



# MEMORANDUM

## City of Venice

### Finance Department

TO: Ed Lavallee, City Manager *4/7/19*

FROM: Peter A. Boers, Procurement Manager *[Signature]*

THROUGH: Linda Senne, Finance Director *[Signature]*

DATE: April 5, 2019

COUNCIL APPROVAL: Yes

MEETING DATE: April 23, 2019

STRATEGIC PLAN GOAL: Provide Efficient, Responsive Government with High Quality Services

SUBJECT: Approval of a term contract for routine testing for the Reverse Osmosis Water Treatment Plant and the Eastside WRF.

**Background:** At the request of the Utilities Department, Procurement issued Invitation to Bid (ITB) 3095-19 for routine water and wastewater testing. These tests are required by permit from multiple regulatory agencies; Florida Department of Environmental Protection (FDEP), Sarasota County Air and Water Quality, and the Environmental Protection Agency (EPA).

On March 5, 2019, the City received four (4) bids for Bid Form A, Eastside WRF, and four (4) bids for Bid Form B, Reverse Osmosis Water Treatment Plant. Sanders Laboratories, Inc., of Nokomis, Florida was the lowest responsive and responsible bidder for both categories combined. The Utilities Department has reviewed the bid responses and concurs with this recommendation.

**Requested Action:** Approval of a term contract with Sanders Laboratories, Inc., at the unit prices bid in response to ITB 3095-19 for routine testing for the Reverse Osmosis Water Treatment Plant and the Eastside WRF.

**City Attorney Review/Approved:** Yes

**Risk Management Review:** Yes

**Finance Department Review/Approved:** Yes

**Funds Availability (account number):** Funds are appropriated in the department budget for Fiscal Year 2019.

**ORIGINAL(S) ATTACHED:** Notice of Intent to Award, Term Contract for Laboratory Testing Services

**Cc:** Javier Vargas, Utilities Director



"City on the Gulf"

**CITY OF VENICE**  
401 W. Venice Avenue Venice, FL. 34285

**NOTICE OF INTENT TO AWARD**

**BID NUMBER:** ITB 3095-19

**BID TITLE:** LABORATORY TESTING SERVICES

**DUE DATE AND TIME:** MARCH 5, 2019

**RESPONDENTS:**

<b>Company Name</b>	<b>City</b>	<b>County</b>	<b>Total Bid</b>
Advanced Environmental Laboratories, Inc.	Fort Myers, FL	Lee	\$70,825.00
Benchmark Enviroanalytical Inc.	Palmetto FL	Manatee	\$55,293.00
Florida-Spectrum Environmental	Ft. Lauderdale FL	Broward	\$87,464.00
<b>Sanders Laboratories Inc.</b>	<b>Nokomis FL</b>	<b>Sarasota</b>	<b>\$55,004.00</b>

**AWARD:** Lowest responsive and responsible **Total Bid**.

**RESULTS:** Sanders Laboratories Inc., having submitted the lowest responsive and responsible bid is recommended for award.

**By:**   
Peter A. Boers, Procurement Manager

**Date:** 03/08/2019

## CONTRACT FOR LABORATORY TESTING SERVICES

THIS CONTRACT, pursuant to City Council approval granted on \_\_\_\_\_, 2019, and made and executed on the \_\_\_\_\_ day of \_\_\_\_\_, 2019, by and between the CITY OF VENICE, a Florida municipality herein referred to as "City", and **Sanders Laboratories, Inc.**, a Florida Corporation herein referred to as "Contractor".

WHEREAS, the City requires Laboratory Testing Services to support the City's Utilities department; and

WHEREAS; the Contractor provides various categories of laboratory testing services; and

WHEREAS, the City wishes to contract with the Contractor for laboratory testing services.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, the parties agree as follows:

1. The Contract Documents consist of this Contract, the City's Invitation to Bid No. **3095-19** and the Contractor's response referred to herein and made an integral part of this Contract.
2. The contract shall be for a three (3) year period, commencing on Date of Council approval, and terminating three (3) years from that date. The City may, at its discretion and with the consent of the Contractor, renew the Contract under all of the terms and conditions contained in this Contract for two (2) additional one-year periods.
3. The Contractor shall provide various categories of laboratory testing services to support the City's Utilities department in accordance with the terms and conditions of Invitation to Bid No. 3095-19. This Contract contains the entire understanding between the parties and any modifications to this Contract shall be mutually agreed upon in writing by the Contractor and the City.
4. The City shall pay the Contractor for the performance of this Contract the aggregate of the units actually ordered and furnished at the unit prices (per Exhibit A – Bid Schedule), together with the cost of any other charges/fees submitted in the proposal. Contractor shall invoice, consistent with the prices provided in Exhibit A, to the City setting forth the work completed to-date by the Contractor.

5. For all matters concerning this Contract the City's representative shall be the Utilities Director or Designee, and the Contractor's representative shall be JEFF WALSH. Said representatives may be changed at any time by giving written notice of such a change to the other party.

6. **NOTICES.** All notices from the City to the Contractor shall be deemed duly served if mailed or faxed to the Supplier at the following Address:

**Sanders Laboratories, Inc.**

ATTN: Henry Mason  
150 Endeavor Court  
Nokomis, Florida 34275  
Facsimile: (941) 484-6774

All Notices from the Contractor to the City shall be deemed duly served if mailed or faxed to the City to:

**City of Venice**

ATTN: City Manager  
401 West Venice Avenue  
Venice, Florida 34285  
Phone: 941-486-2626  
Fax: 941-496-2790

The Contractor and the City may change the above mailing address at any time upon giving the other party written notification. All notices under this Contract must be in writing.

7. Throughout the term of this Contract, the Contractor must maintain insurance in at least the amounts and coverage required as shown in Exhibit B. The Contractor must provide a Certificate of Insurance to the City evidencing such coverage prior to commencing any work under this Contract.

8. Contractor shall indemnify, pay the cost of defense, including attorneys' fees, and hold harmless the City from all suits, actions, or claims of any kind brought on account of any injuries or damages received or sustained by any person or property by or from the Contractor or in consequence of any neglect in safeguarding the work; or by the use of any unacceptable materials related to the work; or on account of any act or omission, neglect or misconduct of the Contractor; or on account of any claim or amounts received under the "Workers' Compensation Law" or any other laws or ordinances, except only such injury or damage as shall have been caused by the negligence of the City. The first ten dollars (\$10.00) of compensation received by the Contractor represents specific consideration for this indemnification obligation.

9. Contractor agrees to comply with Florida's public records law by keeping and maintaining public records that ordinarily and necessarily would be required by the public agency in order to perform the services of this Contract; upon the request of the City's Custodian of Public Records, by providing the City with copies of or access to public records on the same terms and conditions that City would provide the records and at a cost that does not exceed the cost provided by Florida law; by ensuring that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed excepts as authorized by law for the duration of the term of the Contract and following completion of the Contract if the Contractor does not transfer the records to the City; and upon completion of the Contract by transferring, at no cost, to City all public records in possession of Contractor or by keeping and maintaining all public records required by the City to perform the services of this Contract. 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 City, upon request from the City's custodian of public records, in a format that is compatible with the information technology systems of the City.

**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 THE CITY'S CUSTODIAN OF PUBLIC RECORDS LORI STELZER, MMC, CITY CLERK, AT 401 W. VENICE AVENUE, VENICE, FLORIDA 34285, (941) 882-7390, [LSTELZER@VENICEGOV.COM](mailto:LSTELZER@VENICEGOV.COM).**

10. In connection with all services performed in accordance with this Contract, the Contractor agrees not to discriminate against any employee or applicant for employment because of race, sex, religion, color, or national origin. The aforesaid provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, lay-off or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Contractor agrees to post hereafter in conspicuous places,

available for employees or applicants for employment, notices to be provided by the City setting forth the provisions of this non-discrimination clause. The Contractor further agrees to insert the foregoing provisions in all contracts hereunder, including contracts or agreements with labor unions and/or workers' representatives, except subcontracts for standard commercial supplies or raw materials.

11. If there is a conflict between this Contract for Laboratory Testing Services and any other contract document then this Contract shall prevail. If there is a conflict between the Invitation to Bid No. 3095-19 as amended and the proposal submitted by the Contractor dated March 5, 2019, then the Invitation to Bid shall prevail.

12. The laws of the State of Florida shall govern all provisions of this Contract. Venue for any dispute shall be Sarasota County, Florida. If any court proceeding or other action occurs between the parties as a result of this Contract or any other document or act required by this Contract, the prevailing party shall be entitled to recover attorney's fees and all court costs, including attorney's fees and court costs incurred in any pre-trial, trial, appellate, and/or bankruptcy proceedings, as well as, attorney's fees and costs incurred in determining entitlement to and reasonableness of fees and costs.

13. This Contract and the Contract Documents constitute the entire Contract of the parties and may not be changed or modified, except by a written document signed by both parties hereto. This Contract shall be binding upon the successors and assigns of the parties.



IN WITNESS WHEREOF, the Contractor and the City, have each, respectively, by an authorized person or agent, hereunder set their hands and seals on the date and year first above written.

**SANDERS LABORATORIES, INC.**



Witness

HENRY MASON  
Type/print name

By: 

Signature

JEFF WALSH  
Type/print name

ATTEST:

**CITY OF VENICE**  
IN SARASOTA COUNTY, FLORIDA

By: \_\_\_\_\_  
Stelzer, City Clerk

By: \_\_\_\_\_  
John Holic, Mayor

Lori

Dated:  
(SEAL)

Approved as to Form and Correctness

\_\_\_\_\_  
Kelly Fernandez, City Attorney

**EXHIBIT A  
FEE SCHEDULE**

**Eastside WRF**

Parameter	Source	Frequency	Quantity	Unit Cost	Extended Cost
<b>Influent</b>					
CBOD	Influent	Weekly	52	\$ 12.00	\$ 624.00
Total Suspended Solids	Influent	Weekly	52	\$ 8.00	\$ 416.00
Total Nitrogen	Influent	Weekly	52	\$ 19.00	\$ 988.00
<b>Effluent</b>					
<b>Monitoring Well Standards</b>					
CBOD	Effluent	Quarterly	4	\$ 77.00	\$ 308.00
Total Suspended Solids	Effluent	5x per week	260	\$ 12.00	\$ 3,120.00
Fecal Coliform	Effluent	4x per week	208	\$ 8.00	\$ 1,664.00
Total Nitrogen	Effluent	4x per week	208	\$ 8.00	\$ 1,664.00
Total Phosphorus	Effluent	Weekly	52	\$ 19.00	\$ 988.00
DEP Primary/Secondary's	Effluent	Weekly	52	\$ 10.00	\$ 520.00
Nitrate Total (as N)	Effluent	Monthly	12	\$1,200.00	\$ 14,400.00
Total Dissolved Solids	Well	Quarterly	36	\$ 8.00	\$ 288.00
Chloride	Well	Quarterly	36	\$ 8.00	\$ 288.00
Sulfate	Well	Quarterly	36	\$ 6.00	\$ 216.00
Arsenic	Well	Quarterly	36	\$ 6.00	\$ 216.00
Cadmium	Well	Quarterly	36	\$ 9.00	\$ 324.00
Chromium	Well	Quarterly	36	\$ 9.00	\$ 324.00
Lead	Well	Quarterly	36	\$ 9.00	\$ 324.00
Sodium	Well	Quarterly	36	\$ 7.00	\$ 252.00
Fecal Coliform (no dilutions)	Well	Quarterly	36	\$ 9.00	\$ 324.00
Total Phosphorus	Well	Quarterly	36	\$ 10.00	\$ 360.00



Miscellaneous

TCLP	Annually	1	\$ 440.00	\$ 440.00
Leachate	Quarterly	4	\$ 28.00	\$ 112.00
Calibrate Gel Standards	Monthly	12	\$ 15.00	\$ 180.00
Calibrate DR850	Quarterly	4	\$ 15.00	\$ 60.00
Calibrate DR520	Quarterly	4	\$ 15.00	\$ 60.00
Giardia/Cryptosporidium	Bi-annual	2	\$ 700.00	\$ 1,400.00

Reverse Osmosis Water Treatment Plant

Parameter	Source	Frequency	Quantity	Unit Cost	Extended Cost
<b>RO Concentrate*</b>					
pH	Outfall	Weekly	1x52	\$ 15.00	\$ 780.00
Dissolved Oxygen	Outfall	Weekly	1x52	\$ 15.00	\$ 780.00
Chlorine Residual, Low MDL	Outfall	Weekly	1x52	\$ 15.00	\$ 780.00
Fluoride	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 12.00	\$ 144.00
Chloride	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 6.00	\$ 72.00
Copper	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 9.00	\$ 108.00
Total Suspended Solids	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 8.00	\$ 96.00
Gross Alpha	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 40.00	\$ 480.00
Radium 226	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 70.00	\$ 840.00
Radium 228	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 70.00	\$ 840.00
Conductivity	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 10.00	\$ 120.00
Aluminum, Total Recoverable	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 9.00	\$ 108.00
Iron, Total Recoverable	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 7.00	\$ 84.00
Nitrogen, Total	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 19.00	\$ 228.00
Phosphorus, Total (as P)	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 10.00	\$ 120.00
Bromide	Outfall - Composite	Monthly/24-HR FPC	1x12	\$ 12.00	\$ 144.00

\*Refer to Section 3 Scope of Services B(12) a.

**Bacteriological**

	Drinking Water Sources	31x month	31x12	372	\$	7.00	\$	2,604.00
Total Coliform	Main Breaks/Misc.			120	\$	7.00	\$	840.00
<b>Well Sample Analysis</b>								
Chloride	Monitoring Well	Monthly	14x12	168	\$	6.00	\$	1,008.00
Sulfate	Monitoring Well	Monthly	14x12	168	\$	6.00	\$	1,008.00
Total Dissolved Solids	Monitoring Well	Monthly	14x12	168	\$	8.00	\$	1,344.00
Chloride	Production Well	Monthly	14x12	168	\$	6.00	\$	1,008.00
Sulfate	Production Well	Monthly	14x12	168	\$	6.00	\$	1,008.00
Total Dissolved Solids	Production Well	Monthly	14x12	168	\$	8.00	\$	1,344.00
Domestic								
Chloride	Monitoring Wells	Annual	1x4	4	\$	6.00	\$	24.00
Domestic								
Sulfate	Monitoring Wells	Annual	1x4	4	\$	6.00	\$	24.00
Domestic								
Total Dissolved Solids	Monitoring Wells	Annual	1x4	4	\$	8.00	\$	32.00

**Ambient Water - Intracoastal Waterway\*\***

Ammonia	Salt Water	Bi-Annual	3x2	6	\$	12.00	\$	72.00
Nitrate-Nitrite	Salt Water	Bi-Annual	3x2	6	\$	10.00	\$	60.00
TKN	Salt Water	Bi-Annual	3x2	6	\$	12.00	\$	72.00
Total Nitrogen	Salt Water	Bi-Annual	3x2	6	\$	5.00	\$	30.00
Orthophosphate	Salt Water	Bi-Annual	3x2	6	\$	12.00	\$	72.00
Total Phosphate	Salt Water	Bi-Annual	3x2	6	\$	12.00	\$	72.00
Total Suspended Solids	Salt Water	Bi-Annual	3x2	6	\$	8.00	\$	48.00
Chlorophyll A	Salt Water	Bi-Annual	3x2	6	\$	25.00	\$	150.00
Pheophytin	Salt Water	Bi-Annual	3x2	6	\$	5.00	\$	30.00
Hydrogen Sulfide	Salt Water	Bi-Annual	3x2	6	\$	20.00	\$	120.00
BOD	Salt Water	Bi-Annual	3x2	6	\$	12.00	\$	72.00
Gross Alpha	Salt Water	Bi-Annual	9x2	18	\$	40.00	\$	720.00
Radium 226	Salt Water	Bi-Annual	9x2	18	\$	70.00	\$	1,260.00
Radium 228	Salt Water	Bi-Annual	9x2	18	\$	70.00	\$	1,260.00

pH (field)	Salt Water	Bi-Annual	9x2	18	\$ 10.00	\$	180.00
Dissolved Oxygen (field)	Salt Water	Bi-Annual	9x2	18	\$ 10.00	\$	180.00
Temperature (field)	Salt Water	Bi-Annual	9x2	18	\$ 10.00	\$	180.00
Salinity (field)	Salt Water	Bi-Annual	9x2	18	\$ 10.00	\$	180.00
Chloride (calculated salinity)	Salt Water	Bi-Annual	9x2	18	\$ 10.00	\$	180.00

**Required DEP samples**

<b>Lead and Copper Sampling</b>	Drinking Water	3 year cycle		30	\$ 18.00	\$	540.00
<b>Nitrates/Nitrites</b>	Drinking Water	Yearly		2	\$ 10.00	\$	20.00
<b>Asbestos</b>	Drinking Water	3 year cycle		1	\$ 100.00	\$	100.00
<b>Inorganics</b>	Drinking Water	3 year cycle		1	\$ 135.00	\$	135.00
<b>Volatile Organic Compounds</b>	Drinking Water	3 year cycle		1	\$ 60.00	\$	60.00
<b>Pesticides and PCB's</b>	Drinking Water	3 year cycle		1	\$ 425.00	\$	425.00
<b>Radionuclides</b>	Drinking Water	3 year cycle		1	\$ 195.00	\$	195.00
<b>Secondaries</b>	Drinking Water	3 year cycle		1	\$ 135.00	\$	135.00
<b>TTHM's/Haa5's</b>	Drinking Water	Yearly		2	\$ 120.00	\$	240.00
<b>EPA/UCMR sampling</b>	Drinking Water	3 year cycle		1	\$2,026.00	\$	2,026.00
<b>Total Nitrogen</b>	Drinking Water	Yearly		2	\$ 19.00	\$	38.00

**EXHIBIT B**  
**INSURANCE REQUIREMENTS**

Before performing any work, the Contractor shall procure and maintain, during the life of the Contract, insurance listed below. The policies of insurance shall be primary and written on forms acceptable to the City and placed with insurance carriers approved and licensed by the Insurance Department in the State of Florida and meet a minimum financial AM Best and Company rating of no less than A:VII. No changes are to be made to these specifications without prior written specific approval by the City.

1. The City of Venice is to be specifically included as an **ADDITIONAL INSURED** for **Commercial General Liability** and **Business Auto Policy**.
2. The City of Venice shall be named as Certificate Holder. *Please Note that the Certificate Holder should read as follows:*

*The City of Venice  
401 W. Venice Avenue  
Venice, FL 34285*

No City Division, Department, or individual name should appear on the certificate. **NO OTHER FORMAT WILL BE ACCEPTABLE.**

3. The "Acord" certification of insurance form shall be used.
4. Required Coverage
  - a) **Commercial General Liability**: including but not limited to bodily injury, property damage, contractual liability, products and completed operations, and personal injury with limits of not less than \$ 1,000,000 per occurrence, \$1,000,000 aggregate covering all work performed under this Contract. Include broad form property damage (provide insurance for damage to property under the care custody and control of the Contractor)
  - b) **Business Auto Policy**: including bodily injury and property damage for all vehicles owned, leased, hired and non-owned vehicles with limits of not less than \$1,000,000 combined single limit covering all work performed under this Contract.
  - c) **Workers Compensation**: Contractor will provide Workers Compensation Insurance on behalf of all employees, including sub-contractors, who are to provide a service under this Contract, as required under Florida Law, Chapter 440, and Employers Liability with limits of not less than \$100,000 per employee per accident; \$500,000 disease aggregate; and \$100,000 per employee per disease.
5. Policy Form:
  - a) All policies required by this Contract, with the exception of Workers Compensation, or unless specific approval is given by the City, are to be written on an occurrence basis, shall name the City of Venice, its Elected Officials, Officers, Agents, Employees as additional insured as their interest may appear under this Contract. Insurer(s), with the exception of Workers Compensation, shall agree to waive all rights of subrogation against the City of Venice, its Elected Officials, Officers, Agents, and Employees.

- b) Insurance requirements itemized in this Contract, and required of the Contractor, shall be provided on behalf of all subcontractors to cover their operations performed under this Contract.
- The Contractor shall be held responsible for any modifications, deviations, or omissions in these insurance requirements as they apply to subcontractors.
- c) Each insurance policy required by this Contract shall:
- (1) apply separately to each insured against whom claim is made and suit is brought, except with respect to limits of the insurer's liability;
  - (2) be endorsed to state that coverage shall not be suspended, voided or canceled by either party except after thirty (30) calendar days prior written notice by certified mail, return receipt requested, has been given to the City of Venice's Director of Administrative Services.
- d) The City shall retain the right to review, at any time, coverage form, and amount of insurance.
- e) The procuring of required policies of insurance shall not be construed to limit Contractor's liability nor to fulfill the indemnification provisions and requirements of this Contract.
- f) The Contractor shall be solely responsible for payment of all premiums for insurance contributing to the satisfaction of this Contract and shall be solely responsible for the payment of any deductible and/or retention to which such policies are subject, whether or not the City is an insured under the policy. In the event that claims in excess of the insured amounts provided herein are filed by reason of operations under the Contract, the amount excess of such claims, or any portion thereof, may be withheld from any payment due or to become due to the Contractor until such time the Contractor shall furnish additional security covering such claims as may be determined by the City.
- g) Claims Made Policies will be accepted for professional and hazardous materials and such other risks as are authorized by the City. All Claims Made Policies contributing to the satisfaction of the insurance requirements herein shall have an extended reporting period option or automatic coverage of not less than two years. If provided as an option, the Contractor agrees to purchase the extended reporting period on cancellation or termination unless a new policy is affected with a retroactive date, including at least the last policy year.
- h) Certificates of Insurance evidencing Claims Made or Occurrence form coverage and conditions to this Contract, as well as the City's Bid Number and description of work, are to be furnished to the City's Director of Administrative Services, 401 West Venice Avenue, Venice, FL 34285, ten (10) business days prior to commencement of work and a minimum of thirty (30) calendar days prior to expiration of the insurance policy.
- i) Notices of Accidents and Notices of Claims associated with work being performed under this Contract, shall be provided to the Contractor's insurance company and the City's Director of Administrative Services, as soon as practicable after notice to the insured.
- j) All property losses shall be payable to, and adjusted with, the City.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/5/2019

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 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).

<b>PRODUCER</b> Atlas Insurance Agency 7120 Beneva Road Sarasota FL 34238	<b>CONTACT NAME:</b> Laura Dansky
	<b>PHONE (A/C, No, Ext):</b> 941-366-8424 <b>FAX (A/C, No):</b> 941-552-4099 <b>E-MAIL ADDRESS:</b> ldansky@atlasinsuranceagency.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> FCCI Insurance Company	<b>NAIC #</b> 10178
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

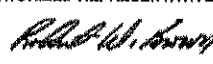
**INSURED**      SANDE-3  
 Sanders Laboratories, Inc.  
 1050 Endeavor Court  
 Nokomis FL 34275

**COVERAGES**      **CERTIFICATE NUMBER:** 2000643089      **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 SUBR INSP WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	Y	GL 001340507	4/12/2018	4/12/2019	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	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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	CA10001266002	4/12/2018	4/12/2019	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB100024404-01	4/12/2018	4/12/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Coverage is subject to policy forms, conditions & exclusions.  
 The City of Venice will be listed as an additional insured with respect to general liability and auto

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Venice 401 West Venice Avenue Venice FL 34285	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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