



Wharton-Smith, Inc.
CONSTRUCTION GROUP

125 W. Indiantown Road, Suite 201
Jupiter, FL 33458
Phone: (561) 748-5956 Fax: (561) 748-5958

TRANSMITTAL No. 00001

Dated: November 2, 2017

To

Christopher A. Johnson
KW Resort Utilities Corp.
6630 Front Street
Key West, FL 33040
Phone: 305-295-3301

Job #: 17-160
Project: KWRU WWTP Filter Replacement
Re: Signed Contract, Bonds, COI
Sent Via: UPS
Submitted: For Approval

General Items

<u>Copies</u>	<u>Description</u>
1	Agreement signed by WSI
1	Performance and Payment Bonds
1	Certificate of Insurance

Remarks:

If you should have any questions regarding the enclosed documents, please contact Greg Williams at 561-345-1858.

Thank you.

Signed: _____

Angela Kushner

cc: File
Transmittal

KWRU 014742 F_0500_20140428

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/27/2017

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 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 Bouchard Insurance, Inc. 101 N Starcrest Dr. Clearwater, FL 33765 727 447-6481	CONTACT NAME: PHONE (A/C, No., Ext): 727 447-6481 FAX (A/C, No): 727 449-1267 E-MAIL ADDRESS: certificates@bouchardinsurance.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Amerisure Insurance Company</td> <td>19488</td> </tr> <tr> <td>INSURER B : Starr Indemnity & Liability Co</td> <td>38318</td> </tr> <tr> <td>INSURER C : Liberty Insurance Underwriters</td> <td>19917</td> </tr> <tr> <td>INSURER D : XL Specialty Insurance Co</td> <td>37885</td> </tr> <tr> <td>INSURER E : Berkely Assurance Company</td> <td>39462</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Amerisure Insurance Company	19488	INSURER B : Starr Indemnity & Liability Co	38318	INSURER C : Liberty Insurance Underwriters	19917	INSURER D : XL Specialty Insurance Co	37885	INSURER E : Berkely Assurance Company	39462	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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	GL20361081201	04/01/2017	04/01/2018	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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CA20361071201	04/01/2017	04/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	1000023609	04/01/2017	04/01/2018	EACH OCCURRENCE \$20,000,000
C	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	100008433604	04/01/2017	04/01/2018	AGGREGATE \$20,000,000 \$
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	N/A	WC203610911	04/01/2017	04/01/2018	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> 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
D	Rented Equipment			UM00024961MA17A	04/01/2017	04/01/2018	\$1,500,000
E	Pollution Liab			CADB50004750417	04/01/2017	04/01/2018	\$5,000,000
E	Professional Liab			CADB50004750417	04/01/2017	04/01/2018	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: WS Job #17-160 - KW Resort Utility Waste Water Treatment Plant Filter Replacement
 See attached for Builders Risk Policy Information.
 Complete Certificate Holder(s): KW Resort Utility Corporation, The Weiler Engineering Corporation and any other entity as required by the contract documents.
 (See Attached Descriptions)

CERTIFICATE HOLDER KW Resort Utility Corporation 6630 Front Street Key West, FL 33040	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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DESCRIPTIONS (Continued from Page 1)

Certificate holder is additional insured as respects General Liability, Automobile Liability and Umbrella Liability only if required by written contract, and subject to the terms, conditions and limits as specified in the policy.

Coverage is primary as respects to General Liability and Automobile Liability and non-contributory as subject to the terms, conditions and exclusions of your policy.

Waiver of subrogation applies in favor of certificate holder as respects General Liability, Automobile Liability and Workers Compensation only if required by written contract, and subject to the terms, conditions and limits as specified in the policy.

It is agreed by endorsement to the General Liability, Automobile Liability and Workers Compensation policies that this policy shall not be cancelled by the insurance carrier without first giving thirty (30) days prior written notice except for nonpayment of premium or if the first named insured elects to non renew.

Blanket Loss Payee applies for Rented and Leased Equipment.

Rented and Leased Equipment deductible:

\$2,500 standard deductible.

2% subject to \$10K minimum deductible applies to all cranes, directional boring equipment and items valued over \$750,000

BUILDER'S RISK COVERAGE

NAMED INSURED: Wharton-Smith, Inc.
COMPANY: XL Specialty Insurance Company
NAIC #37885 AM Best Rating: A (Excellent), XV (\$2 Billion or greater)
POLICY TERM: 4/1/2017-4/1/2018
POLICY NUMBER: UM00024960MA17A

COVERED PROPERTY AND PREMISES DESCRIPTION

New construction and remodeling of waste water treatment plans; new construction and non-structural renovations of commercial buildings at various premises within the state of Georgia, Florida, North Carolina, South Carolina, Virginia, Mississippi, Alabama, Louisiana and Tennessee

SUMMARY

COVERAGE	LIMIT OF INSURANCE
Covered Property at Premises Described Above -- Consisting of Frame or Joisted Masonry Construction	\$2,500,000
Covered Property at Premises Described Above -- Consisting of Non-Combustible, Masonry Non-Combustible, Semi Fire-Resistive and Fire-Resistive Construction (Including Water Treatment Plants Except on Islands)	\$50,000,000
Covered Property at Premises Described Above -- On Islands (Water Treatment Plant Projects Only)	\$5,000,000
Soft Costs	\$1,000,000

DEDUCTIBLE OR WAITING PERIOD

COVERAGE	DEDUCTIBLE OR WAITING PERIOD
All Coverages Unless Otherwise Specified Below	\$2,500
Named Storm -- On Islands	\$1,000,000
Named Storm -- Water Treatment Plant Projects Only	2%, Subject to \$2,500 Minimum
Named Storm -- Frame, Joisted Masonry or Non-Combustible Construction	5%, Subject to \$2,500 Minimum

Named Storm – Masonry Non-Combustible, Semi Fire-Resistive or Fire-Resistive Construction	2%, Subject to \$2,500 Minimum
Flood – Zones C or X (Unshaded)	\$25,000
Flood – Zone B or Shaded X	\$50,000
Flood – All Other Zones and Water Treatment Projects on Islands	\$500,000
Earth Movement and Volcanic Eruption – Pacific Northwest Seismic Area, High Hazard Seismic Zones	1%, Subject to \$50,000 Minimum
Earth Movement and Volcanic Eruption – New Madrid Seismic Area	1%, Subject to \$50,000 Minimum
Earth Movement and Volcanic Eruption – All Other	\$25,000

SUBLIMITS

COVERAGE	LIMIT OF INSURANCE
Flood – Per Occurrence – Zone C or Unshaded X	\$50,000,000
Flood – Per Occurrence – All Other Zones	\$1,000,000
Flood – Per Occurrence – Islands (Waste Water Treatment Plants Only)	\$500,00
Flood Annual Aggregate	\$50,000,000
Earth Movement and Volcanic Eruption – Pacific Northwest Seismic Area, High Hazard Seismic Zones	\$1,000,000
Earth Movement and Volcanic Eruption – New Madrid Seismic Area	\$10,000,000
Earth Movement and Volcanic Eruption – Per Occurrence	\$50,000,000
Earth Movement and Volcanic Eruption – Annual Aggregate	\$50,000,000
Windstorm or Hail – Premises Located on Islands	\$2,500,000*

*Underwriter can provide higher limits upon request

COVERAGE TERMS

- ◆ Maximum Limit of Insurance: \$50,000,000
- ◆ Valuation Clause: Replacement Cost
- ◆ Co-Insurance: 0%
- ◆ Additional Coverages –Testing: Electrical, Mechanical, Pneumatic and Hydrostatic
- ◆ Equipment Breakdown Included
- ◆ Loss of Use Coverage Included
- ◆ Permission to Occupy Included

ADDITIONAL COVERAGE	LIMIT OF INSURANCE
Contract Penalty	\$250,000
Debris Removal	\$500,000 / 25%
Extra and Expediting Expenses	\$50,000
Fire Department Service Charge	\$25,000
Fire Protection Systems	\$25,000
Increase in Construction Costs	\$200,000 / 10%
Landscaping and Signs	\$100,000
Limited Coverage for "Fungi", Wet Rot and Dry Rot	\$25,000
Loss Adjustment Expenses	\$5,000
Demolition Cost and Increased Cost of Construction	\$500,000
Pollutant Cleanup and Removal	\$25,000
Preservation of Property	Covered
Property in the Open	\$25,000
Property that Supports your Business	\$50,000
Reimbursement for Returning Stolen Property	\$10,000
Reward Coverage	\$5,000
Site Preparation	Covered
Sewer and Drain Backup	Covered
Sinkhole Collapse	Covered
Temporary Premises	\$1,000,000
Temporary Structures	\$25,000
Transit	\$1,000,000
Unintentional Errors and Omissions	\$25,000
Virus, Harmful Code or Similar Instruction	\$10,000
Voluntary Parting	\$25,000