

MEMORANDUM

DATE: December 14, 2021
TO: **ORIGINAL**
FROM: Shelby Dolan, Procurement Management Department
SUBJECT: Record Retention

CONTRACT: #20180167 Amendment #3
CONTRACT TITLE: Anti-Scalant A-102 Plus

CONTRACTOR NAME: Amaya Solutions, Inc. fka American Water
Chemicals, Inc.
VENDOR ADDRESS: 1802 Corporate Center Lane
CITY & STATE: Plant City, FL 33563

ORIGINAL CONTRACT APPROVED BY COUNCIL: July 23, 2018
7d)-AMERICAN WATER CHEMICALS, INC., SUPPLY ANTI-SCALANT A-102 PLUS FOR
THE CITY'S WATER TREATMENT PLANT #20180167, \$163,000 PLUS A ONE-TIME \$10
INDEMNIFICATION FEE, CONTRACT PERIOD IS 5 YEARS WITH ONE FIVE-YEAR
RENEWAL.

AMENDMENT #3 APPROVED BY COUNCIL: December 13, 2021
7f)- Amend Contract #20180167 for the Supply of Anti-Scalant A102 Plus with Amaya Solutions,
Inc.

PURPOSE: Amaya Solutions has requested a temporary price increase due to market conditions
and the economy with shortages in supplies. This price increase would become effective on
November 1, 2021 and expire on May 31, 2022.

Thank you.



**CONTRACT AMENDMENT**

This amendment by and between the Contractor and the City as defined below shall be effective as of the date this Amendment is fully executed.

Contractor's Full Legal Name:	Amaya Solutions, Inc. fka American Water Chemicals, Inc.
Solicitation No./Event ID:	20180167
Solicitation Title/Event Name:	Supply Anti-Scalant A-102 Plus
Contract Award Date:	July 23, 2018
Initial Current Contract Term:	November 3, 2018
Current Contract Expiration Date:	November 2, 2023
Requested Contract Expiration Date:	N/A.
Initial Contract Amount:	Unit price as needed
Current Contract Amended Amount:	N/A
Requested Financial Change Amount:	Temporary Price Increase
New Contract Amount:	Unit price as needed
Amendment No.:	3
Amendment Type:	Terms Revision

WHEREAS, the Contract is in effect through the Current Contract Term as defined above; and

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

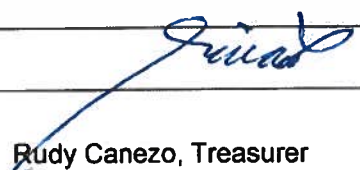
1. Due to supply shortages and the yellow phosphorous supply market, American Water Chemicals is requesting a temporary emergency surcharge price increase for the following items:

Description	Unit Price	Pricing with Temporary Emergency Surcharge
55 gal. Drum including freight	\$ 420.73 per drum	\$ 567.99 per drum
55 gal. Drum including freight	\$ 7.65 per gal.	\$ 10.33 per gal.
2,000-gallon Bulk Delivery including freight	\$ 0.78 per lb.	\$ 1.053 per lb.
4,000-gallon Bulk Delivery including freight	\$ 0.74 per lb.	\$ 0.999 per lb.
Split Bulk Delivery SurCharge	\$ 0.00	\$ 0.00

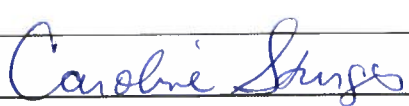
2. Prices will become effective on November 01, 2021 and will expire at midnight on May 31, 2022.
3. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.
4. **ENTIRE AGREEMENT.** Except as expressly modified by this Amendment, the contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This Amendment and the contract (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed by their authorized representatives.

CONTRACTOR

Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)	Amaya Solutions, Inc. dba American Water Chemicals
Authorized Signature:	
Printed Name and Title of Person Signing:	Rudy Canezo, Treasurer
Date:	11/15/2021
Company Address:	1802 Corporate Center Lane, Plant City, FL 33563

THE CITY OF PORT ST. LUCIE

Authorized Signature:	
Printed Name and Title of Person Signing:	Caroline Sturgis Director, Budget and Procurement
Date:	12/17/2021

Contract # 20180167

City Address:	121 S.W. Port St. Lucie Blvd., Port St. Lucie, FL 34984
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ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/03/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services PO Box 4927 333 S Garland Ave 16th Fl Orlando, FL 32802-4927	CONTACT NAME: PHONE (A/C, No, Ext): 407 691-9600 FAX (A/C, No): 888-635-4183 E-MAIL ADDRESS:														
INSURED Amaya Solutions Inc dba American Water American Water Chemicals 1802 Corporate Center Lane Plant City, FL 33563	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER B : United Financial Casualty Company</td> <td>11770</td> </tr> <tr> <td>INSURER C : Owners Insurance Company</td> <td>32700</td> </tr> <tr> <td>INSURER D : Auto Owners Insurance</td> <td>18988</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Evanston Insurance Company	35378	INSURER B : United Financial Casualty Company	11770	INSURER C : Owners Insurance Company	32700	INSURER D : Auto Owners Insurance	18988	INSURER E :		INSURER F :	
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	MKLV2ENV102468	10/13/2021	10/13/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY			CA-033063100	03/01/2021	03/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
C	ANY AUTO OWNED AUTOS ONLY			FL-4947152210	03/01/2021	03/01/2022	BODILY INJURY (Per person) \$
C	HIRED AUTOS ONLY			KY-4947152207	03/01/2021	03/01/2022	BODILY INJURY (Per accident) \$
D	NON-OWNED AUTOS ONLY			OH-4947152209	03/01/2021	03/01/2022	PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MKLV2EFX100790	10/13/2021	10/13/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contr Pollution			MKLV2ENV102468	10/13/2021	10/13/2022	\$2,000,000
	Transp Pollution			MKLV2ENV102468	10/13/2021	10/13/2022	\$1,000,000
	Non Own Disp Site			MKLV2ENV102468	10/13/2021	10/13/2022	1,000,000

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

Certificate Holder is included as Additional Insured including Completed Operations if required by written contract for General Liability per CG2010(04/13) and CG2037(04/13). Blanket Waiver of Subrogation Applies per Automatic Transfer of Rights of Recovery Against Others to Us form MEEI 2592 (08/19). General Liability includes Blanket 30 Day Notice of Cancellation as required by written contract form MEIL 1233 (11/13). Excess Liability policy is follow form.

CERTIFICATE HOLDER

CANCELLATION

City of Port St. Lucie 121 SW Port St. Lucie Blvd. Bldg. A, Suite 390 Port Saint Lucie, FL 34984	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 <i>Allen Thommael</i>
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PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937	CONTACT NAME: Aon Risk Services, Inc of Florida PHONE (A/C, No, Ext): 800-743-8130 FAX (A/C, No): 800-522-7514 EMAIL ADDRESS: ADP.COI.Center@Aon.com
INSURED ADP TotalSource III, Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER Amaya Solutions, Inc. 1802 Corporate Center Lane Plant City, FL 33563	INSURER(S) AFFORDING COVERAGE INSURER A: Illinois National Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 23817

COVERAGES**CERTIFICATE NUMBER:** 3774569**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. **LIMITS SHOWN ARE AS REQUESTED.**

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEC <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 038361533 FL	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

All worksite employees working for AMAYA SOLUTIONS, INC., paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. AMAYA SOLUTIONS, INC. is an alternate employer under this policy.

CERTIFICATE HOLDER**CANCELLATION**

City of Port St. Lucie
121 SW Port St. Lucie Blvd., Bldg. A, Suite 390
Port St. Lucie, FL 34984

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AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc of Florida

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