



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:	Quest Corporation of America, Inc.
Solicitation No./Event ID:	20200005
Solicitation Title/Event Name:	Public Information Service for the Floresta Widening Project
Contract Award Date:	November 11, 2019
Initial Current Contract Term:	November 9, 2020 – November 8, 2021
Current Contract Expiration Date:	November 8, 2021
Requested Contract Expiration Date:	N/A
Initial Contract Amount:	\$100,800
Current Contract Amended Amount:	\$147,440
Requested Financial Change Amount:	
Amendment No.:	#1
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:

- 1A. Add \$54,320 for additional Public Information Services for the Floresta Widening Project Phase 1 (20 hours a week from May 2021 to November 2021). This is to complete Phase 1 services for Floresta Drive PH 1. Construction for Floresta PH 1 began in September 2020 with a 1-year duration.

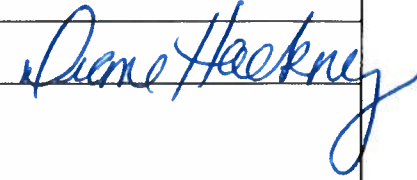
- 1B. Add \$93,120 to retain the firm for Public Information Services for Phase 2 & 3 (December 2021 to December 2022). Construction for PH 2 & 3 is anticipated to begin this summer with a 30-month schedule for completion.

2. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.

3. **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)	Quest Corporation of America, Inc.
Authorized Signature:	<i>Diane Hackney</i> 
Printed Name and Title of Person Signing:	Diane Hackney
Date:	3/24/21
Company Address:	17220 Camelot Court Land O' Lakes, FL 34638

THE CITY OF PORT ST. LUCIE

Authorized Signature:	
Printed Name and Title of Person Signing:	Matthew Shiver, Director of Procurement Services
Date:	
City Address:	121 S.W. Port St. Lucie Blvd., Port St. Lucie, FL 34984



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/30/2021

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 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 The Turner Insurance Advisor Group, Inc. 2121 N.E. Coachman Rd. Clearwater FL 33765-2616	CONTACT NAME: Arthur Sprague PHONE (A/C, No. Ext): (727) 442-0012 E-MAIL ADDRESS: skip@turnergroupfla.com	FAX (A/C, No): (727) 446-9147
	INSURER(S) AFFORDING COVERAGE	
INSURED Quest Corporation of America, Inc. 17220 Camelot Court Land O' Lakes FL 34638-7202	INSURER A: Depositors Insurance Company NAIC # 42587	
	INSURER B: Nationwide	
	INSURER C: Allied Property & Casualty Insurance Co 42579	
	INSURER D: Travelers Indemnity Company of America 25666	
	INSURER E: RLI Insurance Company	
	INSURER F: Travelers Casualty and Surety	

COVERAGES **CERTIFICATE NUMBER:** CL2133020495 **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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACPGLD03018791925	7/5/2020	7/5/2021	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 - COM/OP AGG \$ 2,000,000					
		Multi Product Discount \$					
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ACPBA23018791925	7/5/2020	7/5/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		BODILY INJURY (Per person) \$					
		BODILY INJURY (Per accident) \$					
		PROPERTY DAMAGE (Per accident) \$					
		Uninsured motorist combined single \$ 1,000,000					
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ACPCAP3018791925	7/5/2020	7/5/2021	EACH OCCURRENCE \$ 2,000,000
		AGGREGATE \$ 2,000,000					
		\$					
D	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	UB1L3706101842	7/5/2020	7/5/2021	PER STATUTE 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
E	Professional Liability			RTP0019464	7/5/2020	7/5/2021	Aggregate & Each Claim \$2,000,000
F	Cyber Liability			106843444	12/13/2019	7/5/2021	Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Contract #20200005 for Public Information Services for the Floresta Widening Project

CERTIFICATE HOLDER City of Port St. Lucie 121 SW Port St. Lucie Blvd. Bldg. A, Suite 390 Port St. Lucie, FL 34984	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 Martin Turner/SKIP