

**CONTRACT FOR EXECUTIVE SEARCH FIRM SERVICES FOR CLERK OF
COMMISSION POSITION**

THIS CONTRACT is entered into this 28 th day of September 2017, between the CITY OF GAINESVILLE, a municipal corporation existing under the laws of the State of Florida (the "City") and Springsted Waters Incorporated, ("Contractor").

WHEREAS, the City requires the services of an experienced, well-qualified executive search firm to recruit and screen highly-qualified candidates for the position of Clerk of Commission;

WHEREAS, the Contractor has extensive experience in conducting successful executive searches to fill critical executive positions within municipalities and large organizations; and

WHEREAS, the Contractor is willing and able to perform executive search firm services as more specifically set forth herein.

NOW, THEREFORE, in consideration of the covenants, agreements and promises of the City and Contractor contained herein, it is agreed by and between the parties as follows:

ARTICLE I

Scope of Services

Contractor's services under the supervision and direction of the City's Assistant Human Resources Director, Lisa Jefferson, shall consist of the following:

Specific Services

1. Develop recruitment materials that describe the City's Clerk of the Commission position, the City organization, the community, and other pertinent information. Advise candidates that their submittals will be subject to disclosure under the Public Records Act.
2. Develop a timeline and strategy for recruitment. At a minimum, the Contractor shall perform an executive search and nationally advertise to identify highly-qualified, diverse candidates. The strategy for recruitment must include outreach efforts that ensure the inclusion of qualified candidates from diverse backgrounds.
3. Acknowledge receipt of candidates' application materials.
4. Review resumes and conduct initial screening of all candidates' applications utilizing the job criteria provided by the City.
5. Within thirty (30) days from the date that this Contract is executed by the parties, provide to the City a list of at least five (5) fully developed candidates for the Clerk of Commission position together with information about each candidate, including the candidates' resumes; candidate data sheets; search metrics; a written summary detailing the background, achievements, and strengths of the candidates; and an outline of the candidates' most promising qualifications.

6. Assist with the onsite portion of the selection process, including scheduling interviews and other onsite activities, developing interview questions or tests, and assist the City in coordinating travel logistics by the candidates for interviews.
7. Assist the City as needed in the selection of the finalist and negotiating the job offer with the finalist.
8. Provide notification to all candidates not selected for the position.
9. Ensure the selection process conforms to the law, as well as the City's hiring policies, procedures, and practices.
10. Work with the City's Human Resources Department to communicate with the selected candidate a schedule for appropriate pre-employment requirements (physical examination, etc.).
11. Respond to all candidates inquires, including production of all correspondence throughout the recruitment process; and perform any administrative activity incidental to, required by and generally included as part of the service of a full executive recruitment.

ARTICLE II

Fees and Expenses

- A. Service Fees and Expenses. The City shall compensate the Contractor for services in connection with all tasks outlined in Article I ("Proposal") an all-inclusive professional fee of \$24,500.00. The Professional Fees are payable as follows:
 1. 30% of the fee will be billed at the beginning of the recruitment process.
 2. 30% of the fee will be billed when highly qualified candidates have been identified and semi-finalists are presented to the City Commission.
 3. 30% will be billed at the time a recommendation is made and favorable background checks, reference checks and academic verifications are complete.
 4. The remaining 10% of the fee will be billed upon acceptance of an offer by the candidate.
 5. The Contractor shall continue to provide the services under Article I until a candidate is successfully hired by the City for no fees other than the \$24,500 referenced above.
 6. Except as provided below, the City shall reimburse the Contractor for all reasonable travel expenses associated with the services provided under Article I, provided such travel has been approved by the City in advance in writing. With respect to such expenses, the Contractor's invoice shall include an explanation by type and amount, along with copies of supporting documentation for the expense or disbursement.
 7. The all-inclusive professional fee of \$24,500.00 includes all project-related expenses, such as advertising, preparation of the recruitment brochure, printing, candidate background, reference and academic verification checks and travel expenses for on-site visits. Travel expenses incurred by candidates for on-site interviews will be at the expense of the City and not the Contractor.

8. Notwithstanding the above, it is agreed by the parties that the total Service Fees and Expenses payable by the City to the Contractor under this Contract shall not exceed \$50,000.00.

ARTICLE III

City Responsibilities

The City shall provide Contractor with the Clerk of Commission job criteria, as well as generally assist the Contractor in the selection process for the Clerk of Commission position.

ARTICLE IV

Miscellaneous

A. Time of Completion. This Contract will become effective upon execution by both parties and will terminate upon completion of the entire scope of services. Work on the project will commence immediately upon execution. All specific services shall be completed on a timely basis as provided in this Contract or as otherwise directed.

B. Completion of Services. City, in its sole discretion, may extend completion of services through December 31, 2017.

C. Records/Audit. Contractor shall maintain records sufficient to document its completion of the scope of services established by this Contract. These records shall be subject at all reasonable time to review, inspect, copy and audit by persons duly authorized the City. These records shall be kept for a minimum of three (3) years after completion of the Contract. Records which relate to any litigation, appeals or settlements of claims arising from performance of the Contract shall be made available until a final disposition has been made of such litigation, appeals or claims.

Florida has a very broad public records law. By entering into this Contract with the City, the Contractor acknowledges that it will comply with the Florida Public Records Act (Chapter 119, Florida Statutes). In complying with the Florida Public Records Act, the Contractor shall:

Keep and maintain public records required by the City to perform the service;

Upon request from the City's custodian of public records, provide the City with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law;

Ensure that all public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Contract term and following completion of the Contract if the Contractor does not transfer the records to the City; and

Upon completion of the Contract, transfer to the City, at no cost, all public records in possession of the Contractor or keep and maintain public records required by the City to perform the service. If the Contractor transfers all public records to the City upon completion of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

Failure to comply with the Florida Public Records Act, including failure to provide a public record upon request, is a breach of this Contract between the City and the Contractor. The City may pursue all remedies for breach of this Contract.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT ASSISTANT HUMAN RESOURCES DIRECTOR LISA JEFFERSON AT 352-393-8750 OR JEFFERSONLL@CITYOFGAINESVILLE.ORG OR PO BOX 490, STATION 20, GAINESVILLE, FLORIDA 32627-0490.

D. Standard of Care and Guarantees. The Contractor shall undertake services covered by this Contract using the requisite degree of skills necessary to produce an acceptable work product. The standard of care applicable to the Contractor's services will be the degree of skill and diligence normally employed by Executive Search Firms performing the same or similar services.

The Contractor will not approach the selected candidate for any other position as long as the person is employed by the City. If the selected candidate leaves employment with the City for any reason other than an Act of God (such as total incapacity or death) within his or her first year of employment, Contractor will assist the City with another executive search as outlined in Article I for no additional Professional Fee, but only for project related expenses, provided that the City notifies the Contractor in writing of all facts relating to the termination of the relationship within thirty (30) business days after termination of the employment relationship. If the City is not satisfied with the candidates presented, the Contractor will continue to search for candidates until the City is satisfied at no additional Service Fee or Expense to the City. The Guarantee contained herein is valid only if the Contractor received payment of all Service Fees due under Article II by the associated due date(s).

E. Definitions. The following definitions are applicable to this Contract: "Candidate" means a person referred to the City by the Contractor, directly or indirectly. "Refer" means the disclosure by the Contractor of the identity of a candidate by any means, orally

or in writing. "Service Relationship" means the City's engagement of the services of the candidate in any capacity, including as an employee, independent contractor, consultant, or other representative.

F. Termination. The Contract may be terminated by either party without cause upon thirty (30) days prior written notice to the other party. In the event of termination, the Contractor shall be compensated for services rendered up to and including the day of termination.

G. Successors. The provisions of this Contract shall be binding on the successors and assigns of the parties hereto.

H. Applicable Law. This Contract shall be governed and interpreted by the laws of the State of Florida and venue shall be in the courts of Alachua County, Florida.

I. Independent Contractor. Contractor shall be considered an independent contractor and as such shall not be entitled to any right or benefit to which City employees are or may be entitled to by reason of employment. Except as specifically noted in the Contract, Contractor shall be solely responsible for the means, method, techniques, sequences, and procedures utilized by the Contractor in the full performance of the Contract.

J. Entire Agreement. This Contract constitutes the entire agreement between the parties hereto. Modifications of this Contract shall be in writing, signed by the parties, and incorporated as written amendments to the Contract prior to becoming effective.

K. Indemnification. The Contractor shall indemnify the City, its officials, agents and employees, and save it harmless from any and all suits, claims, actions, demands, fines, fees, expenses, penalties, proceedings, damages, liability and expense, including attorneys' fees, of any kind or nature arising or growing out of or in any way connected with Contractor's performance of the Contract, whether by act, omission, negligence, or intentional wrongdoing of the Contractor, its agents, servants, employees or others.

L. Insurance. Contractor shall provide proof of insurance in the amounts below:

Workers' Compensation Insurance providing coverage in compliance with Chapter 440, Florida Statutes.

Public Liability Insurance (other than automobile) consisting of broad form comprehensive general liability insurance including contractual coverage of \$1,000,000 per occurrence (combined single limit for bodily injury and property damage). The City shall be an additional insured on such Public Liability Insurance and the Contractor shall provide copies of endorsements naming the City as additional insured.

Automobile Liability Insurance consisting of property damage coverage of \$500,000 per occurrence (combined single limit for bodily injury and property damage).

The Contractor shall furnish the City a certificate of insurance in a form acceptable to the City for the insurance required. The Contractor will give the City thirty (30) days written

notice (except the City will accept ten (10) days written notice for non-payment) prior to cancellation or material change in coverage.

M. Sovereign Immunity. The Contractor and the City agree that nothing in this Contract shall be interpreted as a waiver of the City's sovereign immunity under 768.28, Florida Statutes.

N. Notice. Any notice, acceptance, request or approval from either party to the other party given or requested under the provisions of this Contract shall be in writing and either delivered personally or sent by certified or registered mail, return receipt requested, and shall be deemed to have been received when either deposited in a United States Postal Service mailbox or personally delivered with signed proof of delivery. The City's representative and the Contractor's representative are as follows:

CITY: Assistant Human Resources Director, Lisa Jefferson
PO Box 490, Station 20
Gainesville, FL 32627-0490
jeffersonLL@cityofGainesville.org
352-393-8750

Contractor: Attn: Bonnie C. Matson, Principal
380 Jackson Street, Suite 300
Saint Paul, MN 55101
bmatson@springsted.com
651-223-3014

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed for the uses and purposes therein contained on the day and year first above written.

WITNESS:



CONTRACTOR



By: Art Davis, Senior Vice President

Executed this 19th day of September, 2017.

WITNESS:

Andrew M. Tang

CITY OF GAINESVILLE

Lisa Jefferson 10/6/17
By: Assistant Human Resources Director,
Lisa Jefferson

Executed this 28 day of September, 2017.

Approved as to form and legality:

Marchman 10/3/17

Today's Date: 09/27/2017

CITY OF GAINESVILLE TRANSMITTAL FORM

Note: Decentralized bids or contracts resulting from decentralized bids not to exceed \$50,000

Type of Action Requested (check one) [X] New [] Extension [] Amendment [] Change Order

Project Amount: \$24500.00 Anticipated Start Date: 09/28/2017
Department Name: Human Resources
Project Manager: Lisa Jeffereson Phone Number: x8750
Account No.:
Subcontractor Opportunities: [] Yes [X] No
Contractor/Vendor: Springsted/Waters
Funding Source: [X] City Funds [] Other
Provide Other source: N/A

Project Description: Services of an experienced, well-qualified executive search firm to recruit and screen highly-qualified candidates for the Executive level positions.

Decentralized bids or contracts resulting from decentralized bids not to exceed \$50,000

PROJECT APPROVED FOR PROCESSING

As Project Manager, the City's liaison, you are responsible for monitoring the project. Including, visibly verifying progress and completion is in accordance with the project specifications.

Project Manager: Lisa Jeffereson / 9/28/2017
Date:
Department Head: [Signature] / 9/28/17
Date:

Leadership Team, Executive Team or Charter Officer / Date

SIMULTANEOUS PROJECT REVIEW

The requested reviewers are noted by an "X" below. Each should complete his/her review and return the project comments directly to the Department. Note: Review and subsequent approval is required of the City Attorney and Risk Manager for all projects. Allow a minimum of three days for Department review.

REVIEWER COMMENTS

The attached project has been reviewed by me and approved As Drafted OR Subject To modifications as noted.

Table with columns: Reviewing Office, As Drafted, Subject To, Signature, Date. Rows include City Attorney, Risk Manager, Grants, Fleet, Facilities Mgmt, IT.

[] Notification of project (i.e. bid being processed by Department) to Small Business Procurement Program Coordinator (excludes contracts)

Department shall determine that all items marked "subject to" are cleared before final submission of the project below.

To Contractor for Signature Date: Received From Contractor Date:
To City Attorney Date: From City Attorney Date:
To City Manager Date: From City Manager Date:

City Commission Approval: (\$50,000 and above) [] Yes Date Approved: N/A
[] No City Commission approval is not required(5)
(5) Provide Purchasing Policy exception section (i.e. Sec 7.1(c))

Purchasing Policy 7.1: Every purchase of an item of supplies, materials, equipment, contractual services, or extension(s) to existing contracts costing in excess of \$50,000 shall require the approval of the City Commission, except... (see Purchasing Policy for exceptions).

PROJECT APPROVED FOR EXECUTION: Note: Decentralized bids or contracts resulting from decentralized bids not to exceed \$50,000

City Attorney

Date

City Manager or Designee

Date

Print on five part NCR paper - **White** (original) for final execution; **Yellow** for City Attorney; **Pink** for Risk; **Green** for SBPP; **Goldenrod** for file or others as needed.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Springsted Waters Incorporated	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 380 Jackson Street, Suite 300	Requester's name and address (optional)
	6 City, state, and ZIP code Saint Paul, MN 55101	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
-	-
OR	
Employer identification number	
4	7
-	-
1	0
6	4
4	0
4	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 2/6/17
------------------	----------------------------	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2017

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 Horizon Agency, Inc. 6500 City West Pkwy #100 Eden Prairie, Minnesota 55344	Phone: (952)944-2929 Fax: (952)944-3091	CONTACT NAME: Jane Doerfler PHONE (A/C, No, Ext): (952)914-7131 E-MAIL ADDRESS: jane@horizonagency.com	FAX (A/C, No): (952)944-3091
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Springsted Inc.; Springsted Investment Advisors, Inc.; Waters & Company Inc 380 Jackson Street #300 St. Paul, MN 55101	INSURER A: Federal Insurance Company		20281
	INSURER B: Executive Risk Indemnity Inc.		35181
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 8912 **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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			35342568	8/11/2017	8/11/2018	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"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73234006	8/11/2017	8/11/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			79764838	8/11/2017	8/11/2018	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
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	71646620	8/11/2017	8/11/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
B	Errors & Omissions \$25,000 Deductible			82079210	1/14/2017	1/14/2018	Each Claim	2,000,000
							Aggregate	2,000,000

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

CERTIFICATE HOLDER

Holder's Nature of Interest : Certificate Holder

City of Gainesville, FL
 PO Box 490
 Gainesville, FL 32627

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

Robert R. Kirschbaum

© 1988-2015 ACORD CORPORATION. All rights reserved.