> <tr> <td style="text-align: right;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right;">NAIC #</td> </tr> <tr> <td>INSURER A: Security National Insurance Company (AmTrust)</td> <td style="text-align: right;">19879</td> </tr> <tr> <td>INSURER B: AmGUARD Insurance Company</td> <td style="text-align: right;">42390</td> </tr> <tr> <td>INSURER C: Federal Insurance Company</td> <td style="text-align: right;">20281</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Security National Insurance Company (AmTrust)	19879	INSURER B: AmGUARD Insurance Company	42390	INSURER C: Federal Insurance Company	20281	INSURER D:		INSURER E:		INSURER F:	
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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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X X	SES1777515	9/18/2019	9/18/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER POLICY X PRO-JECT LOC OTHER						
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	X	TRAU078670	9/18/2019	9/18/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		EXS1540385	9/18/2019	9/18/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 DED RETENTION \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Equipment Floater		06705307	9/18/2019	9/18/2020	Leased/Rented Equip. 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REF: RFP#2018-2019-158 Yard Waste Processing & Disposal Services.

Certificate Holder is Additional Insured with respect to General Liability & is primary and non-contributory when required by written contract per form #CG2010, CG2037 & NXGL009 and Additional Insured with respect to Auto Liability per form #BA9904. Waiver of Subrogation with respect to General Liability per form # CG2404

CERTIFICATE HOLDER City of Stuart- Procurement & Contracting Services 121 West Flagler Ave. Stuart, FL 34994	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
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